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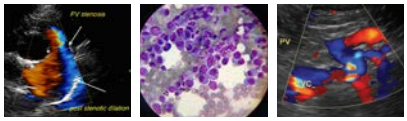

SonoPath
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DATE

1/12/22

PATIENT

Tank Bowerman

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

11/30/10

WEIGHT

100.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Warm & Fuzzy Vet Clinic

REFERRING VET

Dr. Williams

INVOICE

34171

PRESENTING CLINICAL SIGNS

History: presented 1/11/21 for having less excitement with eating and vomiting almost daily. Owners thought was depressed because other dog was pts 10/2021. Abdominal mass effect noted on radiographs.

Current Medications: sent home with Cerenia 80mg po SID.
Lab Results: elevated renal values (SDMA and CR). Attached separately.
Radiographs: mass effect seen on radiographs. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.8 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.

The right kidney has a normal shape and size (7.1 cm) with a 1.2 cm hypoechoic cortical cystic structure. 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 0.75 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules visualized within the splenic parenchyma. One measures 1.22 cm x 0.95 cm, which appears to mildly deviate the splenic capsule. The other measures 1.63 cm x 1.41 cm.

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 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.

Gastrointestinal

The stomach is severely dilated with fluid and irregular shadowing material, consistent with some ingesta and gas. 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. The area of the pylorus cannot be visualized due to the severe shadowing and interference due to the intraluminal contents. No focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.37 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 area of 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

PRIMARY FINDINGS

- Mildly mottled spleen with two hypoechoic splenic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Severe gastric distention with intraluminal fluid – Correlate with feeding history and radiographs. Visualization of the pyloric area was obscured. Findings could be consistent with delayed gastric emptying or a partial outflow tract obstruction.

SECONDARY FINDINGS

- Left renal cyst – likely an incidental finding.

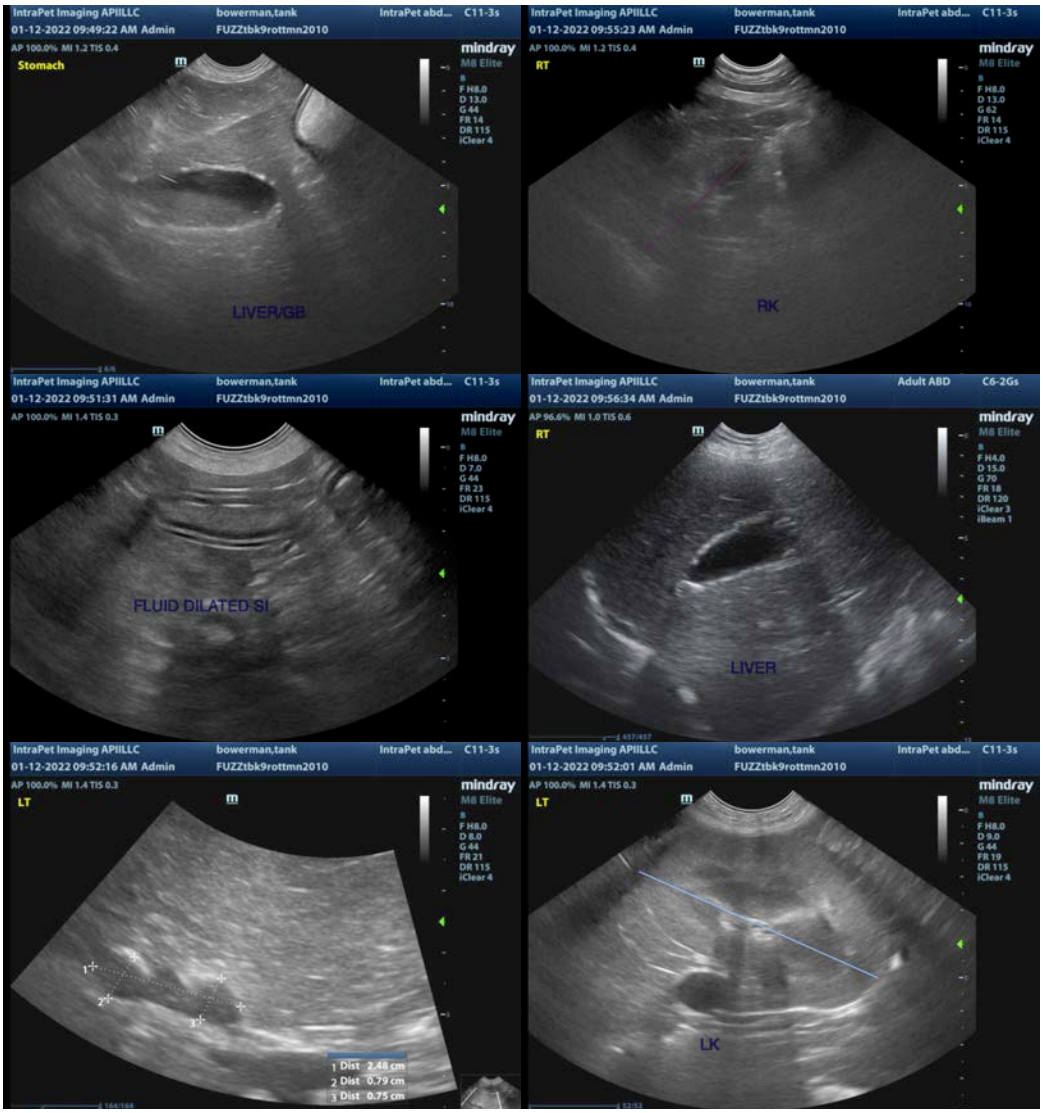
- Mildly fluid dilated small intestine – This could be normal passing of the large amount of gastric contents, or could be consistent with delayed gastric emptying/partial obstruction.

