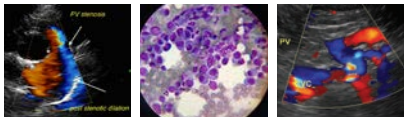
IMAGING PERFORMED BY

IntraPet.com



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

DATE

7/13/22

PATIENT

Phoebe Reese

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Femlae

AGE

2/17/20

WEIGHT

10.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

39477

PRESENTING CLINICAL SIGNS

Hx of GI issue, vomiting bile, diarrhea, decreased Albumin level, will have more blood results tomorrow.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: Previous 12/3/21 by SC mobile sonographer. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.49 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.

The left kidney is normal in size (3.6 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

The right adrenal gland is normal in size (1.78 cm long x 0.32 cm at the cranial pole and 0.30 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.51 cm long x 0.32 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

The liver is subjectively small 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.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Medial iliac lymph nodes and 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.

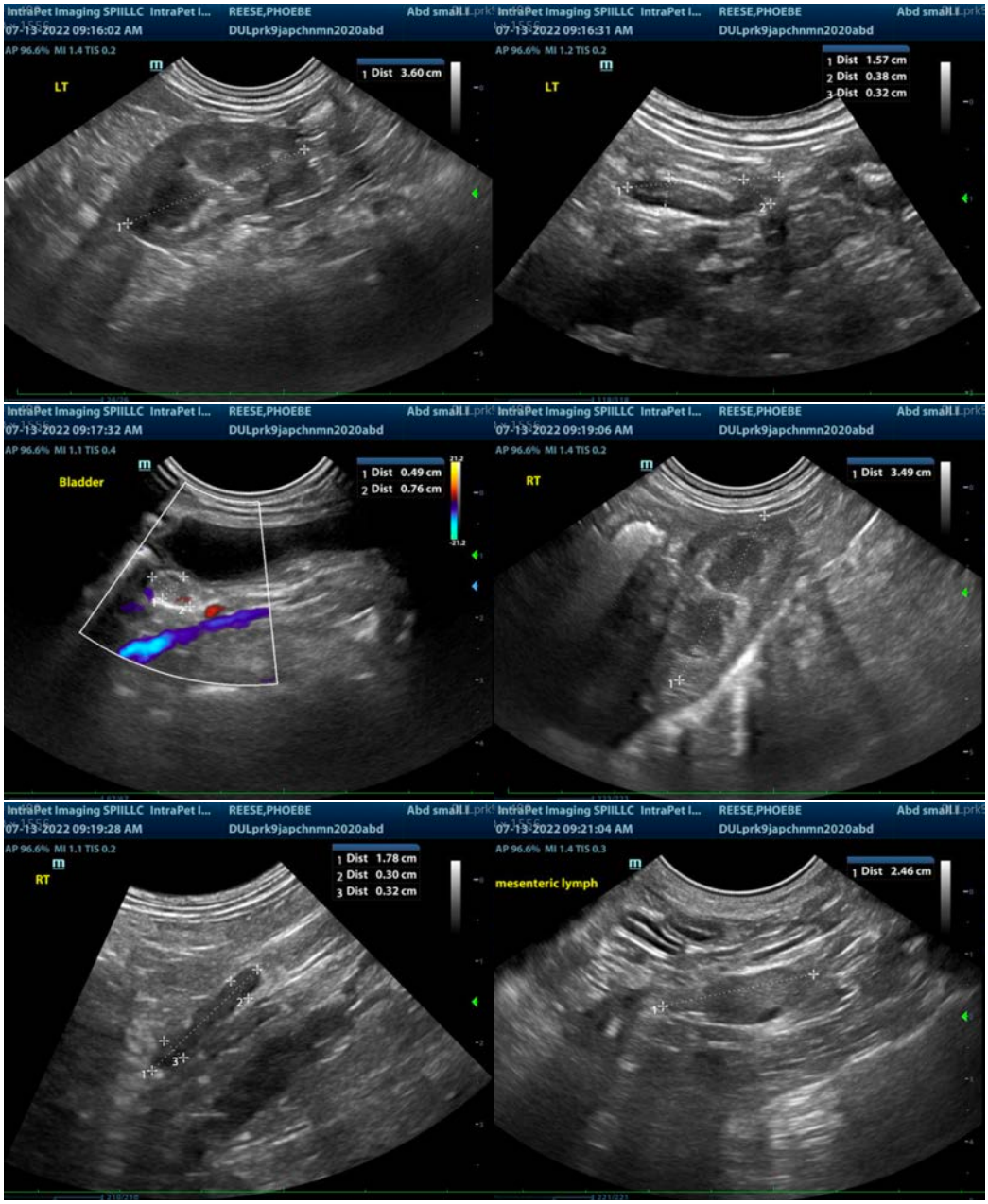
ULTRASONOGRAPHIC FINDINGS

- Subjective mild microhepatica – rule out normal patient variant versus other. Portosystemic shunting can't be ruled out.
- Reactive mesenteric and medial iliac lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's historical hypoalbuminemia, recommendations include:

- 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.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Especially in combination with a subjectively small liver, bile acids are recommended to further assess liver function. If bile acids are high, especially >100, recheck ultrasound of the porta hepatis with power doppler and/or an abdominal CT scan for further evaluation of extrahepatic portosystemic shunt, is recommended.
- In addition to further investigating the low albumin as described above, further investigation for possible underlying gastrointestinal disease resulting in the chronic GI signs in this young patient in the form of fecal exam and A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
- In the meantime, empirical deworming with a 5-day course of Panacur is recommended if not recently administered, as well as a diet transition to a low-fat diet as a trial basis.


