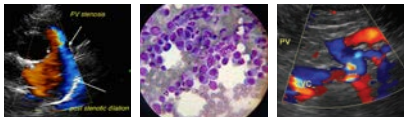
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

1/12/23

PATIENT

Ezekiel Anshel

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

5/5/18

WEIGHT

95 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

44162

PRESENTING CLINICAL SIGNS

Recurrent bronchopneumonia, weight loss, tense abdomen, intermittent vomiting. Per Dr. K. Gold chest radiographs done 12/2/22 showed right mottled lung lobe, bronch-pneumonia, mild pleural effusion, mild right sided heart enlargement. Ezekiel had a bout of pneumonia a year ago on 1/24/22 that was slow to improve and was on Abx up thru March.

Current Medications: zeniquin 100mg qd started 1/10/23 was also given smae for 10 days back in early December 2022.
Lab Results: onko k9: negative; 12/2/22 cbc, chem: wnl.
Radiographs: bronchopneumonia, possibly enlarged liver.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (7.49 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (7.7 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.60 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 0.58 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 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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 measures 0.43 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
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.

Thoracic Cavity
There is a focal area of abnormal pulmonary tissue most consistent with consolidation visualized on the left side of the thorax caudal to the heart, measuring at least 3.35 cm x 2.41 cm. There is no evidence of pleural effusion, pericardial effusion, or large mass effects visualized.

ULTRASONOGRAPHIC FINDINGS

- No significant abdominal lesions visualized
- Focal area of abnormal tissue most consistent with consolidation visualized on the left side of the thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

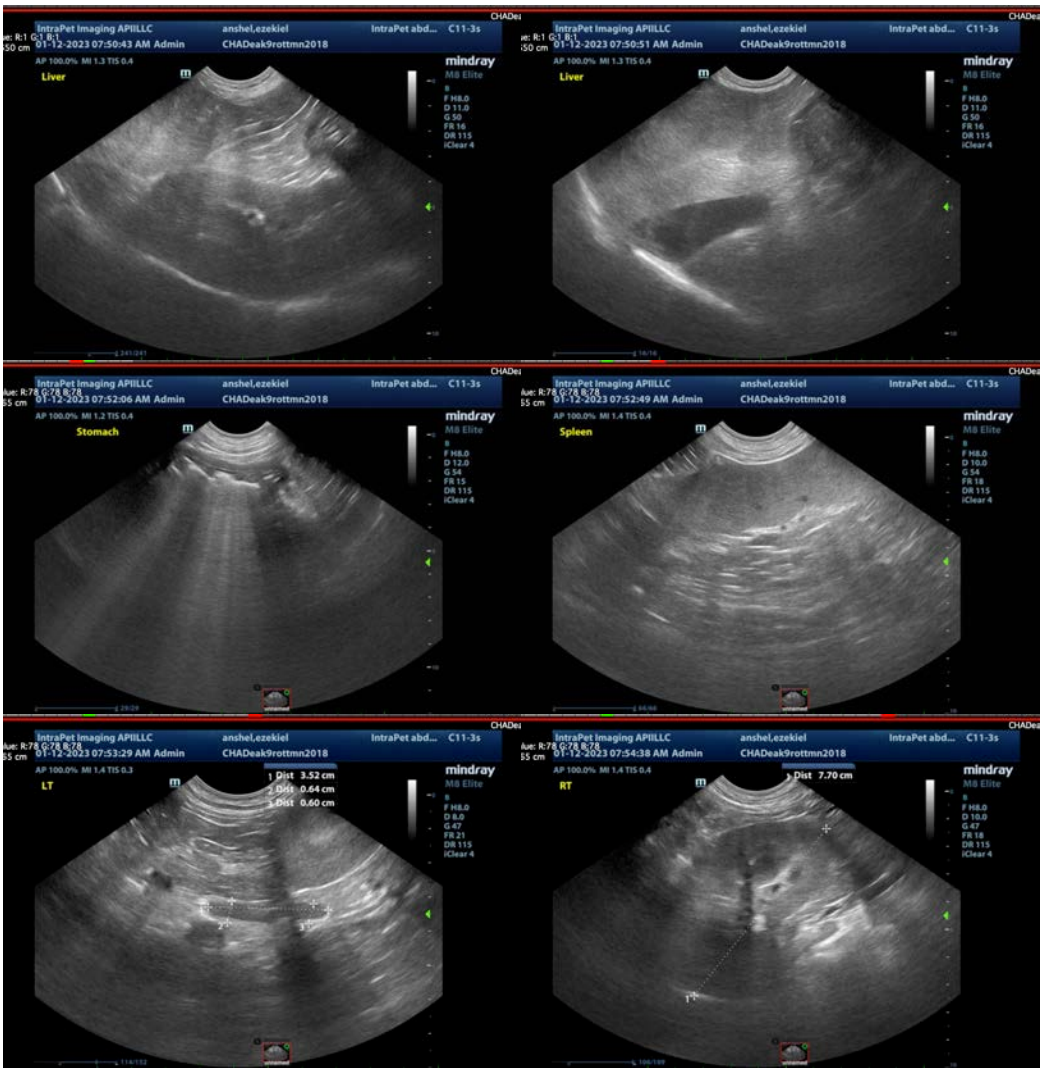
The abdomen appears relatively normal with no obvious lesions to explain the vomiting reported.

