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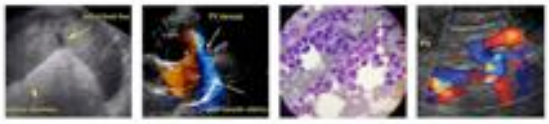


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Maanee Eggleston

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

27.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Sierra Pet Clinic

REFERRING VET

Dr. Sperka

INVOICE

95213

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Vomiting/regurgitating since Christmas 2-3x days usually about 2 hrs after eating-
Abnormal PE/Chem/CBC/UA Results: unremarkable CBC and PE= spec CPL 478 AUS to check pancreas and hepatomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The bladder wall is diffusely thickened and slightly irregular measuring 0.45 cm. The area of the proximal urethra to a depth of 2.0 cm, trigone and ureteral papillae appear free from any mass effects of calculi. The findings are most consistent with diffuse cystitis or lack of urine distension.

The left kidney has a normal shape and size (5.33 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. Small, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4. 8 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 0.7 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.

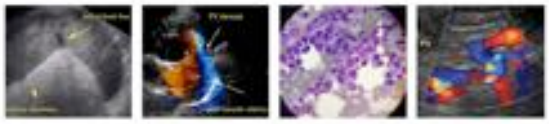
The right adrenal gland is normal in size measuring XXcm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 are three small, hypoechoic splenic lesions visualized. The largest measures 1.02 cm and is ill-defined and somewhat subtle. The other two are more discrete, but smaller and measured 0.6 cm and 0.37 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous, ill-defined, subtle, hypoechoic nodules within the hepatic parenchyma. These vary in size and measure 1.9 cm, 0.79 cm, 0.62 cm and 0.43 cm. There is also a larger, hypoechoic nodule that measured 2.86 x 3.69 cm. This was visualized from the left side. The gallbladder lumen is moderately distended. The wall of the gallbladder is not



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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 has mild fluid distension. 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.

Some of the areas of small intestine have a relatively uniform diameter with minimal fluid distension. Other areas measure as somewhat thickened and appear fluid distended potentially with a lack of progressive motility. The duodenum appears somewhat thickened with moderate fluid distension and prominent layering measuring 0.38 cm. The jejunum measures at 0.29 cm. Some areas have moderate fluid distension and some appear normal. The wall layering appears normal in all instances. Mucosal speckling can be visualized in some areas of duodenum. There was no evidence f 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.

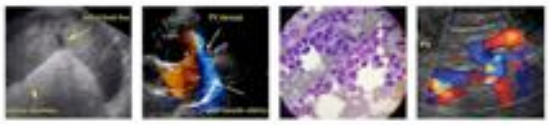
Free Abdomen

There is a small, scant, triangle of fluid visualized. There is no significant lymphadenopathy and the omentum appears relatively normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Areas of subjectively thickened small intestine with slightly irregular mucosa and fluid distension. These findings are most consistent with ileus and possible differentials include inflammation, infection or infiltrative disease. While no foreign bodies are visualized a partial obstruction cannot be excluded as a possibility.
- Heterogenous liver with numerous, ill-defined, hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The appearance of most of the nodules favors a benign process. One of the larger lesions could be sampled for more information.
- Hypoechoic splenic nodules. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis,



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infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis

- Diffusely thickened and irregular urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

