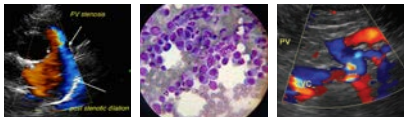
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

11/10/22

PATIENT

Fu Yau Leung

SPECIES

Canine

BREED

Great Pyrenees

SEX

Neutered Male

AGE

12/24/15

WEIGHT

97 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

42707

PRESENTING CLINICAL SIGNS

Fever of unknown origin. Unremarkable physical exam. Positive for lyme and anaplasmosis but has been treated multiple times.

Current Medications: Doxcycline 100mg- 300mg BID, Carprofen 100mg BID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation: 0.3cc domitor.
Stat Report: Not 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (8.01 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 (7.18 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 0.73 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 0.82 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 mild and 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 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 0.45 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. A prominent mesenteric lymph node is visualized at 0.51 cm. The omentum is of normal echogenicity generally, but is hyperechoic around the mid lying lesion.

Other

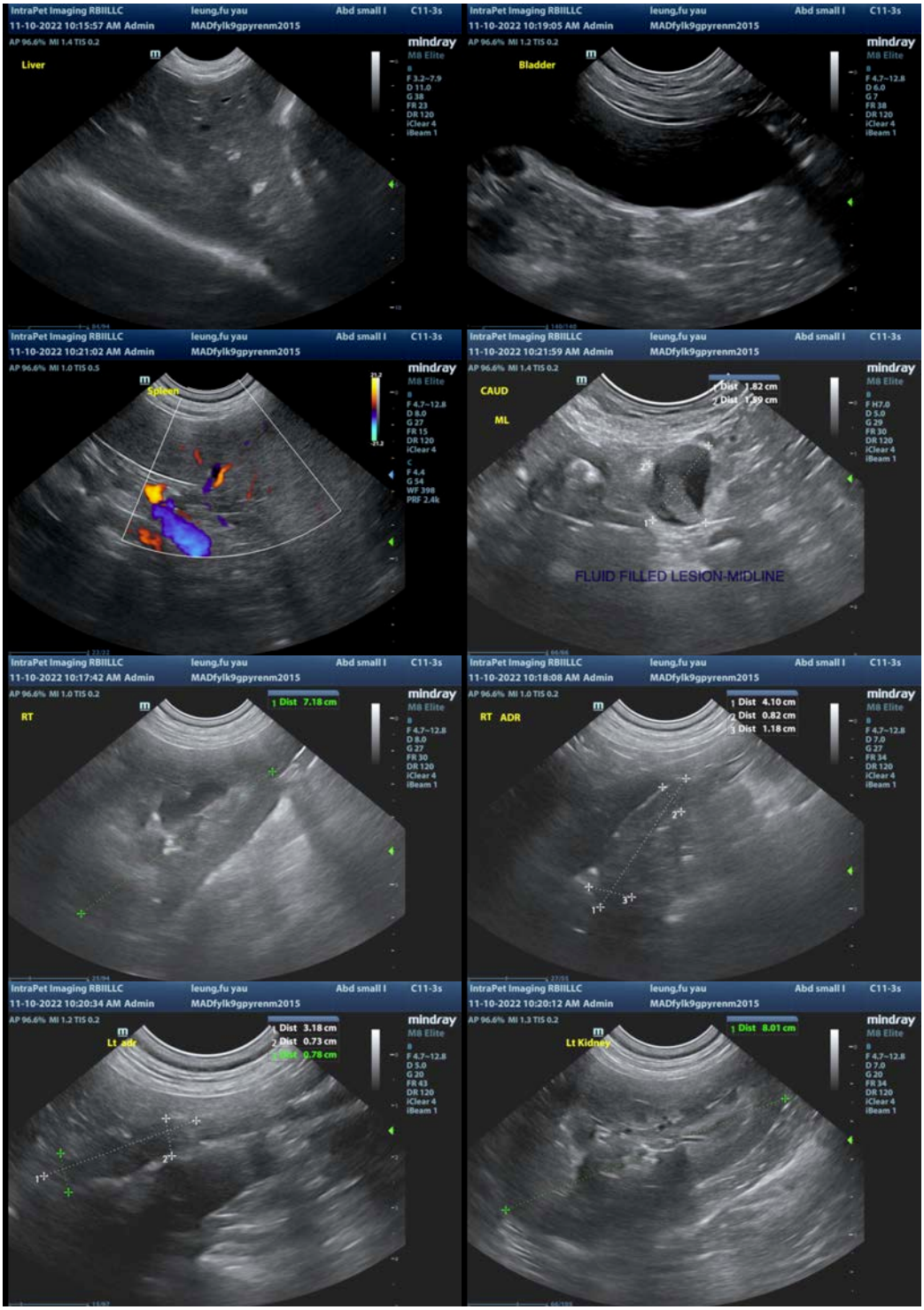
