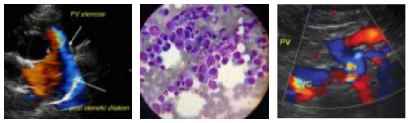
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8.10.23

PATIENT

Sammi Argetakis

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

2/14/2012

WEIGHT

18.9 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Levine

INVOICE

14013

PRESENTING CLINICAL SIGNS

P presents for intermittent vomiting over the past few weeks. Blood work was fairly unremarkable. Radiograph report attached, but most concerning finding was a small intestinal dilation that could be causing a partial obstruction.

Current Medications: Cerenia SC and then 16mg sid since Tuesday 8/8/23
Lab Results: crystalluria. Bloodwork shows a mild neutrophilia and monocytosis. USG 1.039. 2+ proteinuria, inactive sediment except for some crystalluria. Fecal negative. Microalbuminuria test is normal.
Radiographs: noted the suspicious intestinal dilation. Also noted uroliths, age related bronchial pattern, and possible left atrial enlargement (though not auscultating heart murmur).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/Requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A few, small, cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.12 cm in width) with smooth curvilinear peripheral contours. A pinpoint hyperechoic focus is observed in the parenchyma. The remaining parenchyma is homogenous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.09 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. A hyperechoic medication is observed at the corticomedullary junction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.32 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. A hyperechoic medication is observed at the corticomedullary junction. 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 upper limits of normal size (0.39 cm at cranial pole) (0.52 cm at caudal pole) (1.71 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (0.76 cm at cranial pole) (0.46 cm at caudal pole) (1.84 cm in length) with a normal shape and 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 (1.01 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 moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is mildly distended with fluid and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. One several-centimeter segment of small intestine is moderately to severely thickened (up to 0.71 cm), irregular, and hypoechoic with loss of the normal layering pattern. This region is also slightly corrugated. The mesentery effacing the serosal surface in this region is hyperechoic. Proximal to this region, there is moderate distention of the small intestine. Several small intestinal segments are also empty. In one separate segment, there is some shadowing material. The colonic lumen is normal. The colonic lumen contains some shadowing fecal material.

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. One-to-two prominent mesenteric lymph node are visualized (the largest measuring 1.01 cm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The focal small intestinal wall thickening with proximal dilation may be secondary to neoplasia (i.e., adenocarcinoma, lymphoma), foreign body, stricture, other. A partial obstruction is suspected. Adjacent peritonitis is present. The regional lymphadenopathy may represent reactive change or emerging neoplasia.

