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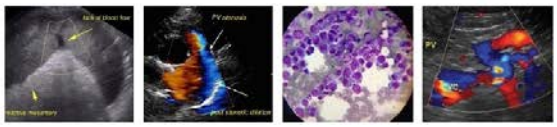


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Dolly Seifried

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

2 Years

WEIGHT

23.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Seager

INVOICE

34162

DATE

1/12/22

PRESENTING CLINICAL SIGNS

intermittent vomiting for approx 1 mo. Mildly responsive to Cerneia, Omeprazole, sulcrate. NAF exam. Was born with cleft lip and palate; had repair as a pup. HAs skin allergies - fed d/d. currently on: Omeprazole, Sulcrate, Cerenia, Metoclopramide
Abnormal PE/Chem/CBC/UA Results: BW-NAF Barium series - ileus noted, FB/enteroliths not ruled out.

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 right kidney has a normal shape and size (5.58 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (5.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.50 cm. 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 0.59 cm. 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 echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

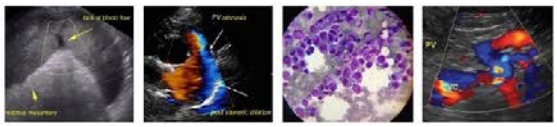
Liver

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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach appears contains minimal luminal contents. It measures at a normal thickness of XX cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is



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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Jejunum wall measured 0.34, 0.31, 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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.

Free Abdomen

No free fluid. A solitary prominent mesenteric lymph node was visualized measuring 0.48 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Rare prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appeared largely normal. There is no evidence of an obstructive pattern and no focal bowel lesions observed. Unfortunately, the severity of the ultrasonographic changes does not always correlate with the severity of the GI symptoms exhibited. Many causes for GI signs cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes based on bloodwork, a screening ACTH stimulation test or baseline cortisol, and a GI panel to Texas A&M (with TLI, PLI, cobalamin and folate).

- If metabolic causes seem unlikely, consider primary GI causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

In a pet like this with more chronic symptoms, I would be most concerned with food allergy, IBD, and less likely intestinal neoplasia.

- Consider a diet trial with a novel protein/hydrolyzed protein prescription diet.
- Recommend a GI panel to look for evidence of low B12 levels, chronic pancreatitis, etc. (as recommended above).
- If symptoms are progressing or do not respond to a diet change and symptomatic therapy, then consider obtaining GI biopsies.

I don't see any evidence of the ileus described in the history (i.e., there is no significant fluid distention of the bowel), but this can be a symptom of diffuse small intestinal disease, and GI biopsies would likely be indicated.

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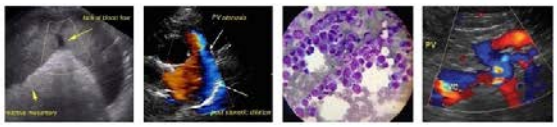

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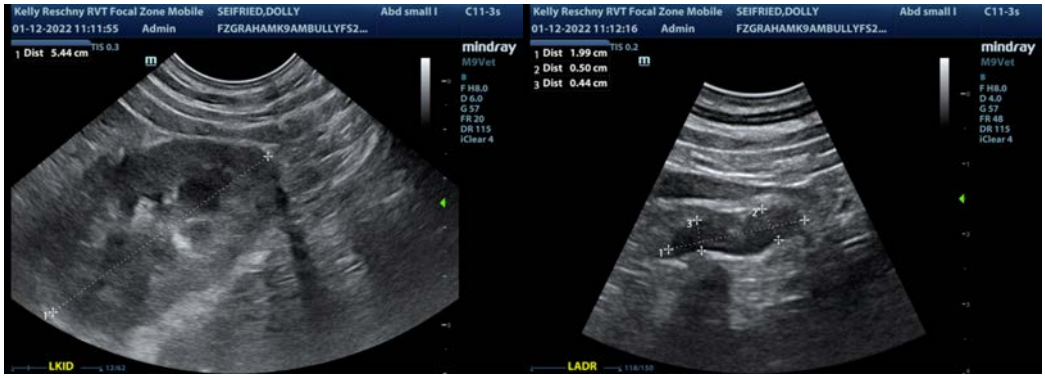

