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Clinical Sonography & Telecytology
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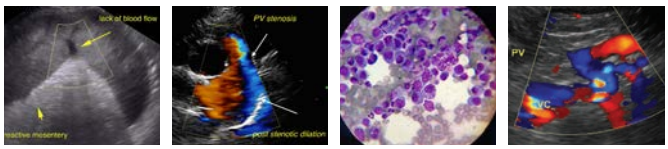

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1-800-838-4268 info@sonopath.com

PATIENT

Macho Toledo

SPECIES

Canine

BREED

Pit Bull/Boxer

SEX

Neutered Male

AGE

7 Years

WEIGHT

64.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Abina Glennon

INVOICE

42542

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Vomiting since yesterday (mostly undigested food), no known dietary indiscretion, elevated lipase and amylase. Had Cerenia SQ this am.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (1.04 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size. A 1.52 cm x 1.89 cm hypoechoic structure is noted in the cranial pole, most consistent with a benign renal cyst. 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 (5.09 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 0.52 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 0.59 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 large, hyperechoic, and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are several subtle ill-defined, hypoechoic nodules visualized in the parenchyma. One of these measures 0.66 cm x 0.79 cm. Another measures 0.70 cm in diameter.

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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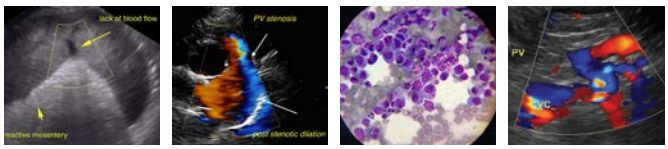

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Gastrointestinal

The stomach is moderately distended with fluid. 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. The pyloric outflow tract is difficult to clearly observe due to shadowing in that region.

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. Duodenum wall measured 0.43 cm. Jejunum wall measures 0.33 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

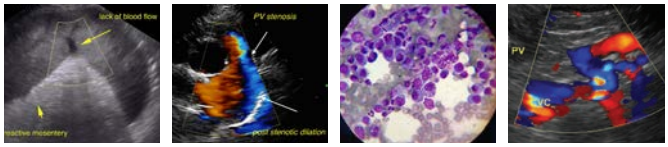
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Cystic structure in the left kidney – Findings are most consistent with a benign renal cyst.
- Mottled spleen with at least two ill-defined hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderately fluid distended stomach – Correlate with feeding history. Differentials could be consistent with a recent meal, delayed gastric emptying, or a partial outflow tract obstruction (none clearly seen, but visualization was challenging).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious source for the acute vomiting was visualized. Consider such differentials as dietary indiscretion, ingestion of foreign material, GI parasitism, Addison's disease, and pancreatitis, acute colitis/gastroenteritis. The stomach is somewhat distended, and visualization of the pylorus was challenging. No obstructive foreign material was observed, but this cannot be definitively ruled out. Correlate with abdominal radiographs. Consider treatment for acute gastroenteritis with serial radiographs to look for development of an obstructive pattern or failure to respond to symptomatic therapy. If symptoms are not improving, consider obtaining GI biopsies and evaluating for any ingested foreign material.



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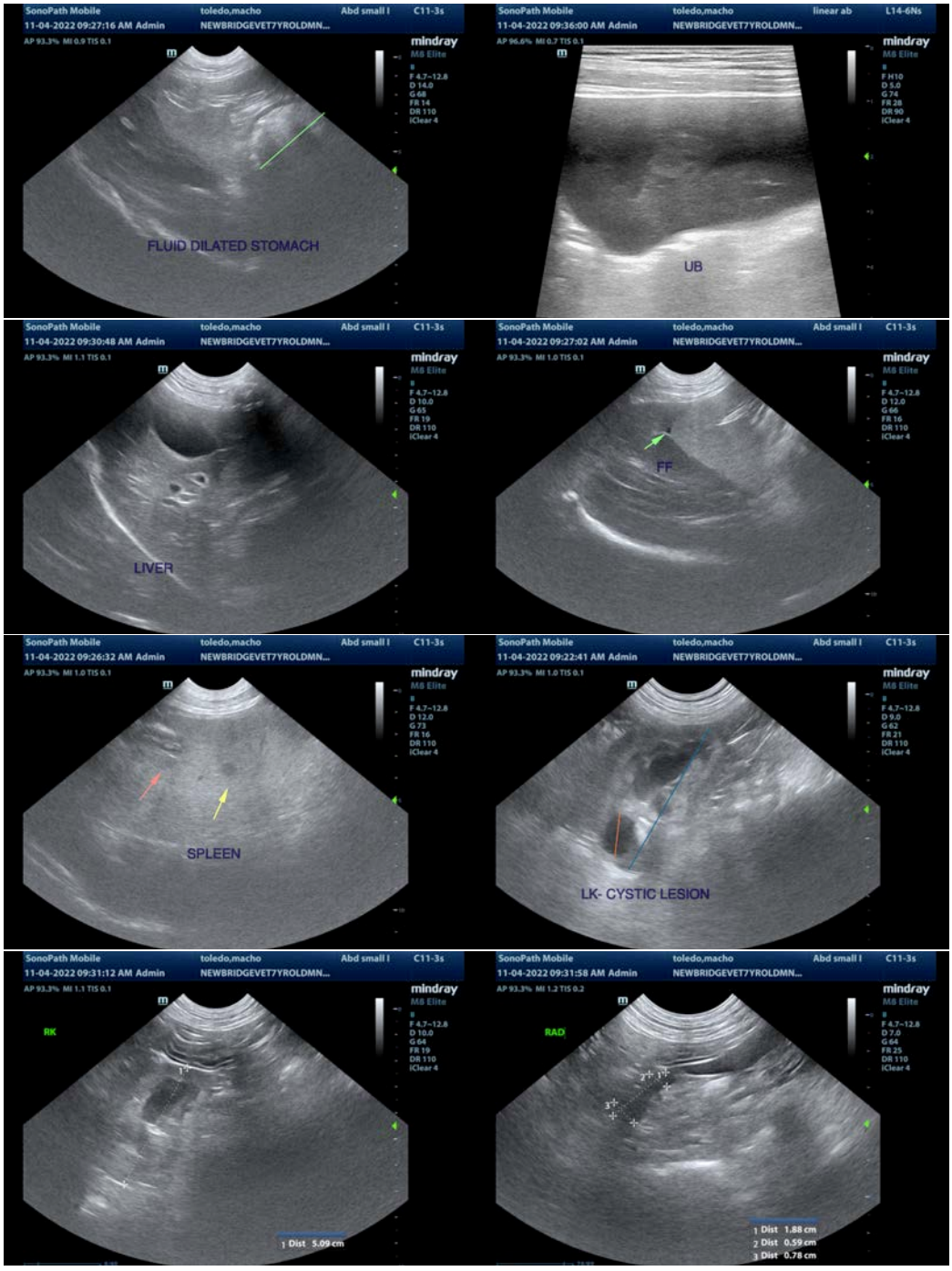
There is echogenic debris visualized in the urinary bladder. Recommend a urinalysis and culture.

