



PATIENT

Oshie Lunde

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

6 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Chrissy Krell

INVOICE

43410

DATE

12/13/22

PRESENTING CLINICAL SIGNS

Px has been acting off for the past 10 days. Not eating or drinking like he should be. Activity is low. Some vomiting. Px goes outside to have a stool - seems like he can't go outside. Px has accidents in the home - Multiple soft stool piles. O did start feeding Px a new soft treat at home a couple of months ago - Stopped giving as soon as the symptoms had started. Nothing else is new to Px in the home - could not have got into anything.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: Painful abdomen, VERY reactive on palpation. Missing teeth, periodontal disease noted. CBC: pending Chem: pending Urinalysis: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.15 cm) with a large cortical cyst visualized in the caudal pole measuring 1.75 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.94 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small, slightly irregular, hypoechoic nodule visualized in the spleen measuring 0.37 cm x 0.54 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Maltese X

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

- Small hypoechoic nodule visualized in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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SECONDARY FINDINGS

- Large cystic structure in the caudal pole of the left kidney – Findings are most consistent with a benign renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No focal lesions are visualized associated with the gastrointestinal tract to explain the symptoms described. Unfortunately, there are many causes for vomiting and diarrhea that cannot be diagnosed by ultrasound alone.

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Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc...



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- Recommend obtaining a minimum database (CBC/Chem, UA, etc.) if not already done to look for evidence of systemic disease as a cause for GI signs.

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

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- Recommend chronic probiotic therapy.
- Consider empirical deworming and fecal testing if not already done.

If the GI symptoms become chronic and persistent, you could consider obtaining GI biopsies.

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There is a small hypochoic nodule in the spleen. Options moving forward include continued monitoring with ultrasound or a fine needle aspirate.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

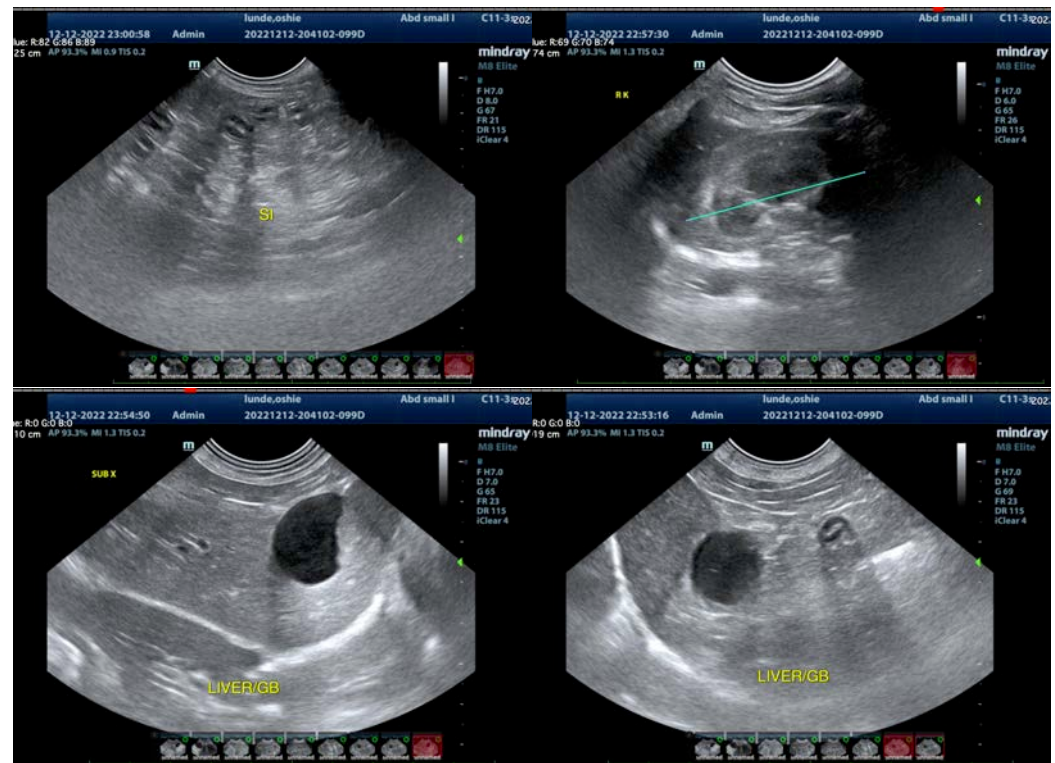
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While no evidence of overt pancreatitis was visualized on today's exam and no evidence of an obstruction is visualized, consider correlating with a quantitative cPLI level and consider empirical treatment for pancreatitis due to the pain reported.

