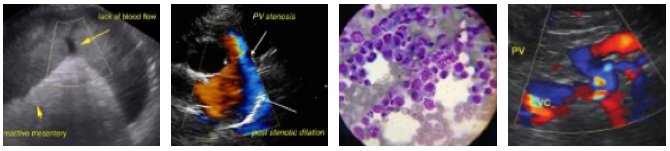


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fifi Quintanilla

SPECIES
Canine

BREED
Chihuahua

SEX
Female, spayed

AGE
15 Yrs.

WEIGHT
3.2 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Gardner

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Gardner

INVOICE
15169

DATE
8/1/23

PRESENTING CLINICAL SIGNS

History: Chronic constipation since April, BM every other day and straining.
Abnormal PE/Chem/CBC/UA Results: Suspicious area that could be intestinal thickening or a mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.62 cm) with smooth curvilinear peripheral contours. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.39 cm at cranial pole) (0.72 cm at caudal pole) with a prominent caudal pole. The glandular echogenicity and detail at the cranial pole are normal. At the caudal pole, a 0.62 x 0.50 cm hypoechoic to anechoic lesion is visualized. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.62 cm at cranial pole) (0.48 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

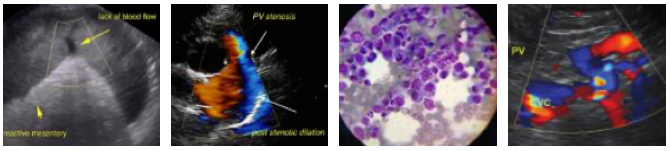
The spleen is normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is upper limits of normal in thickness (0.38 cm) with retention of the normal layering pattern. The pyloric outflow tract is



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patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The lumen of the descending colon is diffusely gas distended, marking visualization of the wall difficult to evaluate. The visible wall appears normal in thickness.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent lymph nodes are observed in the caudal abdomen, the largest measuring 0.96 x 0.39 cm.

Other

In the region between the descending colon and urinary bladder, a thin walled, mildly fluid filled structure is observed and appears to extend into the left mid-abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's chronic constipation is not definitively identified in this study. Considerations include intraluminal mass, stricture, other colonic obstruction, megacolon, other.

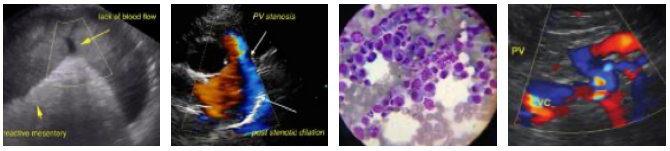
Secondary Findings:

- The thin-walled fluid filled structure in the mid to caudal abdomen is in the region of where uterus should be. Is it possible that this patient is not spayed? If still intact, these changes may represent hydrometra, mucometra or pyometra.
- Bilateral chronic renal changes with subtle dystrophic mineralization and trace left pyelectasia.
- The left adrenal lesion may represent an emerging tumor, cyst, inflammatory focus, other.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, consider the following:

1. Baseline lab work including a CBC chemistry panel and urinalysis is recommended to assess overall metabolic function.
2. T4/free T4 by equilibrium dialysis, as hypothyroidism can occasionally cause neurologic dysfunctions which may affect defecation.
3. Orthopedic and neurologic examinations.



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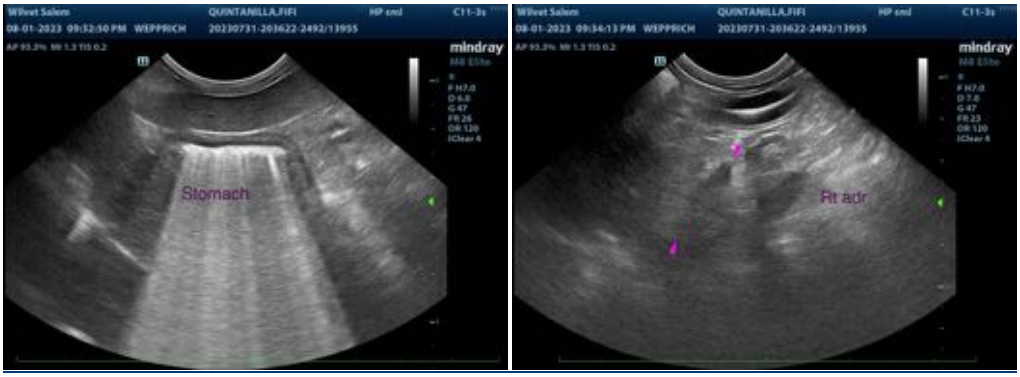
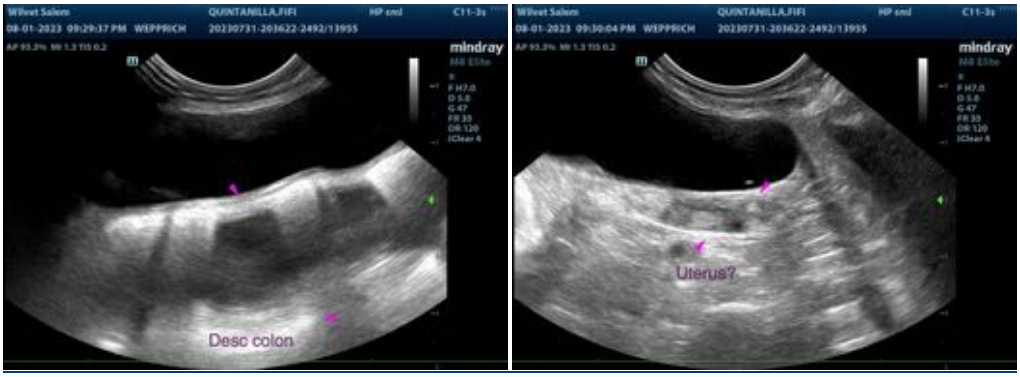
4. Colonoscopy with biopsies.
5. Three-view thoracic radiographs should be performed prior to anesthesia.
6. While awaiting test results, symptomatic care including stool softeners and enemas should be administered as needed.





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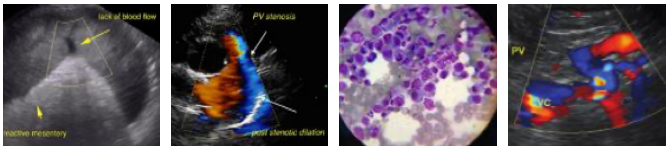

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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