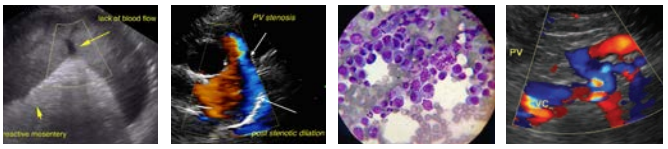
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Rosie Magee

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

34193

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Went to Emergency on 1/2/22 with vomiting and scant mucusy stool. Rads were not consistent with obstruction. BW at that time showed mod to large ALP elevation (1132), mild elevation in ALT (158), mild increase BUN with normal creatinine, decreased K+, snap cPL was abnormal. CBC showed mild monocytosis and toxic neutrophils. Patient was treated with IVF, pain relievers, metronidazole, Cerenia. bland diet. Patient seen on 1/10, decreased appetite. Noted tenderness on abdominal palpation. Repeated BW, results below, Spec cPL normal, neutrophilic leukocytosis, normal to high platelets. Fecal negative. Blood pressure elevated. Patient passed normal stool this am.
Abnormal PE/Chem/CBC/UA Results: Abdominal distension, mild. Abdominal discomfort on palpation. ALP 831 U/l ALT 160 U/l Chol 437 mg/dl Spec cPL 50 ug/l UPC 1.8 USG 1.023 inactive sediment WBC 19400/ul, NLs 16942/ul, plt 68 K/ul BP avg systolic 190 mm Hg

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 left kidney has a normal shape and size (7.61 cm) with mild pyelectasia at 0.27 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 right kidney has a normal shape and size (8.99 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 0.83 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 0.78 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

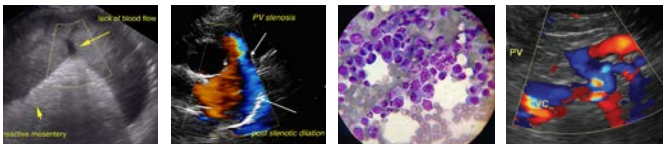
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in 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. No focal nodules or cystic lesions are observed.

The gallbladder 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Magee

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

34193

DATE

1/12/22

Gastrointestinal

The stomach is moderately distended with shadowing material. 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. Findings are consistent with a recent dense meal or a retained gastric foreign material/ingesta.

Many of the visualized areas of small intestine have a relatively uniform diameter with minimal fluid distension. There are some focal areas that appear fluid distended and have a somewhat plicated appearance. These areas of bowel are not following a normal curvilinear path, and some areas appear to have hard shadowing material within them. These areas are concerning for either an intraluminal partial obstruction, or even a linear foreign body. Additionally, at the ileocecal junction there appears to be shadowing intraluminal material. Some of this could be fecal material, but considering that this patient has not eaten well recently (that I know of), this could represent a foreign object in this position. Many of the areas of bowel look extremely suspicious for foreign material, but then some areas presumed to be orad to the abnormal bowel appear normal. No focal mass effects are visualized.

The ileocecal junction is visualized with an area of hard shadowing material most consistent with foreign material or fecal material.

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.

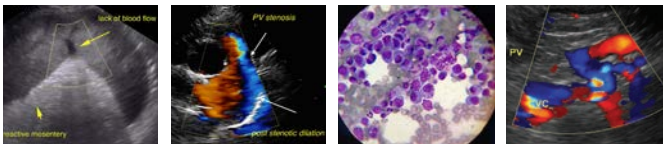
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes visualized measuring 0.55 and 0.45 cm. The omentum appears generally mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Focal fluid dilated bowel loops with shadowing intraluminal material – suspicious for foreign material and a possible partial obstruction. Alternately, focal enteritis is possible.
- Shadowing material within the gastric lumen – Correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, there would be concern for either a gastric outflow obstruction, gastric foreign material, or delayed gastric emptying.
- Large, heterogeneous liver – 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.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mild pyelectasia of the left kidney – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Magee

