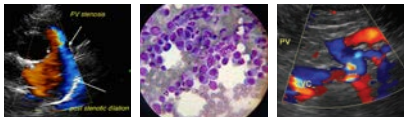
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/1/21

PATIENT

Spencer Alexander

SPECIES

Canine

BREED

Coton de Tulear

SEX

Intact Male

AGE

6/13/21

WEIGHT

9 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville Vet Clinic

REFERRING VET

Dr. Kablis

INVOICE

25987

PRESENTING CLINICAL SIGNS

Hx of chronic GI. Diarrhea intermittent vomiting; not eating well at least 10 days; new heart murmur 3-4/6 on exam today.

Current Medications: No current medications.
Lab Results: CBC/Chem/cPl all WNL.
Radiographs: Fluid filled intestines.
Date of Previous IntraPet Ultrasound:
Sedation: Sedation not required for scan.
Stat Report: STAT report 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 prostate is large in size (2.75 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.46 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.57 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.44 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 0.72 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures with a diffusely increased gastric wall thickness at 1.28 cm. The distinction of the gastric wall layers is absent and the wall is uniformly hypoechoic. These findings are most consistent with infiltrative disease to the gastric wall.

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 measured 0.3 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.

Other

The left and right testicles were visualized with no significant lesions observed.

ULTRASONOGRAPHIC FINDINGS

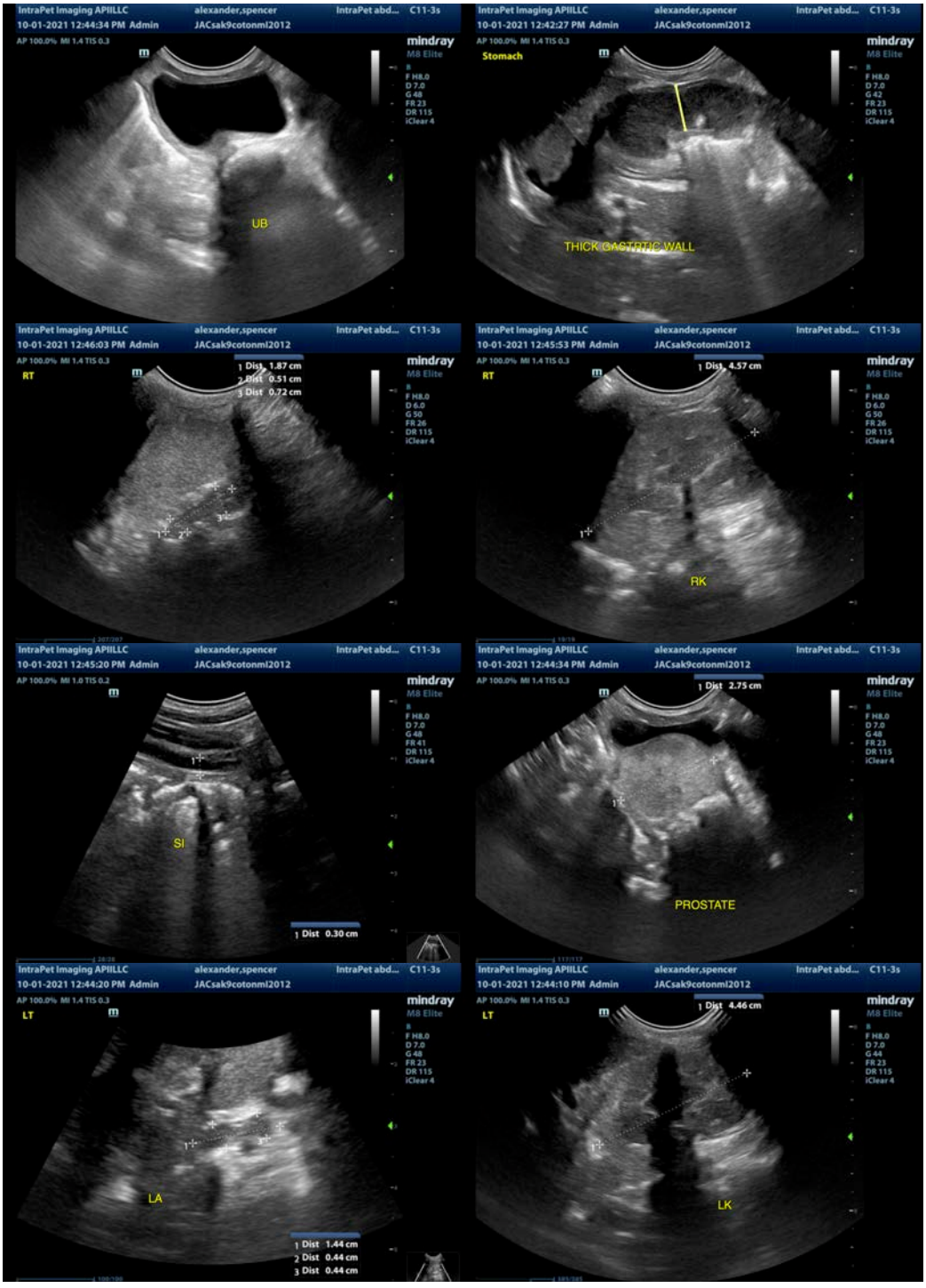
- Severe gastric wall thickening with complete loss of layering – possible differentials include infiltrative neoplasia, gastric fungal disease (pythiosis), inflammation, edema, other. Infiltrative neoplasia is of greatest concern at this time.

