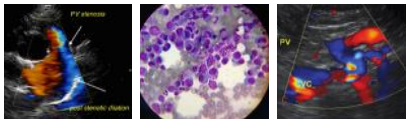
IMAGING PERFORMED BY

IntraPet.com



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

DATE

3/9/23

PATIENT

Pearl D'Anna

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

8/6/15

WEIGHT

55 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Franchini

INVOICE

21541

PRESENTING CLINICAL SIGNS

History: Pet presented in October 2021 for vomiting concerns. BW was done and was normal. Pet was treated with odantestron. Presented today (3/7/2023) for same concerns with worsening CS of vomiting after eating. Will not vomit if owner feeds smaller, frequent meals. Can keep water down. 10 lb weight loss noted - some purposeful but not that much.

Current Medications: None listed.
Radiographs: concern for mass or FB in stomach
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Butorphanol 10 mg/ml - 0.5-1.0 ml IV.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Left kidney is normal is size (5.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (5.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.64 cm long x 0.87 cm at cranial pole and 0.8 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. Hyperechoic nodules are noted in the cranial and caudal poles of the left adrenal gland. Nodule does not disrupt normal shape and/or architecture.

Right adrenal gland is normal in size (2.43 cm long x 0.91 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. A hyperechoic nodule is noted in the cranial pole of the right adrenal gland. Nodule does not disrupt normal shape and/or architecture.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in

echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic nonshadowing luminal contents and gas, most consistent with normal ingesta. There is no evidence of obstruction, acoustic shadowing, foreign material or infiltrative disease, however, full evaluation is partially inhibited by the ingesta and gas and soft cloth fluid absorbing foreign material cannot be definitively ruled out, however, it is considered less likely.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

