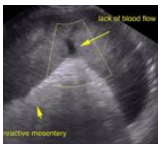
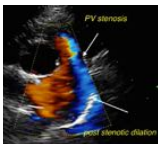
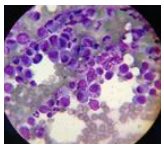
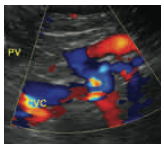

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1-800-838-4268 info@sonopath.com

PATIENT

Belle Renberg

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

18.3 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwautosa

REFERRING VET

Dr. Haynes

INVOICE

92732

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Chronic (6 month) history of vomiting, more frequent over the past month. Vomiting consists of bile and food. CBC/chem panel, spec cpl WNL. Screening for IBD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.4 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Left kidney is normal in size (4.13 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is evidence of pyelectasia noted at 0.32 cm. No mineral is observed.

Right kidney is normal in size (4.49 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.65 cm at cranial pole and 0.5 cm at caudal pole), shape and contour. There is a small, hyperechoic adrenal nodule noted in the cranial pole. The nodule does not disrupt the normal shape and architecture. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.8 cm long by 0.8 cm at the cranial pole and 0.5 cm at the caudal pole) shape and contour. Corticomedullary structure is unremarkable.

Spleen

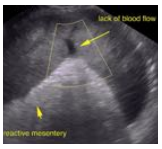
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

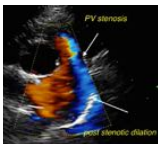
Liver

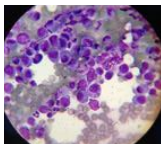
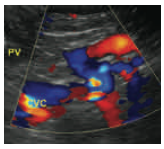
Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.





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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes. With minimal distinction it could just be that this is a normal variant of an empty bladder.

Left renal pyelectasia.

Small, hyperechoic left cranial pole adrenal nodule. Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Lesions >2.0 cm are generally primary adrenal neoplasia versus hyperplasia with lesions > 4.0 cm are more predictive of malignant neoplasia. Some nodules such as this without other evidence of abdominal disease to suggest metastatic disease and/or clinical signs to suggest hyperadrenocorticism are most often incidental and should be monitored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include urinalysis and urine culture if not already performed given the mildly thick urinary bladder wall and the left pyelectasia. If clinical signs of hyperadrenocorticism are present such as polyuria, polydipsia, polyphagia, panting, etc then testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test is recommended. Given the chronic history of vomiting differentials include parasitic disease, inflammatory or infectious disease as well as infiltrative gastrointestinal disease such as inflammatory bowel disease. Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. Empirical therapeutic recommendations can include empirical deworming with a 5 day course of Panacur, 3 week Helicobacter treatment trial with antibiotics and gastroprotectants followed by a diet change to a novel or hydrolyzed protein diet. If a diagnosis is not obtained and empirical therapy does not resolve clinical signs then endoscopy to further assess the stomach with biopsies may be warranted.

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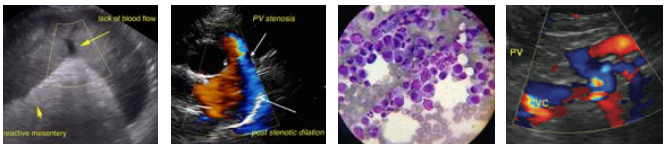

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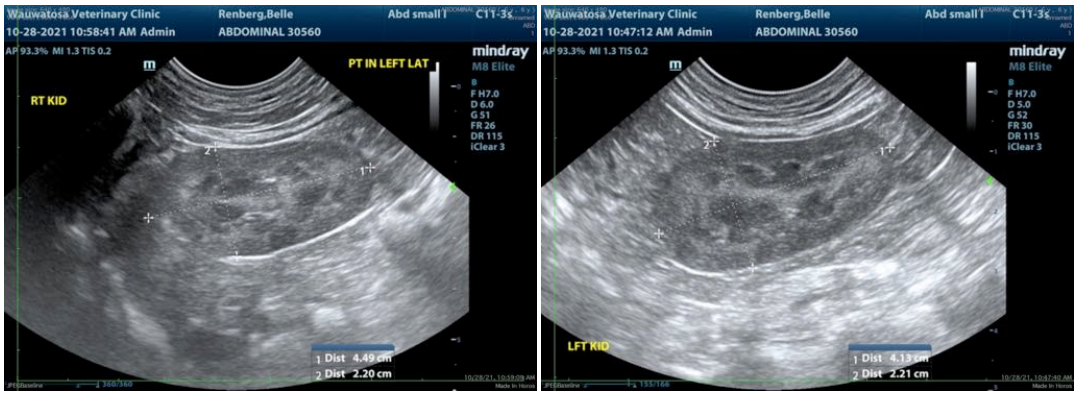