The significance of the mildly mottled spleen is uncertain. Consider a fine needle aspirate as long as coagulation parameters are normal.

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



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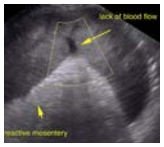
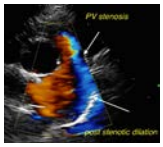
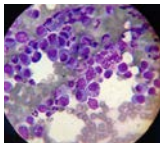
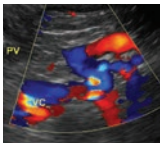

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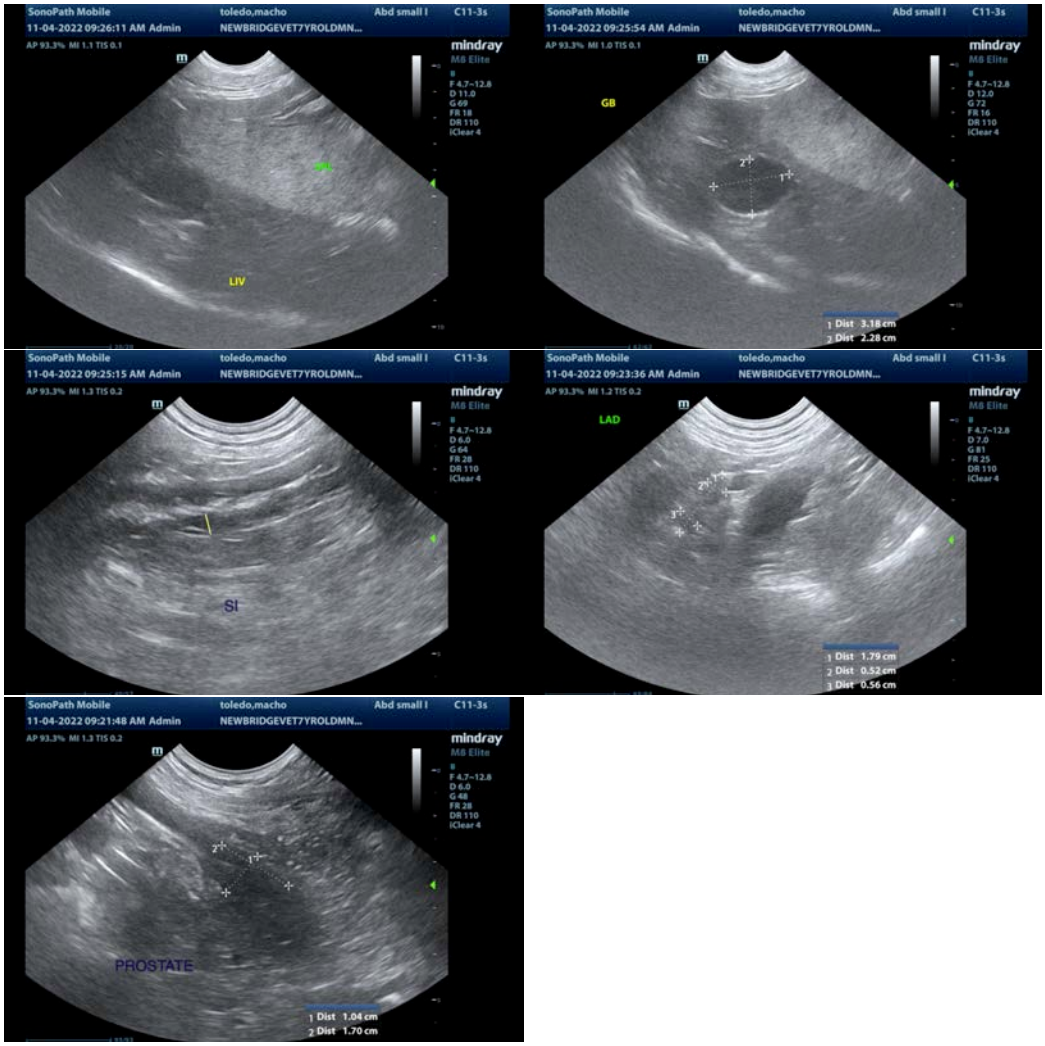

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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