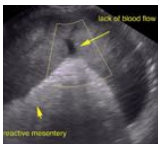
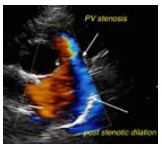
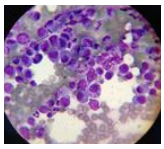
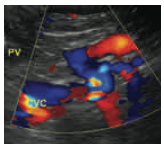
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buffy Sherwin

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

7 ½ years

WEIGHT

9.5 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Quellhorst, Jennifer Mathe, Debbie White

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

92167

DATE

PRESENTING CLINICAL SIGNS

History: Distended abdomen, transudate fluid, diarrhea, inappetence
Low TP (2.8) , Low Albumin (1.6) , Low Globulin (1.2)

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 left kidney has a normal shape and size (3.5 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.

The right kidney has a normal shape and size. 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 0.36 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

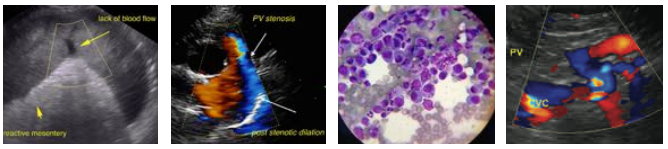
Spleen

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 gallbladder is prominent at 0.26 cm. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Buffy Sherwin

SPECIES
Canine

BREED
Yorkie

SEX
Spayed Female

AGE
7 ½ years

WEIGHT
9.5 oz

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

IMAGING PERFORMED BY
Jessica Quellhorst, Jennifer Mathe, Debbie White

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Munoz

INVOICE
92167

DATE

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal 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. There is a 0.68 cm shadowing, hyperechoic structure in the stomach. This could be consistent with ingesta or foreign debris.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. The duodenum measured 0.43 cm. The jejunum measured 0.37 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering and mucosal fogging. 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 liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

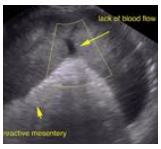
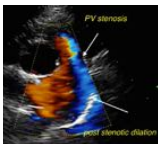
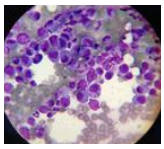
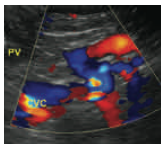
Free Abdomen

A small amount of anechoic fluid was noted. Mild mesenteric lymphadenopathy was noted. The lymph nodes are prominent particularly around the ileocecal junction measuring 0.32 cm and 0.48 cm. The omentum is generally of increased echogenicity particularly the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Thickened small intestine with reduced distinction of wall layering and mild mucosal fogging. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Small amount of anechoic free fluid in the abdomen. The findings are most consistent with an effusion due to hypoalbuminemia.
- Shadowing material in the gastric lumen. Correlate this finding with feeding history and radiographs. This may represent shadowing ingesta or foreign material.

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buffy Sherwin

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

7 ½ years

WEIGHT

9.5 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Quellhorst, Jennifer Mathe, Debbie White

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

92167

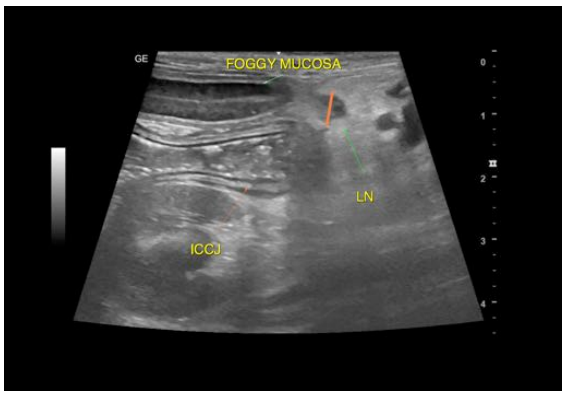
DATE

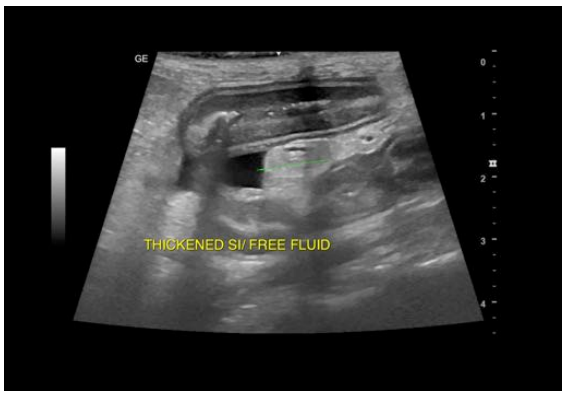
SECONDARY FINDINGS:

