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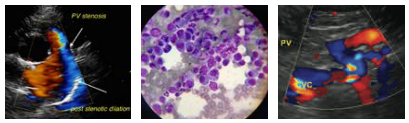

SonoPath
Clinical Sonography & Telecytology
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DATE
10/27/21

PATIENT
Bella Martin

SPECIES
Canine

BREED
Pitbull

SEX
Spayed Female

AGE
1/1/20

WEIGHT
47 lbs

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

HOSPITAL NAME
Mount Airy AH

REFERRING VET
Dr. Riley

INVOICE
92709

PRESENTING CLINICAL SIGNS

History: weight loss, inappetence.
Current Medications: Soloxine, Metoclopramide, Gabapentin, Meloxicam, Omeprazole, Cerenia, Sucralfate.
Lab Results: Not provided by the veterinarian.
Radiographs: Radiographs read by Sonopath 10-15-21 for similar symptoms.
Date of Previous IntraPet Ultrasound: U/S 8-4-21.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with echogenic urine. The mucosa appears somewhat irregular diffusely. The areas of the trigone in the ureteral papilla appear normal and the proximal urethra to a depth of 2.0 cm appears free of masses lesions or cystic calculi. The findings are most consistent with cystitis or inadequate urine distension.

The left kidney has a normal shape and size (6.01 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. Non-obstructive nephroliths were noted. One measured 0.27 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.99 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. Non-obstructive nephroliths were noted. One measured 0.83 cm and another measured 0.46 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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 0.49 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 heterogenous in echotexture with subtle, indistinct focal mottling. 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 gallbladder 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 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. The jejunum measured 0.41 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. There is mild mesenteric lymphadenomegaly present measuring 0.71 cm and 0.63 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

- Subjectively thickened “ropey” small intestine. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

- Subjectively thickened bladder wall with irregular mucosa. 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.

- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS:

- Mildly heterogenous liver. The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

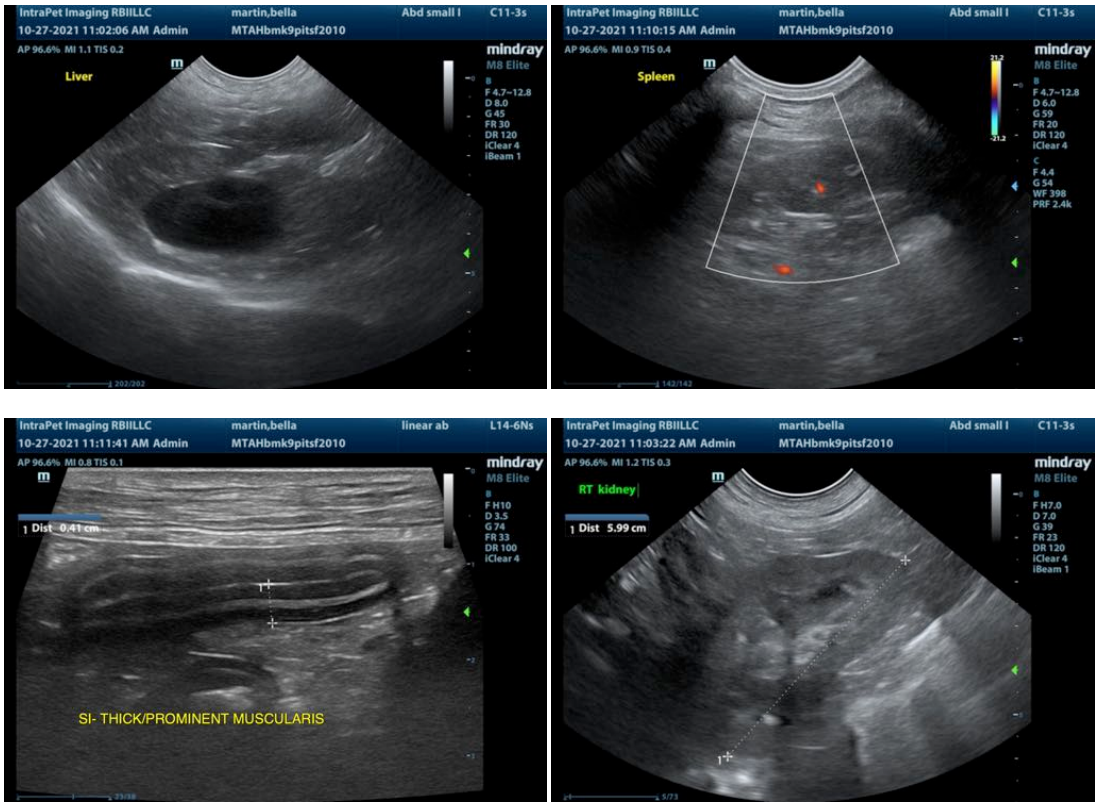
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