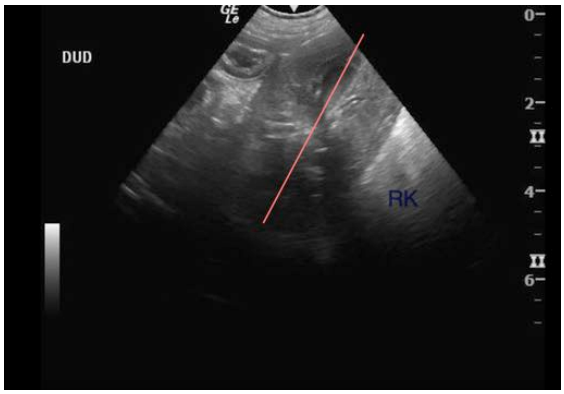
While no focal mass lesions or obstructions are visualized in the small intestine there is the general impression of lack of motility and some fluid distension. Additionally some segments appear to have some wall thickening. Correlate these findings with abdominal radiographs. A barium swallow is sometimes helpful in looking at the progressive motility of ingesta throughout the GI tract. If there is indeed a loss of progressive motility the most common reason is due to primary GI disease such as food allergy, IBD, intestinal neoplasia, etc. If this dog is truly regurgitating then consider the following evaluation.

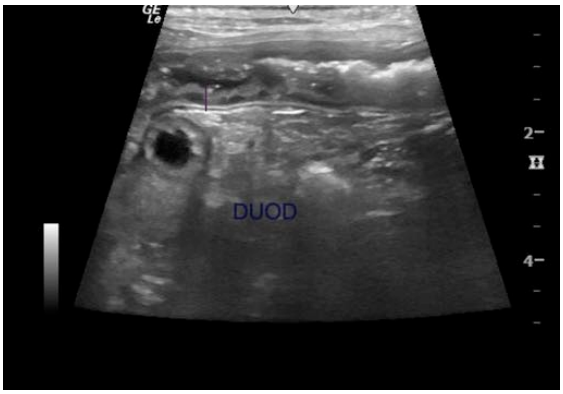
- Three view thoracic radiographs to look for any evidence of intrathoracic disease, megaesophagus, aspiration pneumonia, etc.
- Contrast study of the esophagus with ideally a fluoroscopic swallow, but if not possible a barium swallow with immediate radiographs can be helpful. Looking for mass lesions, strictures, etc.
- Acetylcholine receptor antibody test for myasthenia gravis.
- ACTH stimulation test to rule out Addison's disease.
- Upper GI endoscopy to look for esophagitis or any intramural esophageal issues.

You can consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of small intestinal disease. Additionally, if you performed an upper GI endoscopy you can evaluate the stomach and obtain biopsies from the small intestine.

The lesions visualized in the liver and spleen are relatively subtle and could be benign lesions. Consider a FNA of the larger hepatic lesion +/- splenic lesions and I recommend close monitoring of all.

I recommend urinalysis and culture to look for possible cystitis. Reevaluate the urinary bladder with better urine distension.





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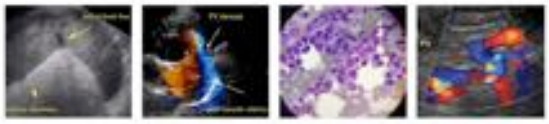

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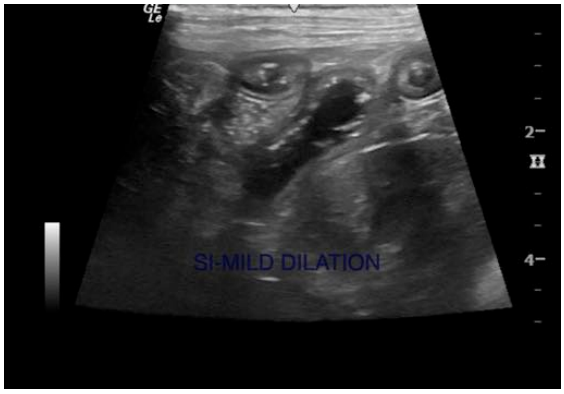