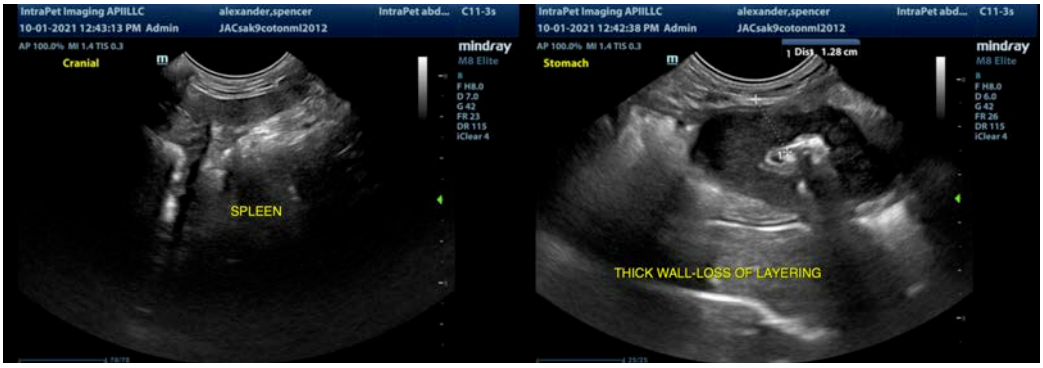
- Large, hyperechoic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall is severely thickened, creating a mass effect. This appears to be a pretty diffuse lesion, and minimal normal gastric wall is visualized, although this can be misleading with lack of distention, etc. Recommend a fine needle aspirate of the gastric wall. If this is non-diagnostic, consider referral to a veterinary surgeon for gastric biopsy and evaluation for resection. If this dog is a high risk for pythiosis, then you could consider testing through Auburn University (seems unlikely). Recommend 3-view thoracic radiographs and consider neutering.


IntraPet Imaging APIILLC
alexander,spencer
IntraPet abd... C11-3s
10-01-2021 12:44:34 PM Admin
JACsak9cotonml2012
mindray
M8 Elite
UB
10-01-2021 12:42:27 PM Admin
Stomach
THICK GASTRIC WALL
10-01-2021 12:46:03 PM Admin
RT
1 Dist 1.87 cm
2 Dist 0.51 cm
3 Dist 0.72 cm
10-01-2021 12:45:53 PM Admin
RT
1 Dist 4.57 cm
RK
10-01-2021 12:45:20 PM Admin
SI
1 Dist 0.30 cm
10-01-2021 12:44:34 PM Admin
1 Dist 2.75 cm
PROSTATE
10-01-2021 12:44:20 PM Admin
LT
LA
1 Dist 1.44 cm
2 Dist 0.44 cm
3 Dist 0.44 cm
10-01-2021 12:44:10 PM Admin
LT
1 Dist 4.46 cm
LK



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