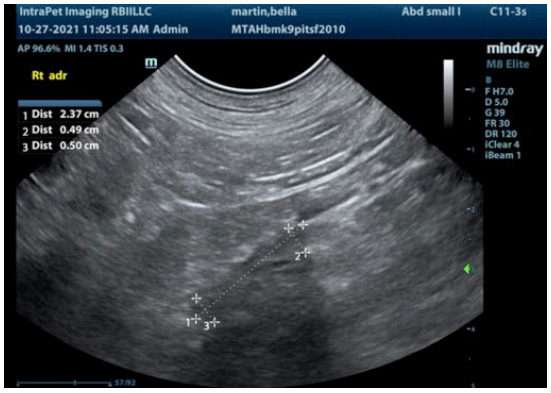
The renal changes are more prominent on today’s scan and more likely indicate chronic, progressive renal

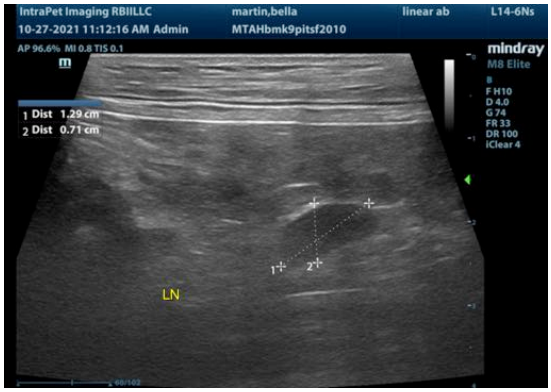
disease. Correlate with blood work. The urinary bladder is somewhat irregular. I recommend urinalysis and culture to rule out a UTI/pyelonephritis. Additionally there are non-obstructive nephroliths visualized.

The small intestine appears somewhat thickened and ropey. This is a subjective finding, but the combination between the prominent mesenteric lymph nodes increases concern for a possible small intestinal disease. I recommend a GI panel to Texas A&M University for a PLI, TLI, cobalamin and folate to look for further evidence of pancreatic or small and large intestinal disease. Correlate these findings with current blood work and potentially three view thoracic radiographs to look for concurrent intrathoracic disease. If small intestinal disease is supported the greatest concern in an older pet would be food allergy, IBD or intestinal neoplasia.

- Consider a diet trial with a novel protein/hydrolyzed prescription diet.
- Consider GI panel to obtain more information looking for evidence of dysbiosis, exocrine, pancreatic insufficiency, pancreatitis or B12 deficiency.
- Recommend starting probiotic.
- If the symptoms are progressing consider obtaining GI biopsies.







10/28/21 ADDENDUM

It is interesting that the adrenal glands measured as borderline large at the last scan and now seem smaller "flat". This is likely incidental but it would be reasonable (and reassuring) to check a baseline cortisol to ensure there is not cortisol deficiency at play here.

This would be very atypical in this older dog but might be worth considering.

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.

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