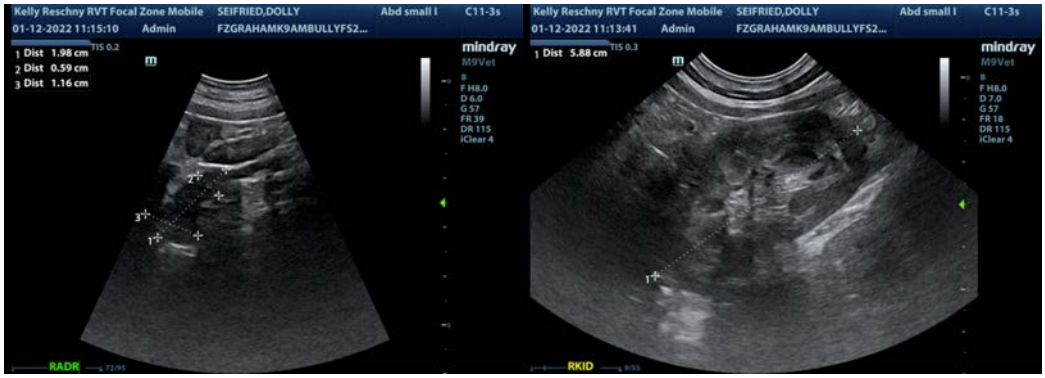

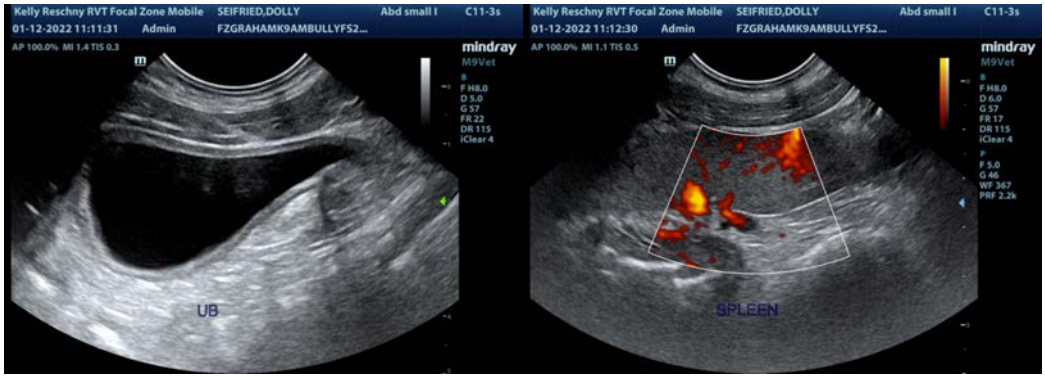

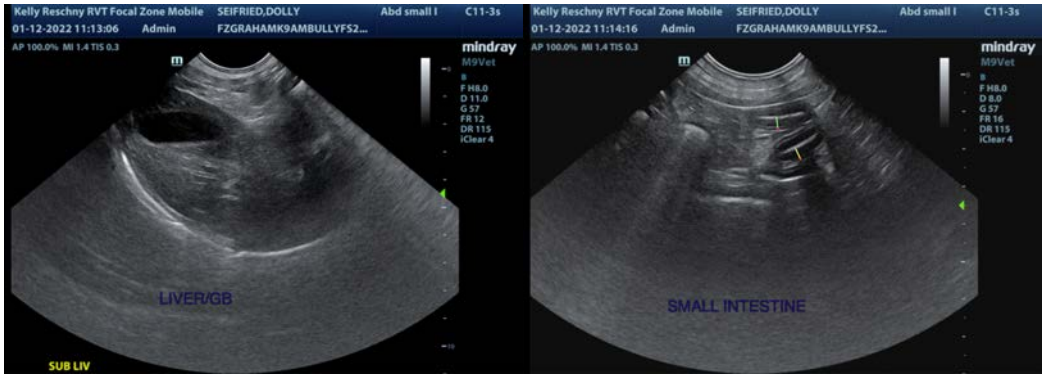

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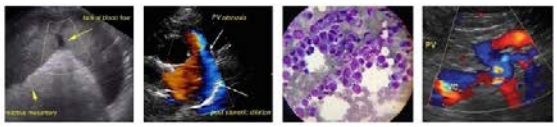

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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