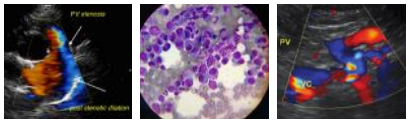
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/20/23

PATIENT

Jackson Duffy

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

2/21/13

WEIGHT

30.8 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

20675

PRESENTING CLINICAL SIGNS

History: Protein losing enteropathy. Clinically ill since October 2022 with severe diarrhea, poor appetite, vomiting. Poor response to prednisone.

Current Medications: Unknown at time of form submittal. Seeing case immediately before scan.
Lab Results: 1/10: CBC--neutrophils 12K, PLT 715K. Chem--Alb 1.4, glob 1.8, chol 86, ALT 365, phos 2.4, total Ca 3.8.
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 echogenic urine. The bladder wall is diffusely mildly thickened (0.7 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The prostate is normal in size (1.52 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.23 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 (7.5 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 0.53 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 0.67 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 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 is moderately dilated with fluid and irregular shadowing material most consistent with large 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 layering is adequate and there is no impression of reduced peristaltic activity. No focal lesions are visualized associated with the stomach, but the large amount of shadowing gastric material makes full evaluation of the pyloric region difficult.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with moderate fluid distension. Wall thickness is increased (duodenum wall measures 0.7 cm, jejunum wall measures 0.55 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering with mild mucosal speckling of the duodenum. 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. The colon is significantly distended with non-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 amount of free abdominal fluid. No lymphadenopathy is noted. The omentum is diffusely hyperechoic, particularly in the cranial abdomen around the stomach.

ULTRASONOGRAPHIC FINDINGS

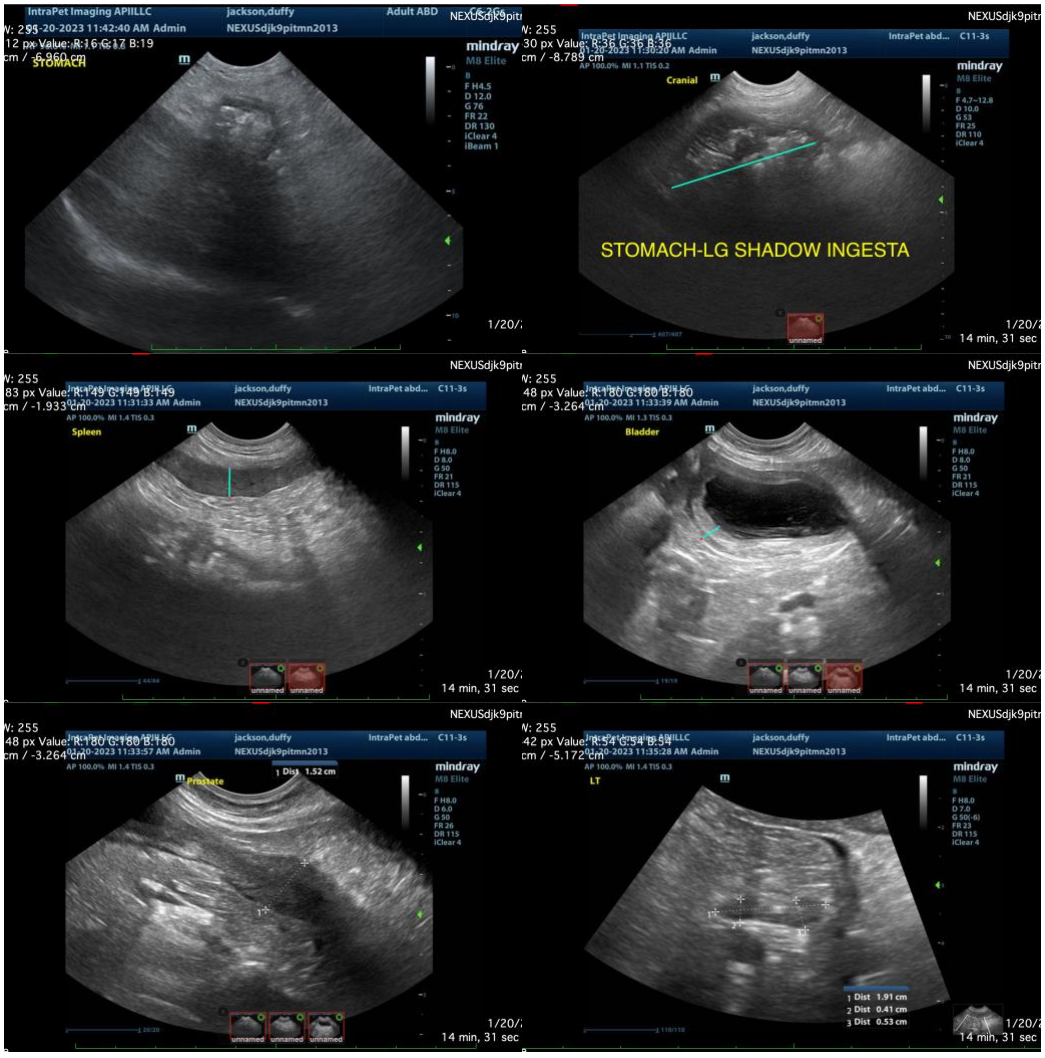
- Subjectively thickened urinary bladder wall with suspended echogenic debris. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Distended stomach with a large volume of shadowing intraluminal ingesta. Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