- Cystic calculi

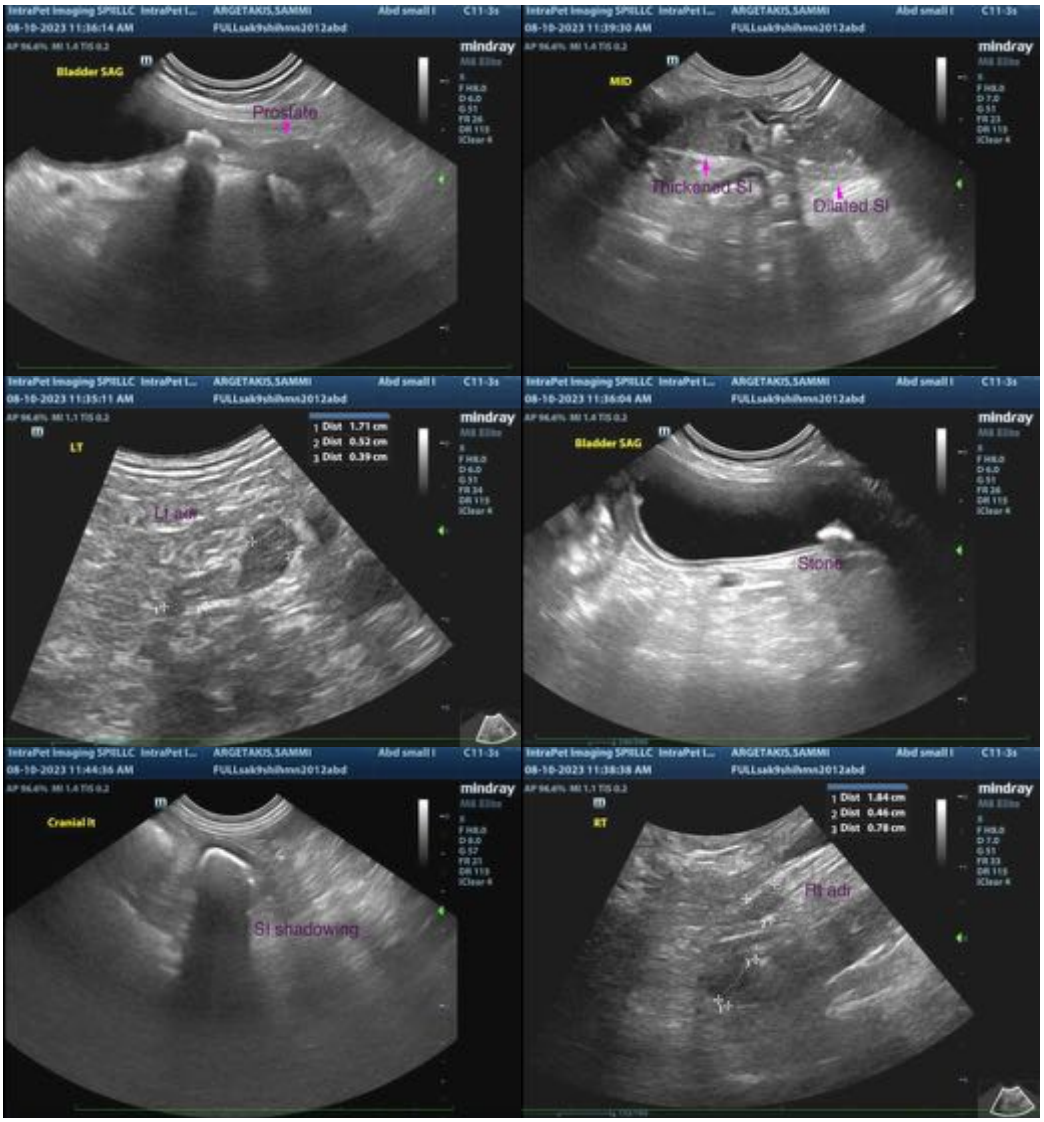
Secondary Findings

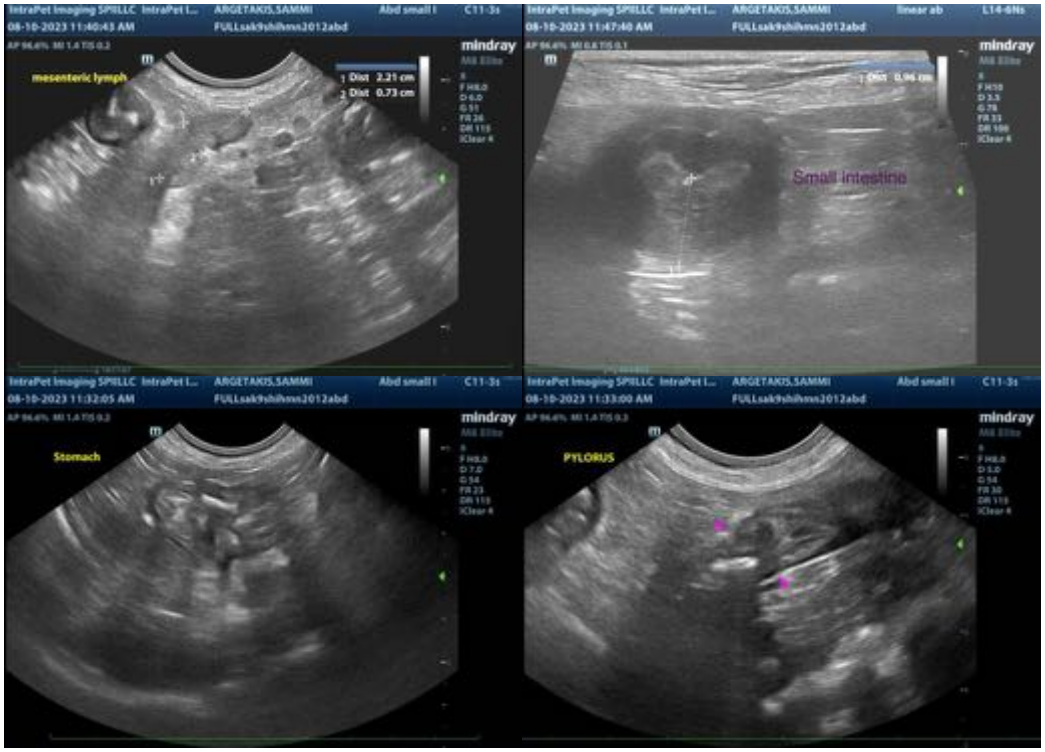
- Bilateral chronic renal changes with dystrophic mineralization

- The hyperechoic focus in the prostate gland may be a benign incidental finding. However, mineralization of the prostate can be associated with a neoplasia process. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, an abdominal exploratory is recommended to assess the bowel for neoplasia, stricture/foreign body is recommended. A resection and anastomosis may be warranted. Submission of the abnormal small intestinal tissue for histopathology is also recommended. Also consider a cystotomy with stone removal, analysis and culture at the time of surgery.





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)
info@SonoPath.com