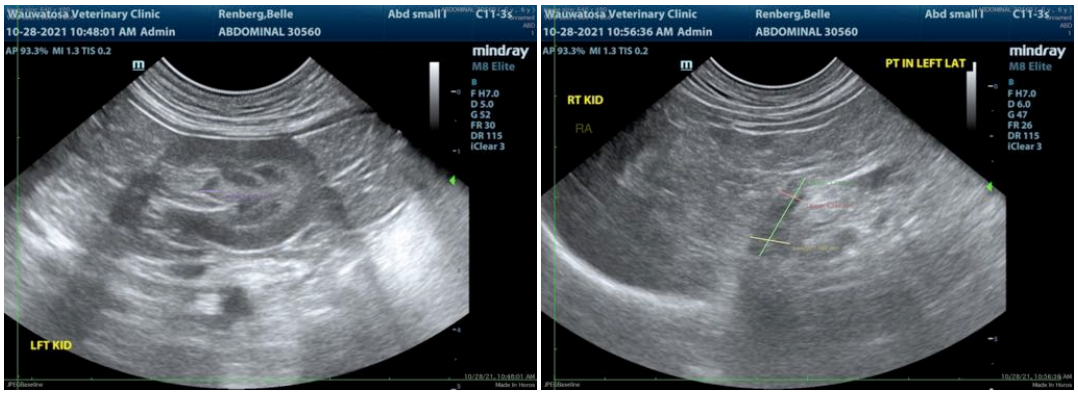

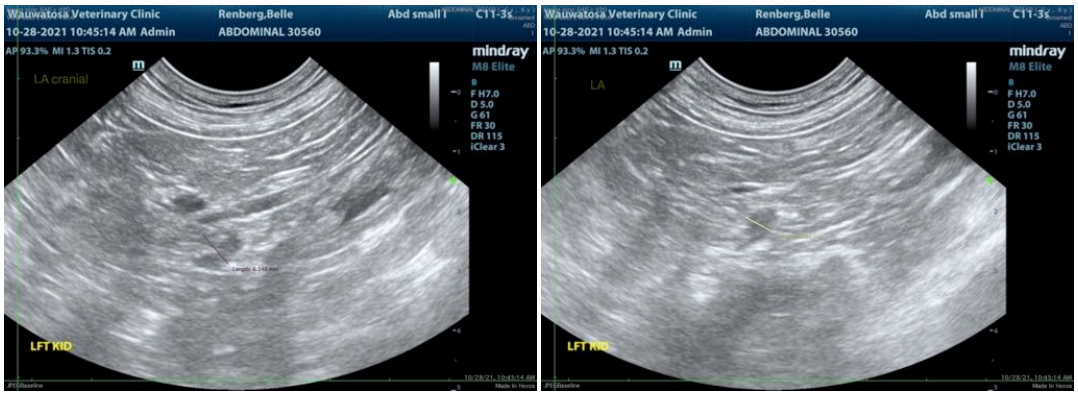

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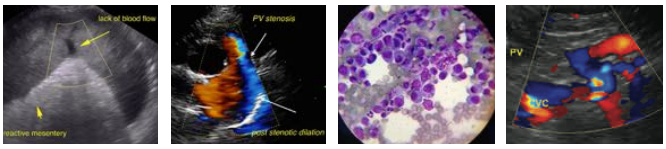

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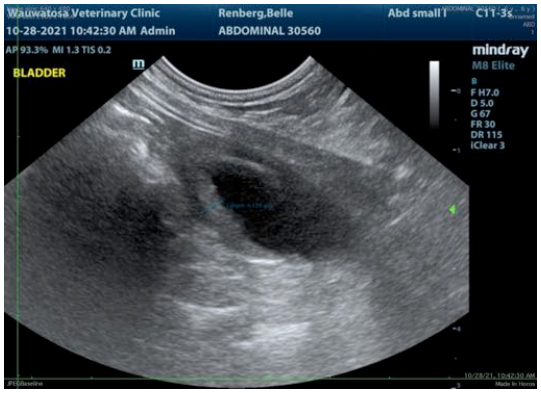

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com