There is a hypoechoic, somewhat mixed echogenic, round lesion visualized superficially in the mid to caudal abdomen at midline. This measures 1.82 cm x 1.59 cm. This lesion is surrounded by hyperechoic mesentery and associated inflammation. This could be consistent with an abscess (sterile or septic), fluid filled cystic structure, or less likely very hypoechoic tissue.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, inflamed, mixed echogenic structure in the mid caudal abdomen at midline – Findings are concerning for a possible abscess, cystic structure, or less likely a hypoechoic mass lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a rounded superficial lesion visualized on midline in the mid to caudal abdomen, which appears surrounded by inflammation and does not color flow on power doppler, indicating it is likely fluid filled. I'm concerned for the possibility of an abscess. This could be a sterile abscess, or it could be infectious. Recommend a fine needle aspirate. I would be prepared to drain and sample fluid if it can be obtained for cytology and aerobic and anaerobic cultures. If this is indeed an abscess, I suspect surgical exploration of the area would be recommended (consult with a veterinary surgeon), as it would be ideal to identify the source of the lesion to try and prevent recurrence, etc. Hopefully this is the source of the fever, and it can be resolved with diagnostics and treatment.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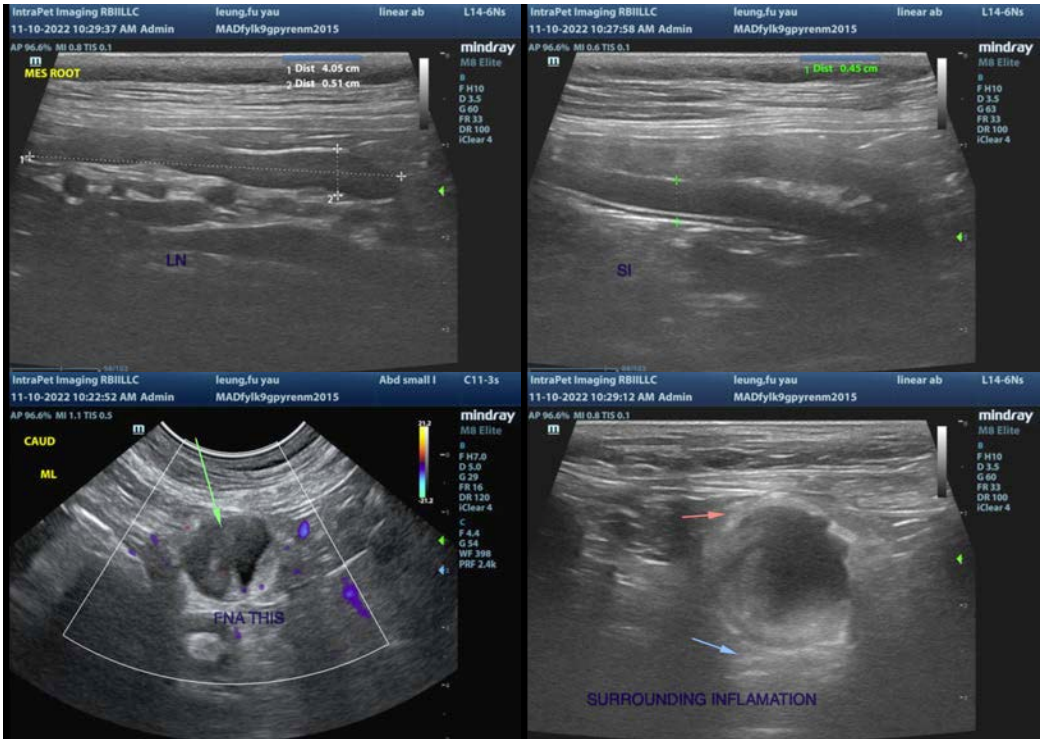

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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