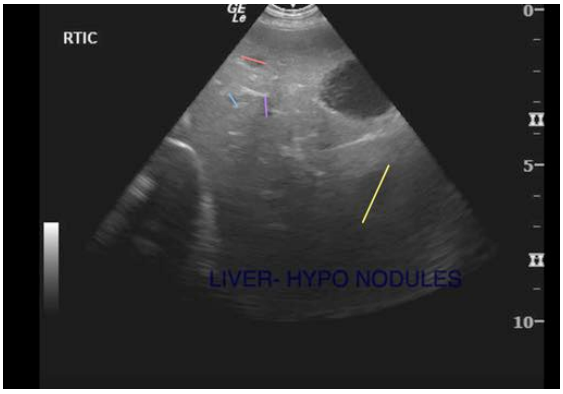

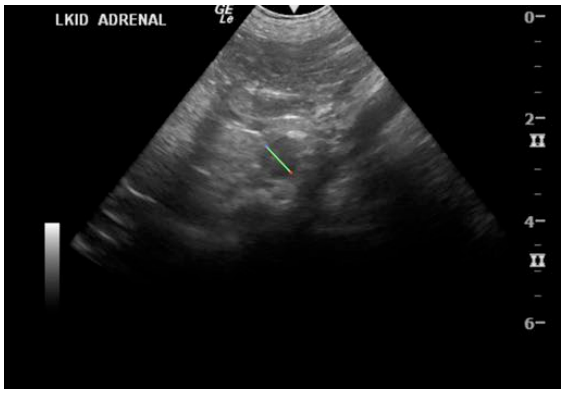

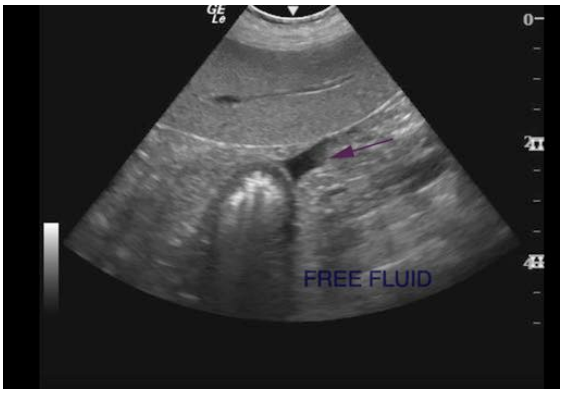

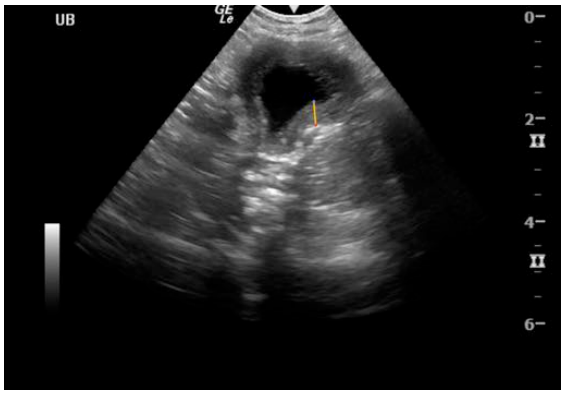

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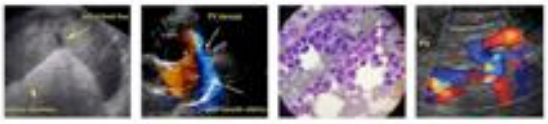

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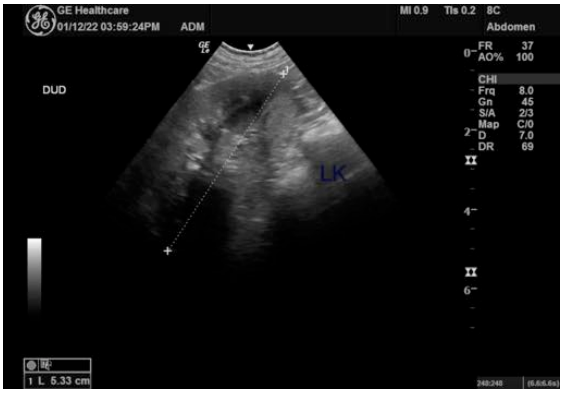

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com