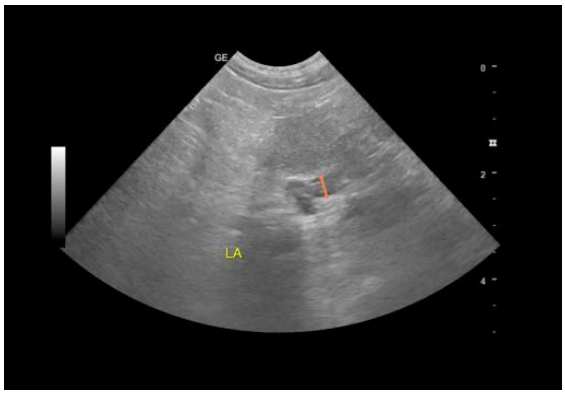
- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

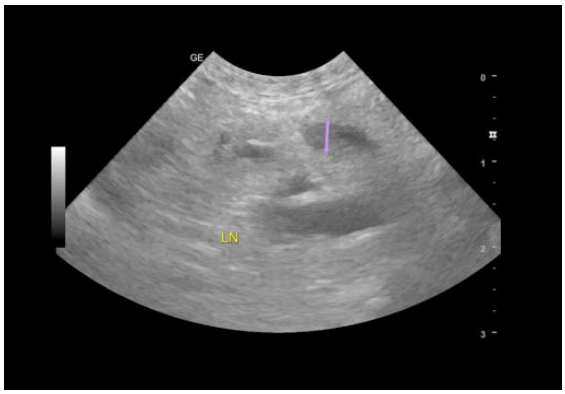
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect a protein losing enteropathy is present due to the thickened bowel loops, free fluid and reported panhypoproteinemia. Additionally, I recommend liver function test and urine protein to creatinine ratio to rule out additional protein loss from these sites. I recommend a GI panel to further evaluate for B12 deficiency, dysbiosis and concurrent pancreatitis. I recommend endoscopic GI biopsies to determine differential. The most likely differential include IBD, lymphangectasia, or infiltrative neoplasia.

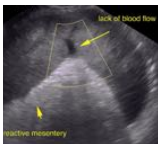
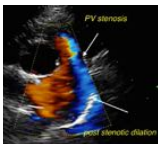
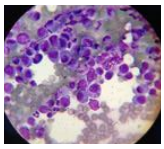
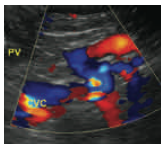








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buffy Sherwin

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

7 ½ years

WEIGHT

9.5 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Quellhorst, Jennifer Mathe, Debbie White

