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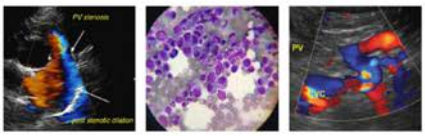

SonoPath
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PATIENT

Charlie Pertzborn
26196B

SPECIES

Canine

BREED

Retriever X

SEX

Spayed Female

AGE

2 Years 10 Months

WEIGHT

24.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS - Dr. Maller

INVOICE

44522

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Charlie presented to the MVS Emergency Service on Jan 26, 2023, at 1:55pm, for evaluation of vomiting, lethargy, hematochezia. Charlie started vomiting on Sunday night (1/22). Owners noticed a few specks of red in the first pile of vomit. Vomiting continued through Monday, owner estimates about 3-4x in this span, and Charlie became lethargic on Monday as well. Monday night owners administered Sucralfate they had left over from an episode of gastritis a year ago. On Tuesday Charlie seemed to be improving - no vomiting and she was eating rice really well. On Wednesday she began vomiting again, did not eat or drink anything, and began having dark, loose stools Wednesday night. The hematochezia continued today, so owners brought to pcDVM before they were referred to us. Charlie did eat a raw lamb bone this weekend which owners say did splinter into pieces. They are unsure if Charlie got into anything else.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 (5.82 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 (5.7 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 0.64 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 normal/borderline small in size, with normal echogenicity and 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.

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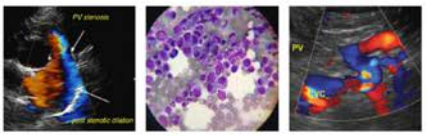

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Gastrointestinal

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 0.21 cm. Duodenum wall measures 0.44 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 with some mild fluid distention. More distally, the colon is visualized with ehogenic fluid and small particles of ingesta/fecal material and gas shadowing distally. The colon wall appears slightly prominent at 0.27 cm.

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 prominent mesenteric lymph nodes visualized, examples measure 0.79 cm and 0.56 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Echogenic liquid fecal material visualized in the colon – Findings are consistent with the diarrhea reported.
- Prominent colon wall – This is most consistent with inflammation/colitis.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Subjectively small liver – The significance of this is unclear. Correlate with lab work and abdominal radiographs. If this is a concern, consider a liver function test.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a focal obstruction or focal gastrointestinal lesion is observed on today's scan, and the pancreas appears relatively quiet. Correlate these findings with abdominal radiographs, looking for bony foreign material, etc. My primary differential at this time is severe gastroenteritis with acute hemorrhagic diarrhea. Although the protracted nature of this illness is concerning for possible ingested foreign material, none is observed on today's scan.

Continued therapy and vigilance is warranted. If the patient continues to not feel well, consider repeat imaging (radiographs and ultrasound), etc. If not already done, consider screening for Addison's disease and probiotic therapy.

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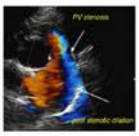
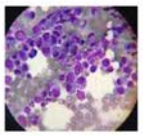
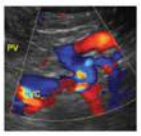

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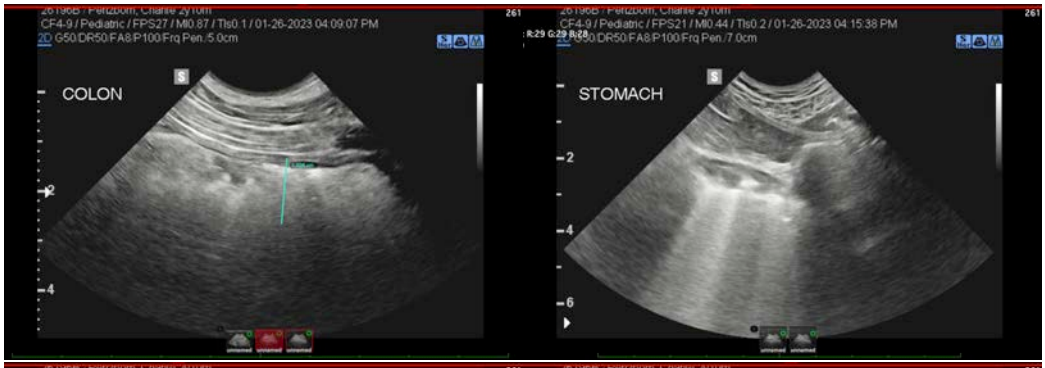

