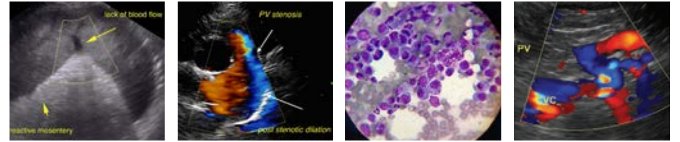

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1-800-838-4268 info@sonopath.com

PATIENT

Roxie Kanczuzewski

SPECIES

Canine

BREED

Rott/Lab

SEX

Spayed Female

AGE

10 Years

WEIGHT

73 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Sheldon

INVOICE

41882

DATE

10/6/22

PRESENTING CLINICAL SIGNS

intermittent diarrhea and vomiting since june. Has lost 11 lbs. Currently having diarrhea and anorexia. On pepcid, immodium and bland diet. 9/17 was hospitalized on IVF and was treated with a coarse of metronidazole/proviable/cerenia/GI low fat.

Abnormal PE/Chem/CBC/UA Results: Diagnostics/Laboratory: - radiographs: stomach is moderately fluid distended, no obvious foreign material or obstruction, the small intestines are diffusely gas and fluid distended consistent with significant gastroenteritis, colon is empty, the rest of the structures are wnl - BP 84 mmHg - PCV 50%, TS 7 - CPL SNAP: abnormal - PT 14 (11-17), PTT 57 (72-102) - CBC/Chem: within normal limits.

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 (6.7 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.

The right kidney has a normal shape and size (6.43 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 0.76 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.

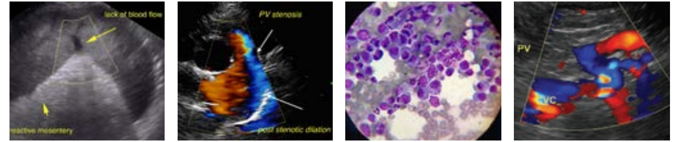
Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with moderate fluid distension. Wall thickness is moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.42 cm. Duodenum wall measures 0.52 cm. Visualized peristalsis appears appropriate. There are some focal areas of bowel that appear slightly irregular and thickened. One such area measures at 0.56 cm in thickness.

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.

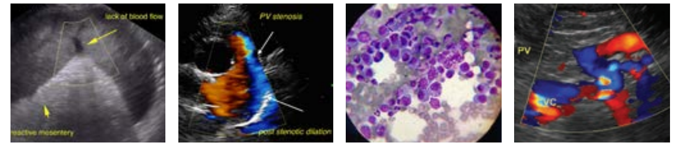
ULTRASONOGRAPHIC FINDINGS

- Hyperechoic foci in the spleen – most consistent with benign myelolipomas.
- Moderate dilation of the gastric lumen with fluid/ingesta – Correlate with feeding history. If the patient was adequately fasted, consider delayed gastric emptying or a partial pyloric outflow tract obstruction (none observed).
- Mild small intestinal thickening and irregularity – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesions were clearly identified, although there are several areas where the bowel wall appeared somewhat irregular and thickened. There was diffuse fluid dilation of the small intestine. Consider taking such steps as changing to a novel protein/hydrolyzed protein prescription diet, chronic probiotic therapy, a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, empirical deworming, etc., but if symptoms persist, recommend obtaining GI biopsies. It is likely that a dog this size will need surgical GI biopsies, but this may help to better evaluate some of the more irregular/thickened loops of bowel that would likely not be able to be reached by endoscopy.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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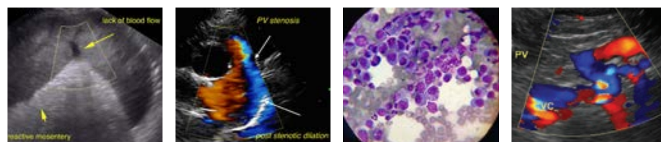

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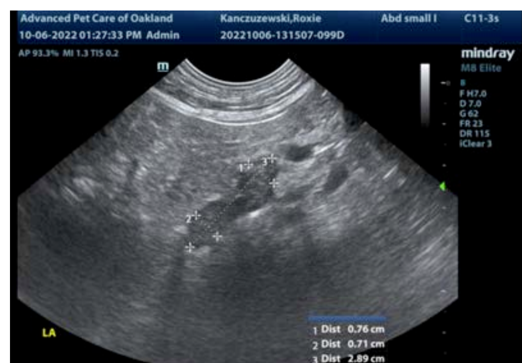

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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