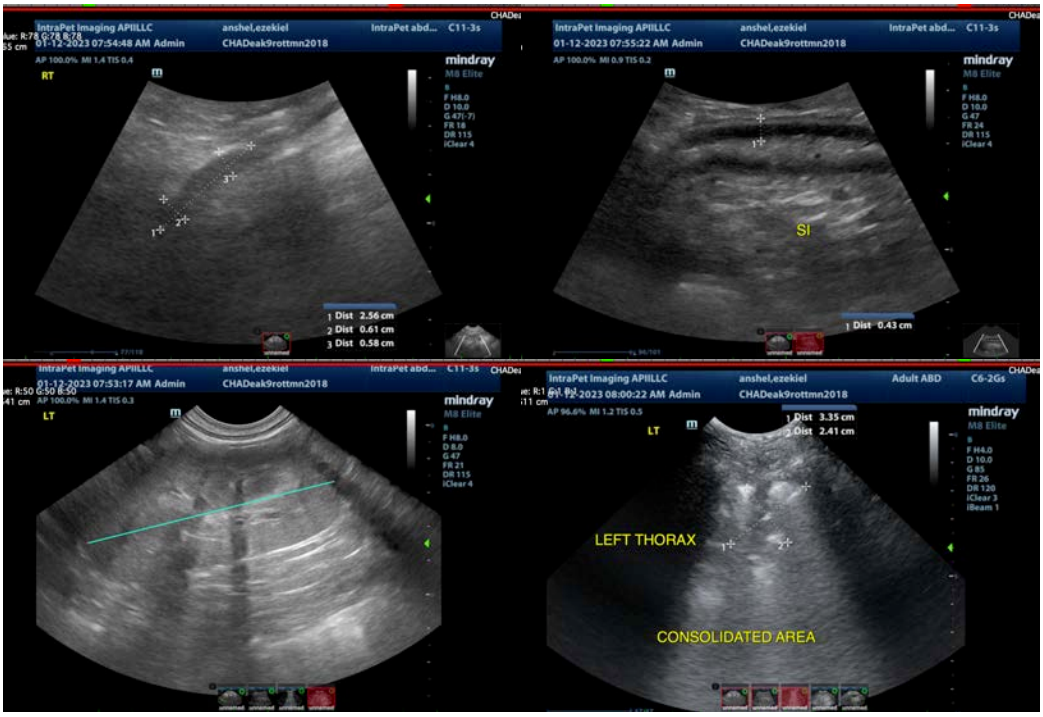
There is an abnormal area of tissue visualized in the left side of thorax, most consistent with consolidated pulmonary tissue/possible pneumonia, inflamed mass effect, etc. This area is likely not easily reachable for a fine needle aspirate.

Correlate these findings with 3 view thoracic radiographs. Ultrasound is a poor tool for screening the thorax,

but is typically used to further evaluate a focal lesion identified. Based on the history in this patient, there is likely concern for recurrent aspiration pneumonia(?). Consider a contrast CT scan of the thorax/pulmonary tissue along with a BAL to try to look for pneumonia/characterize the pneumonia and obtain samples for anaerobic and aerobic cultures. At the time of anesthesia, consider a laryngeal exam, looking for any evidence of dysphagia, regurge, etc. Also, an upper GI endoscopy could be considered to further evaluate the esophagus and stomach for any possible lesions.

Correlate these findings with bloodwork results +/- screening for Addison's disease, esophageal evaluation, and workup for possible reflux, regurge, or chronic vomiting.





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.

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