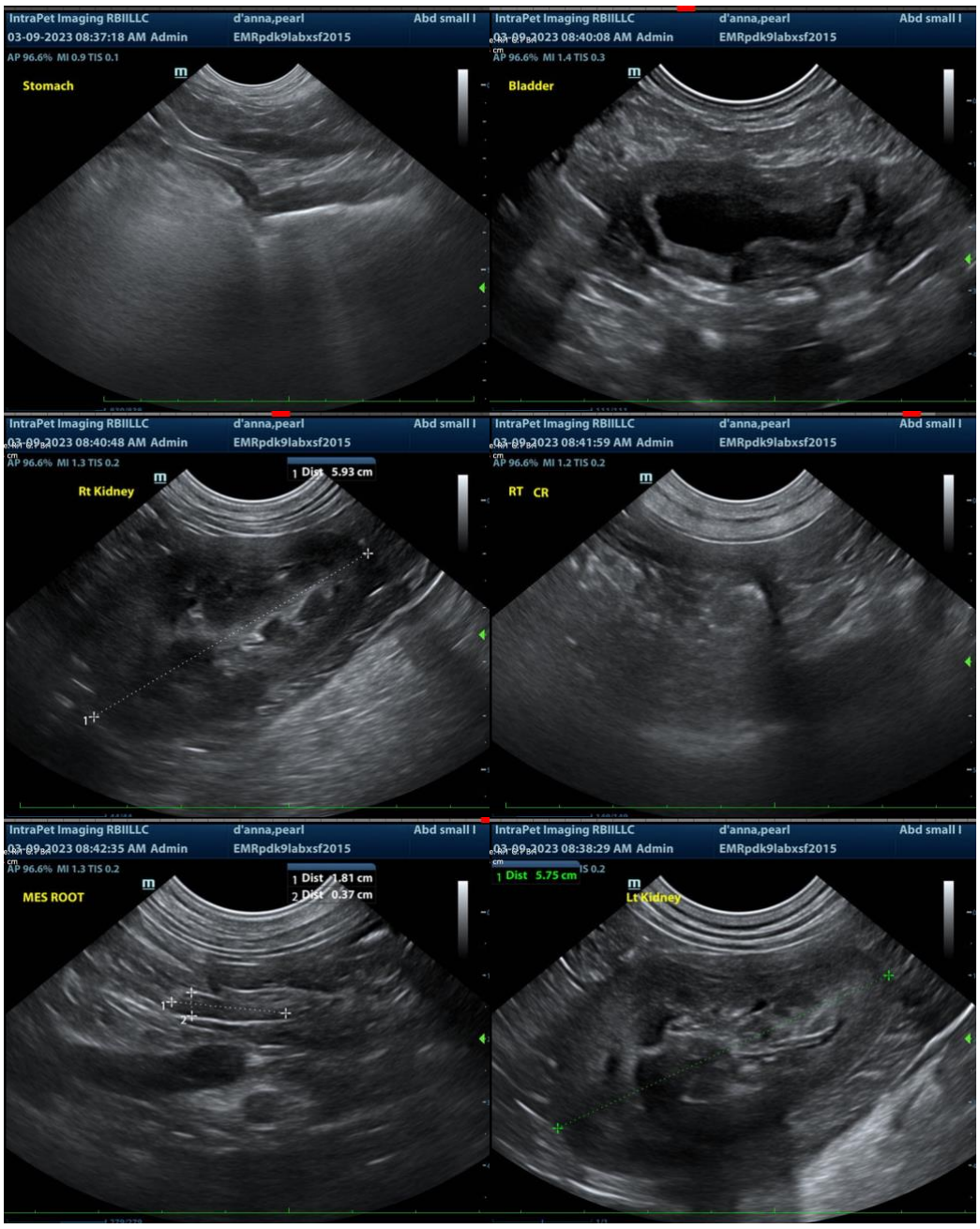
ULTRASONOGRAPHIC FINDINGS

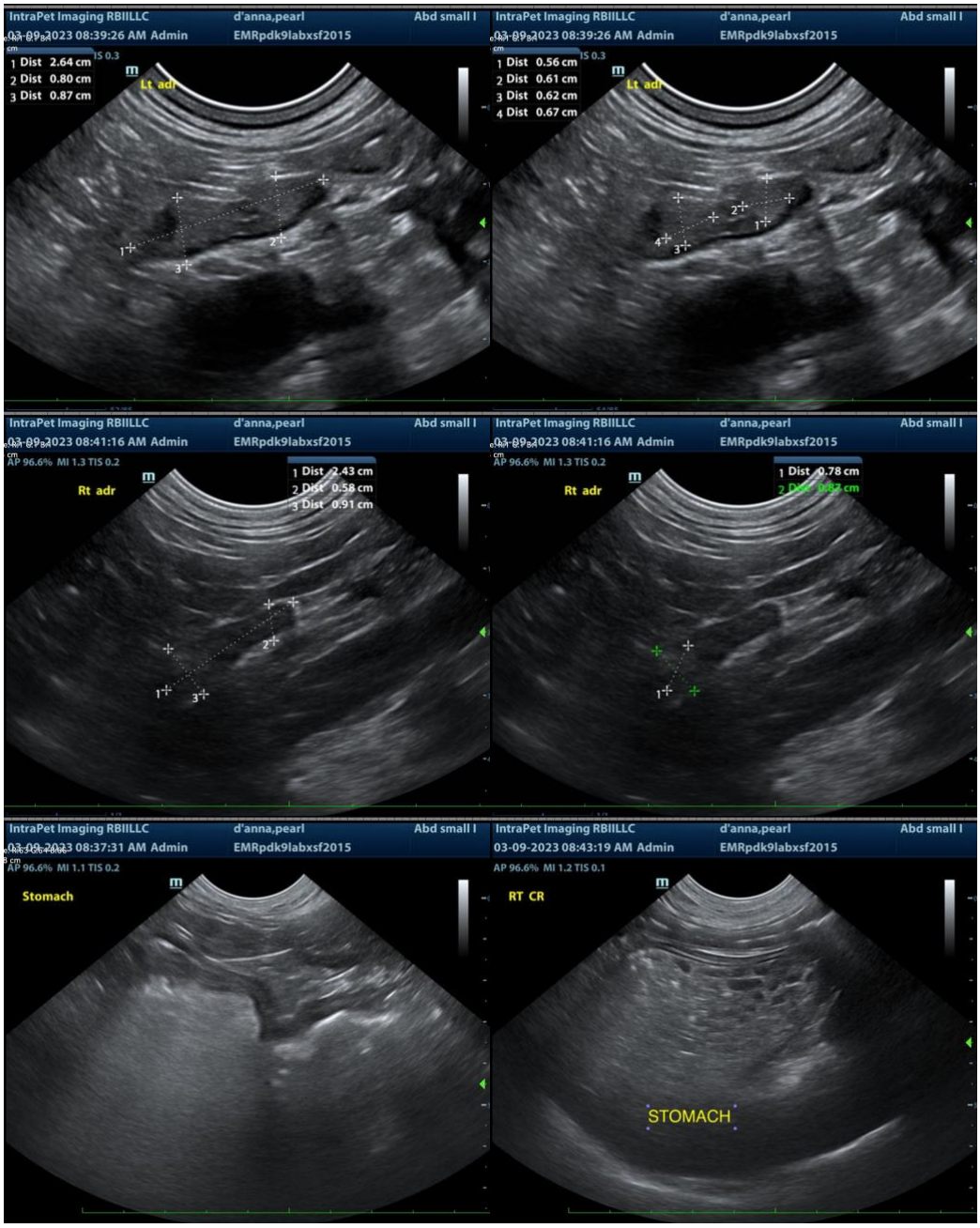
- The full stomach is most visibly consistent with normal ingesta, however, as described above, foreign material cannot be definitively ruled out.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Bilateral hyperechoic adrenal nodules – 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. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive visible evidence of a gastric mass or foreign body, although again, soft fluid absorbing cloth foreign material cannot be definitively ruled out. Recommendations include, if not recently evaluated, a general metabolic health screen, including CBC/chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an

otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. Pending those results, next steps to consider include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function, and a baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
If a diagnosis is not obtained, and clinical signs persist, recheck fasted imaging of an empty stomach, if possible, is recommended and/or additional visualization options include, potentially a Barium swallow or gastroscopy. In the meantime, given the mild lymphadenopathy, empirical deworming with a 5-day course of Panacur is also recommended.





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