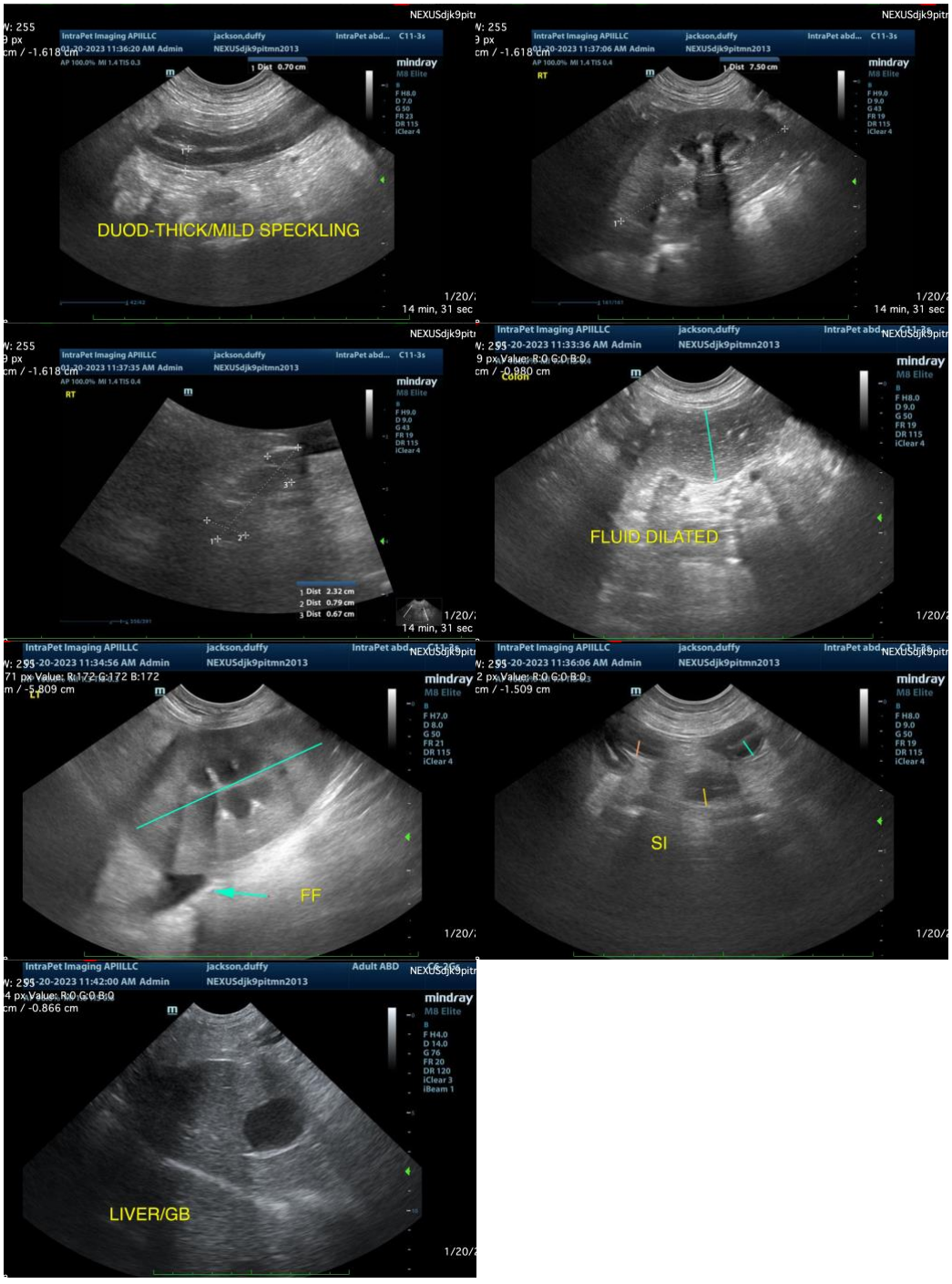
- Moderate small intestinal thickening with mild mucosal speckling. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Small volume free abdominal effusion. This is likely secondary to the hypoalbuminemia reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant ultrasonographic findings include a mildly thickened urinary bladder with mildly echogenic urine, a distended stomach with a large amount of intraluminal gastric material (this material obscures full evaluation of the pyloric region), thickened small bowel with mucosal speckling in the duodenum and a small amount of free abdominal fluid.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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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