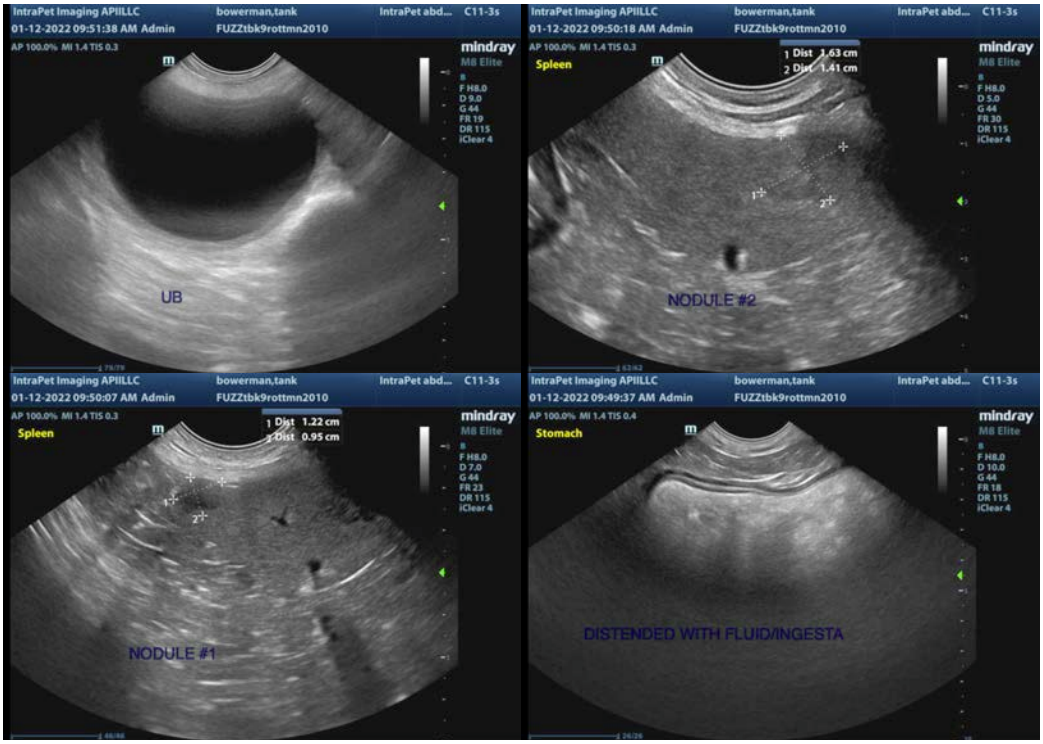
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two hypoechoic nodules in the spleen. These could be benign or neoplastic changes. Consider either fine needle aspirate or splenectomy.

The stomach is severely distended with intraluminal fluid. The shadowing from this material makes evaluation of the pylorus difficult to determine if there could be an obstruction (either foreign material or mass effect). You could consider reevaluation after a more prolonged fast to see if things pass. Additionally, you could consider giving a small amount of barium and watching to see if this passes through. This would be more effective if the stomach is less distended

Additionally, you could consider a contrast CT scan with care given under general anesthesia to prevent regurgitation/vomiting, or exploratory surgery to obtain biopsies as well as to remove the spleen.





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