HOSPITAL NAME

Lone Mountain AH

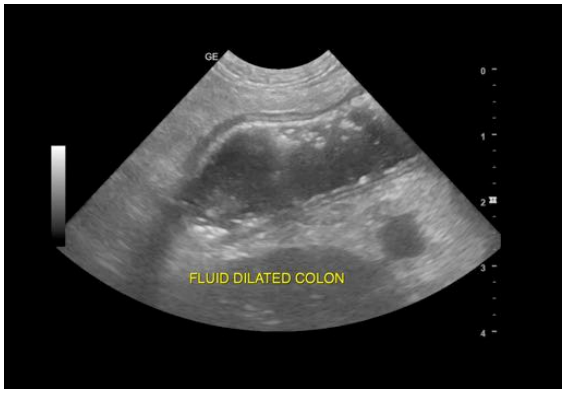
REFERRING VET

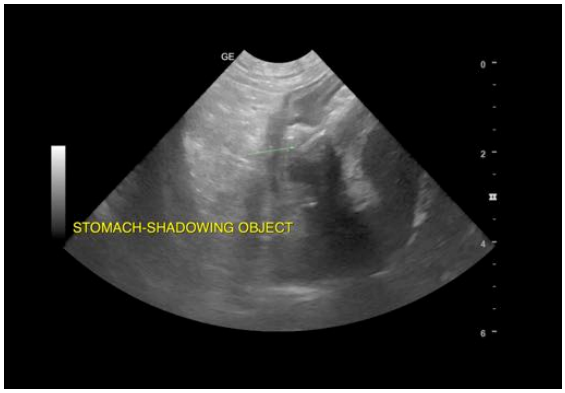
Dr. Munoz

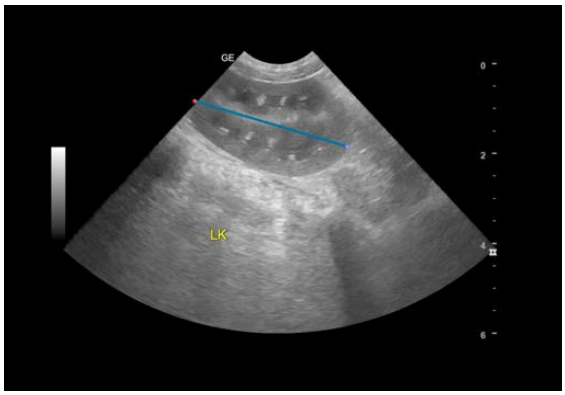
INVOICE

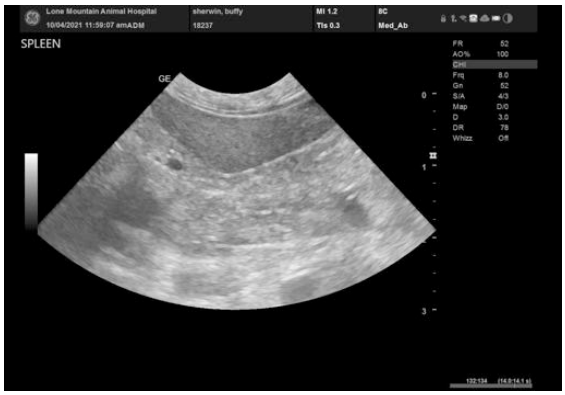
92167

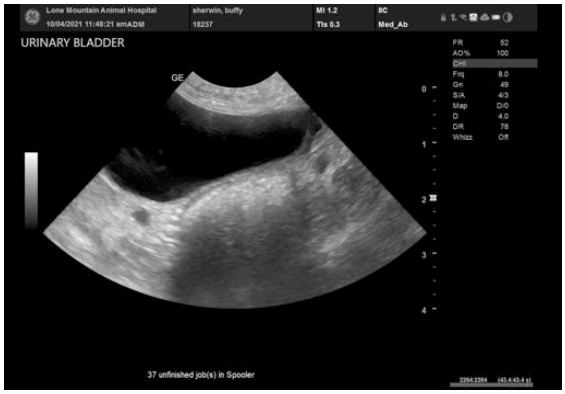
DATE

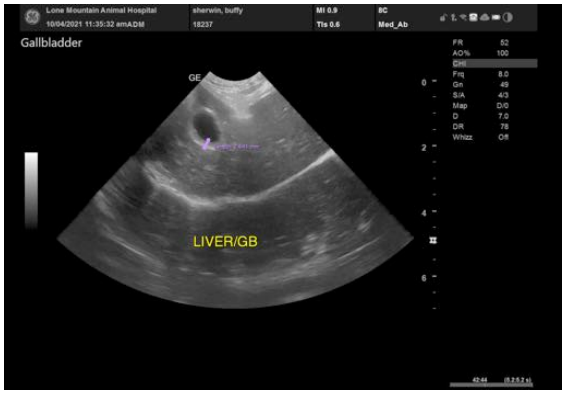












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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