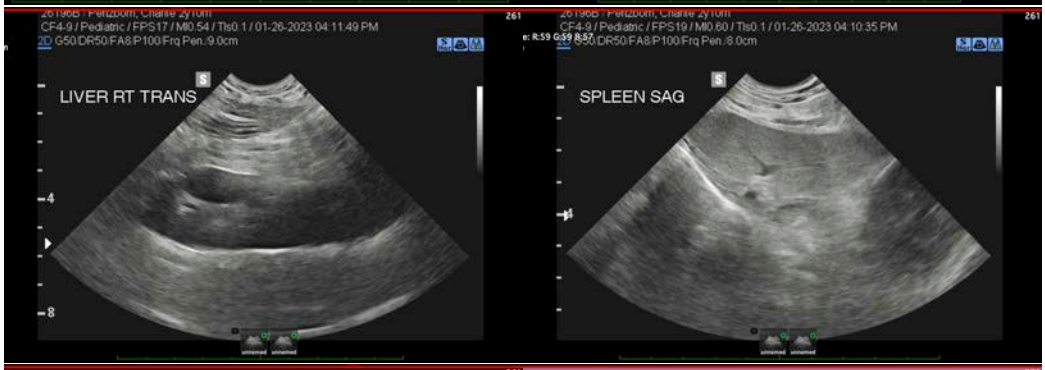

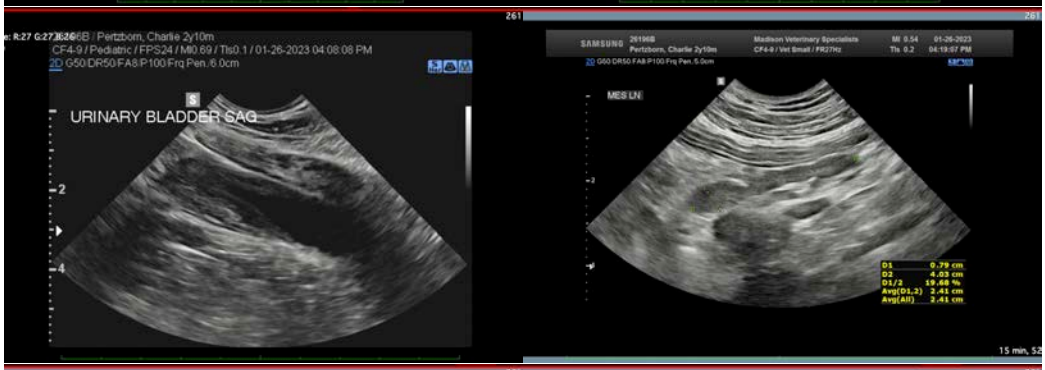

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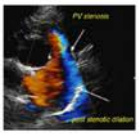
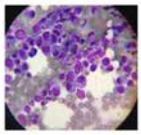
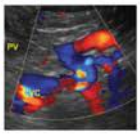

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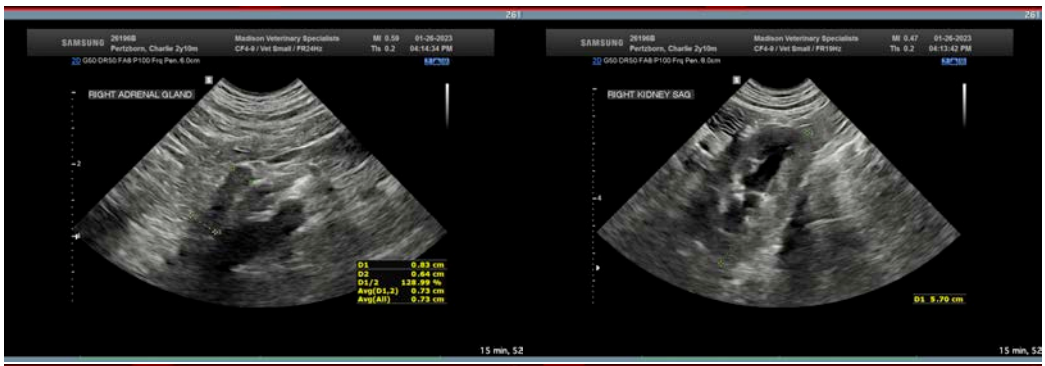

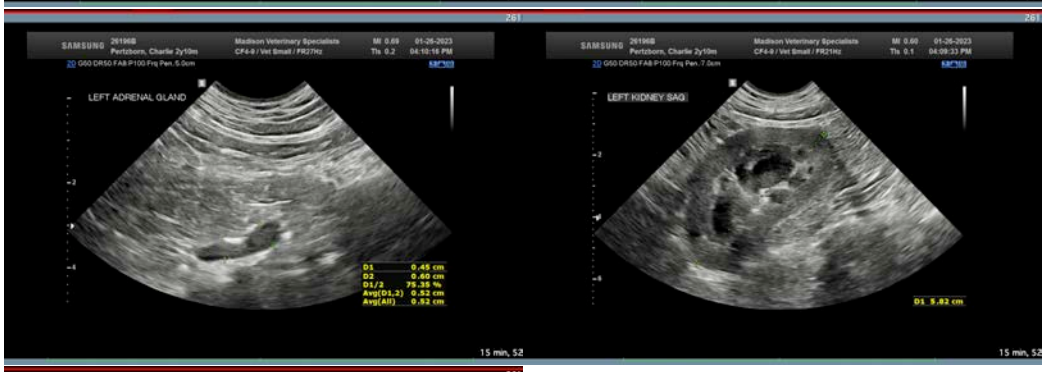

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com