

PATIENT

Marty Gallo

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, non-responsive to Metronidazole, Tylan. Maldigestion profile wnl. Current meds: Tylan, Phenobarbitol

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Trig 330

BREED

Maltese Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

SEX

Neutered Male

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

AGE

12 years

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.6 cm in length. The right kidney is 4.4 cm in length.

WEIGHT

9.3 lbs

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.3 mm at the cranial pole and 4.3 mm at the caudal pole. The right adrenal gland height is 7.5 mm at the cranial pole and 5.9 mm at the caudal pole.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

There is a 5.4 mm hypoechoic nodule in the head of the spleen with capsular expansion. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a small hyperechoic nodule located in the left caudal lobe, consistent with a myelolipoma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

VCA Blirstown AH

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

REFERRING VET

Dr. Summers

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 3.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

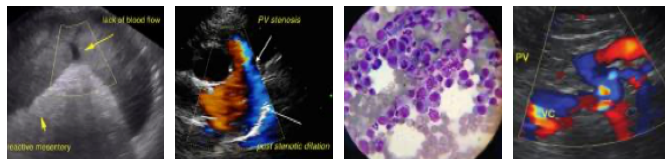
12453

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 5.8 mm. The jejunal wall measures up to 4.6 mm. Intestinal motility appears normal.

DATE

3.17.23

The visible portions of the colon are of normal thickness, up to 1.0 mm, with intact wall layering. The ileocecal junction IS visualized and appears normal.



PATIENT

Pancreas

Marty Gallo

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Free Abdomen

Canine

There is no evidence of free fluid within the peritoneal cavity. The colic lymph nodes were mildly enlarged, up to 1.1 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

ULTRASONOGRAPHIC FINDINGS

Maltese Mix

Primary Findings

SEX

- Reactive colic lymph node

Neutered Male

Secondary Findings

- Hypoechoic splenic nodule with capsular expansion

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12 years

The reactive colic lymph node is consistent with an inflammatory process in the colon. Given the lack of improvement with metronidazole, additional empirical recommended would include a trial with Tylosin, which I believe is already underway. If this is ineffective, addition of a probiotic, a high-fiber diet such as Hill Biome, or a hydrolyzed protein diet trial would be indicated. Despite the normal appearance of the colon on ultrasound, the presence of neoplasia or inflammatory bowel disease cannot be definitive ruled out without biopsies. Additionally, the intrapelvic portion of the colon cannot be visualized on ultrasound. Thus, if symptoms persist, endoscopic evaluation with biopsies would be recommended.

WEIGHT

9.3 lbs

The nodule in the spleen is very small, but does deviate the splenic capsule, which raises concern for malignancy. Fine-needle aspirate can be considered but is not always diagnostic with splenic lesions. Alternatively, a splenectomy could be performed for histopathology. Finally, given the tiny size of the nodule, it would be reasonable to monitor via serial ultrasound every 4-8 weeks.

INTERPRETED BY

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DABVP (canine/feline
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PERFORMED BY**

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com