IntraPet Imaging SPIILLC IntraPet I... REESE,PHOEBE Abd small
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AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 3.60 cm
IntraPet Imaging SPIILLC IntraPet I... REESE,PHOEBE Abd small
07-13-2022 09:16:31 AM DULprk9japchnmn2020abd
AP 96.6% MI 1.2 TIS 0.2
LT
1 Dist 1.57 cm
2 Dist 0.38 cm
3 Dist 0.32 cm
IntraPet Imaging SPIILLC IntraPet I... REESE,PHOEBE Abd small
07-13-2022 09:17:32 AM DULprk9japchnmn2020abd
AP 96.6% MI 1.1 TIS 0.4
Bladder
1 Dist 0.49 cm
2 Dist 0.76 cm
IntraPet Imaging SPIILLC IntraPet I... REESE,PHOEBE Abd small
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RT
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IntraPet Imaging SPIILLC IntraPet I... REESE,PHOEBE Abd small
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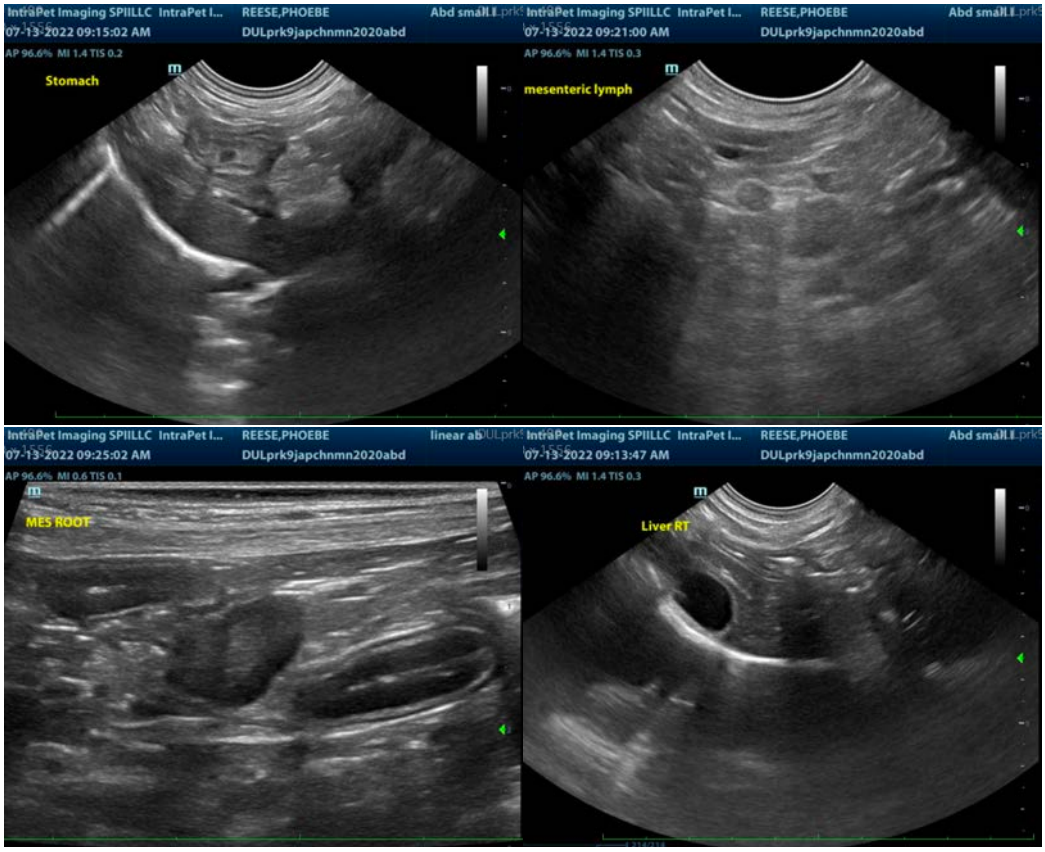
AP 96.6% MI 1.1 TIS 0.2
RT
1 Dist 1.78 cm
2 Dist 0.30 cm
3 Dist 0.32 cm
IntraPet Imaging SPIILLC IntraPet I... REESE,PHOEBE Abd small
07-13-2022 09:21:04 AM DULprk9japchnmn2020abd
AP 96.6% MI 1.4 TIS 0.3
mesenteric lymph
1 Dist 2.46 cm



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com