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

34193

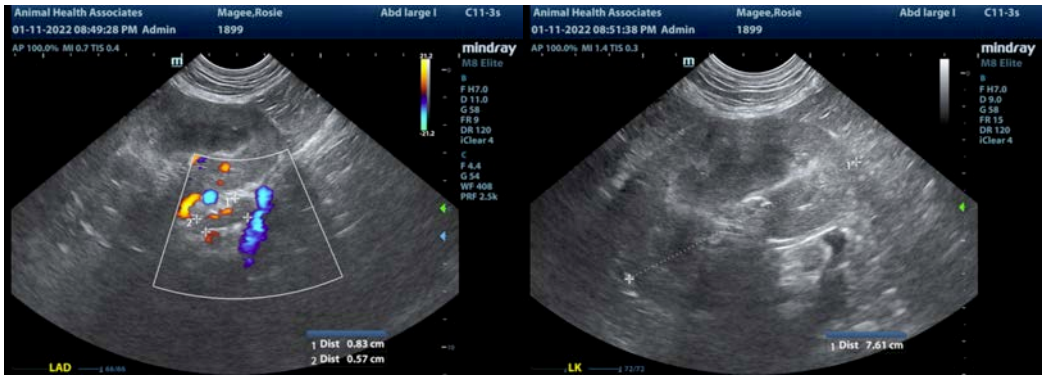
DATE

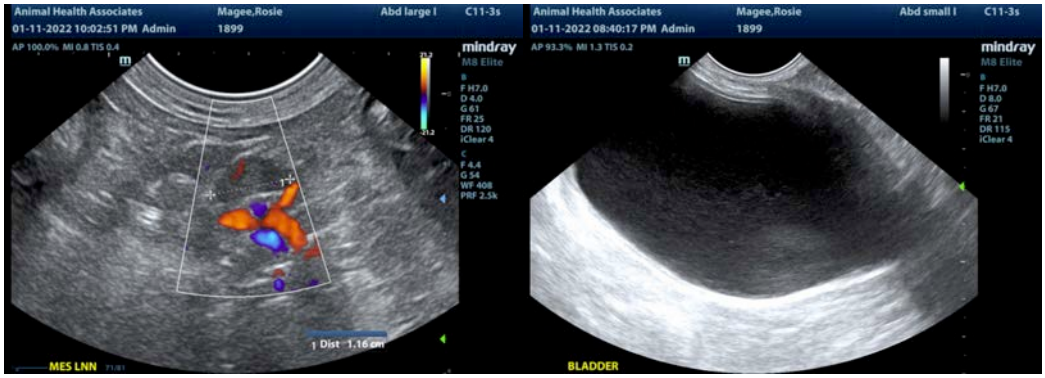
1/12/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

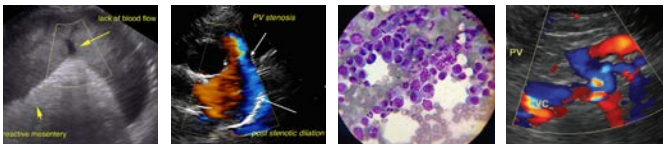
This is an atypical history for gastrointestinal foreign material, as there has almost been two weeks since the initial presentation and this pet has been eating some and keeping it down. Therefore, it is unknown if this could just be severe enteritis, or possibly intermittently passing foreign material. Correlate these findings with abdominal radiographs and current bloodwork. If things don't see to be improving, I would consider exploratory to rule out foreign body and obtain GI biopsies. Recommend 3-view thoracic radiographs to rule out any concurrent intrathoracic disease.

The elevation in ALP could be reactive secondary to what is going on in the GI tract. If surgery is pursued, then consider getting a liver biopsy at the same time. If surgery is not pursued due to lack of suspicion for true foreign material, then consider a liver function test and fine needle aspirate of the liver.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Magee

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

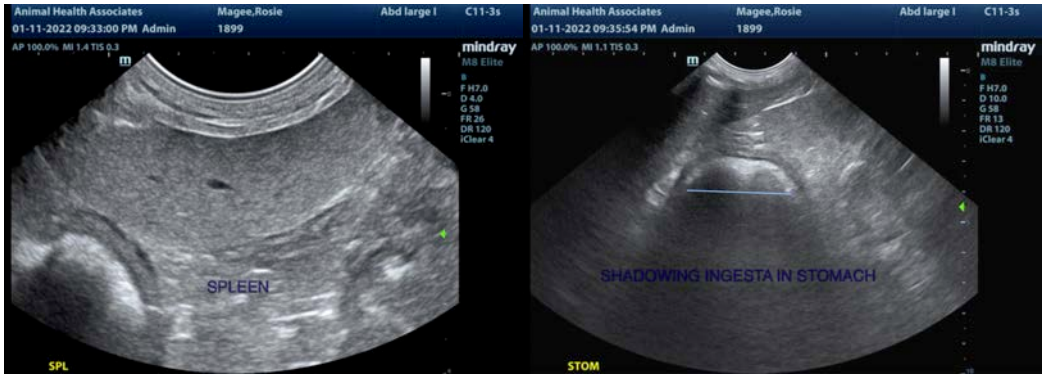
Dr. Judy Schroeder

INVOICE

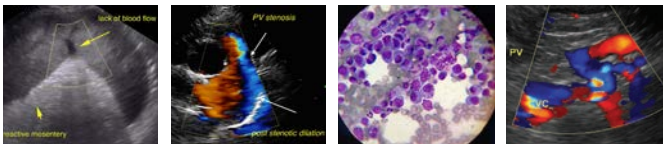
34193

DATE

1/12/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Magee

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

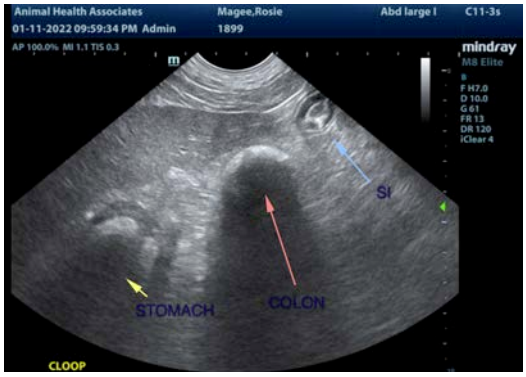
Dr. Judy Schroeder

INVOICE

34193

DATE

1/12/22



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