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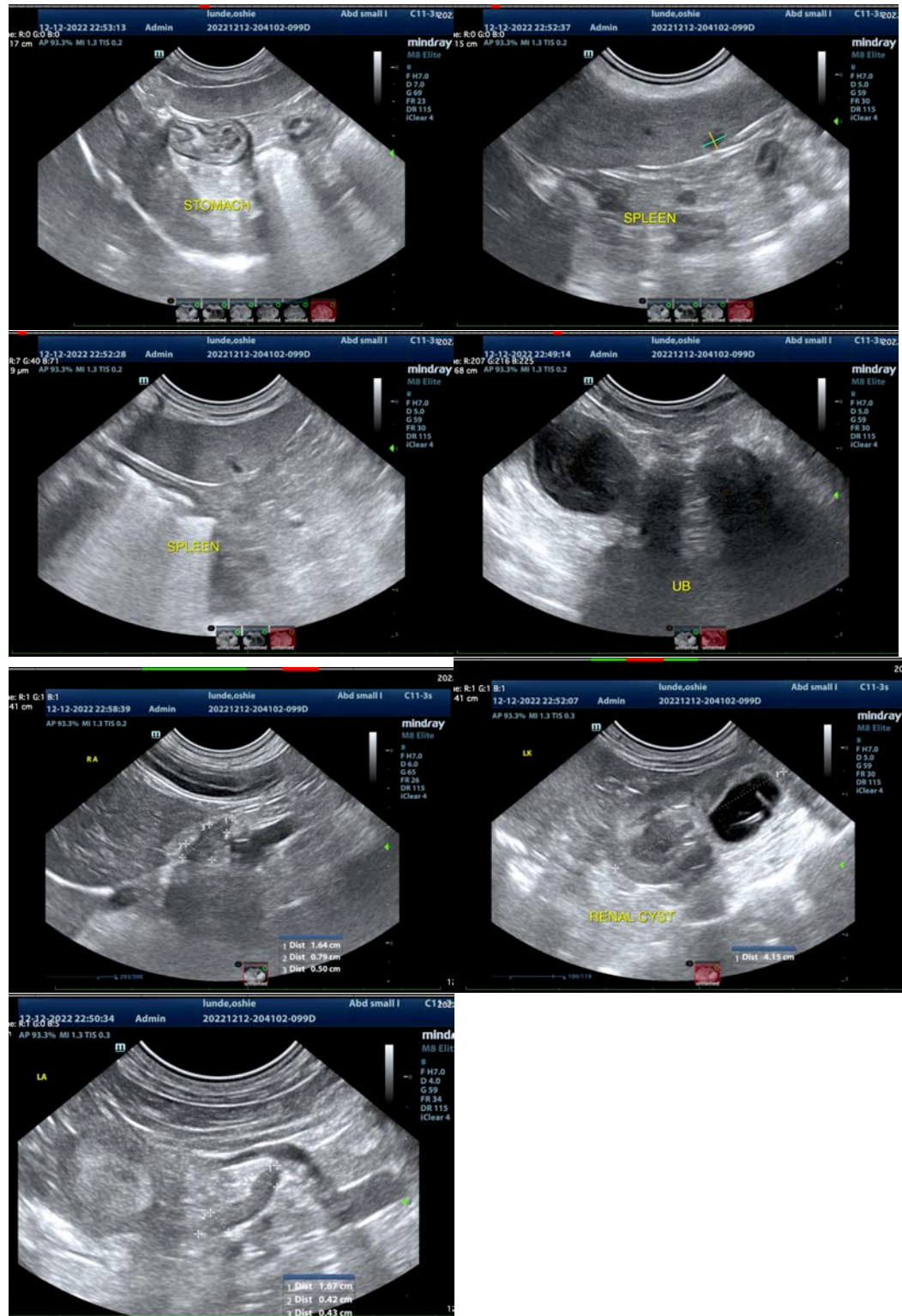
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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kathleen.sennello@sonopath.com

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