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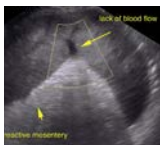
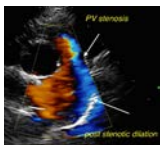
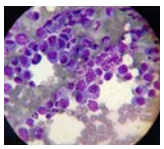
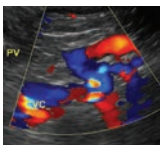

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Giraldo

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Panchal

INVOICE

42652

DATE

11/9/22

PRESENTING CLINICAL SIGNS

Vomiting, inappetence. Bladder stones + foreign material noted on abd x-rays
Abnormal PE/Chem/CBC/UA Results: Anemic, decreased Alb, Glob, and Chol

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears somewhat thickened and irregular diffusely. Additionally, there are several round, hyperechoic, shadowing objects in the dependent portion of the urinary bladder, most consistent with bladder stones. The area of the trigone and ureteral papillae appear relatively free of any lesions. There is the impression of some sandy debris in the more distal urethra. Correlate with abdominal radiographs. Recommend urinalysis and culture.

The prostate is normal in size (0.60 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 (4.99 cm) with numerous non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.29 cm) with numerous small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 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 0.70 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. There is a small hypoechoic nodule visualized within the splenic parenchyma.

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 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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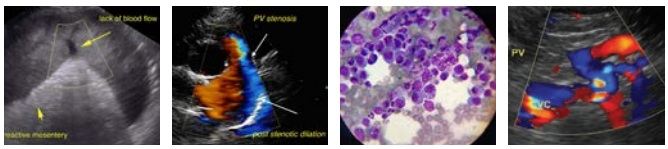

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Gastrointestinal

The stomach contains a moderate to large amount of shadowing intraluminal material. This appears to be a grouping of hyperechoic material, which appears to have a hard shadow. If the patient was adequately fasted, this is concerning for ingested foreign material. The stomach does not appear overtly obstructed but is not obviously passing this material at this time.

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 measures 0.34 cm. Jejunum wall measures 0.29 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 (some of the material in the colon appears to almost have a hard shadow, more consistent with foreign material) and gas shadowing distally. Correlate with abdominal radiographs. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

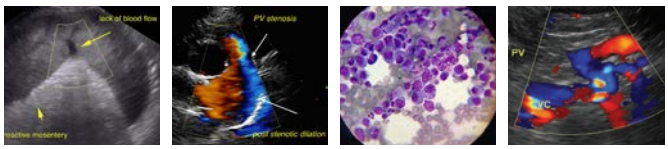
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

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

- Suspect 2-3 shadowing objects within the dependent portion of the urinary bladder – Findings are most consistent with calculi. Correlate with abdominal radiographs. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Small, hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.



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- Moderate to large amount of hard shadowing material visualized within the gastric lumen – Findings are concerning for ingested gastric material. Recommend correlation with abdominal radiographs.

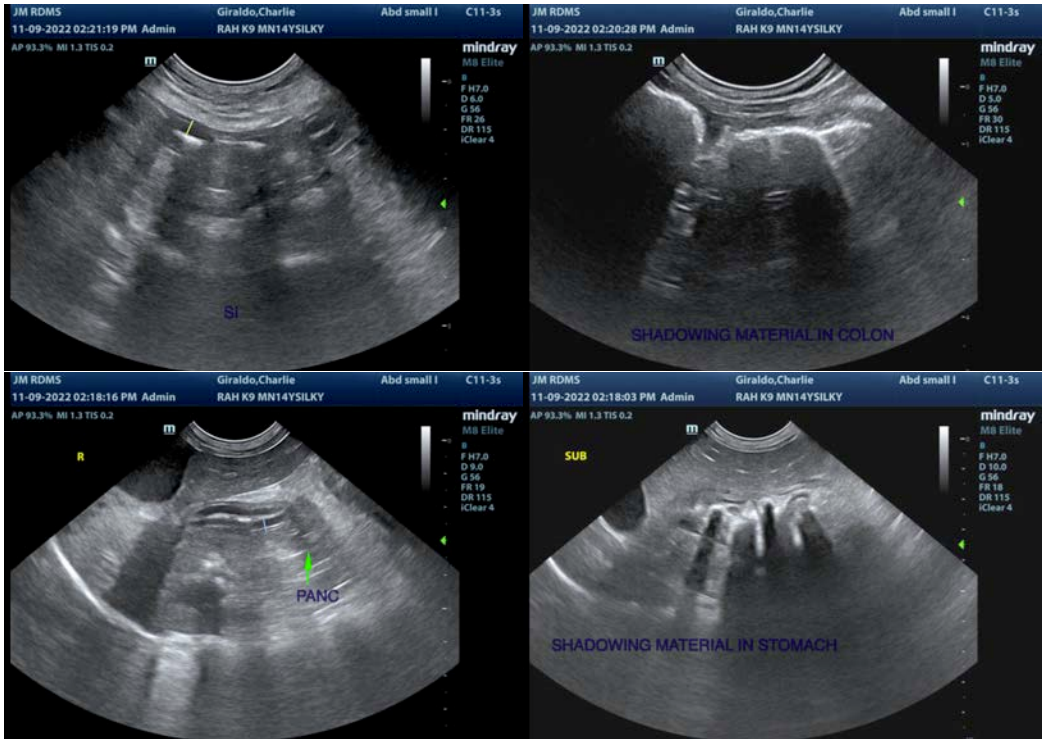
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a relatively large amount of hard shadowing material visualized within the gastric lumen. I suspect this would show up on abdominal radiographs. There is no evidence of an overt obstruction, as the stomach is not severely dilated, and I do not see this material in the pylorus, but it could be early in the disease process, or the patient could have just vomited. There is no obvious evidence of an obstructive pattern in the small intestine, but I cannot definitively say that none of this material has passed into the small intestine. There is some shadowing material within the colon, which could represent hard formed stool or ingested foreign material.

Depending on the patient's history and clinical judgment, options would include medical therapy and continued monitoring to see if this material beings to pass, or surgical/endoscopic evaluation and possible foreign material removal.

The pancreas appears somewhat hypoechoic and prominent. This could be consistent with mild chronic pancreatitis or a previous episode of pancreatitis. Additionally, there are stones in the urinary bladder. These are likely too large to pass, and there may be some more distal sandy debris. Recommend abdominal radiographs to evaluate the size and number of stones present and to evaluate the more distal urethra for any small stones.

There is a small hypoechoic nodule in the spleen. Options moving forward would include a fine needle aspirate of this nodule or continued monitoring with ultrasound.



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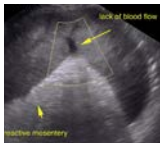
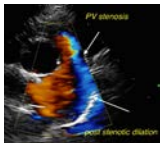
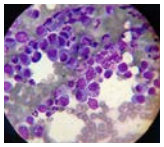
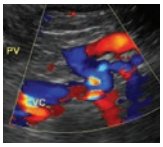

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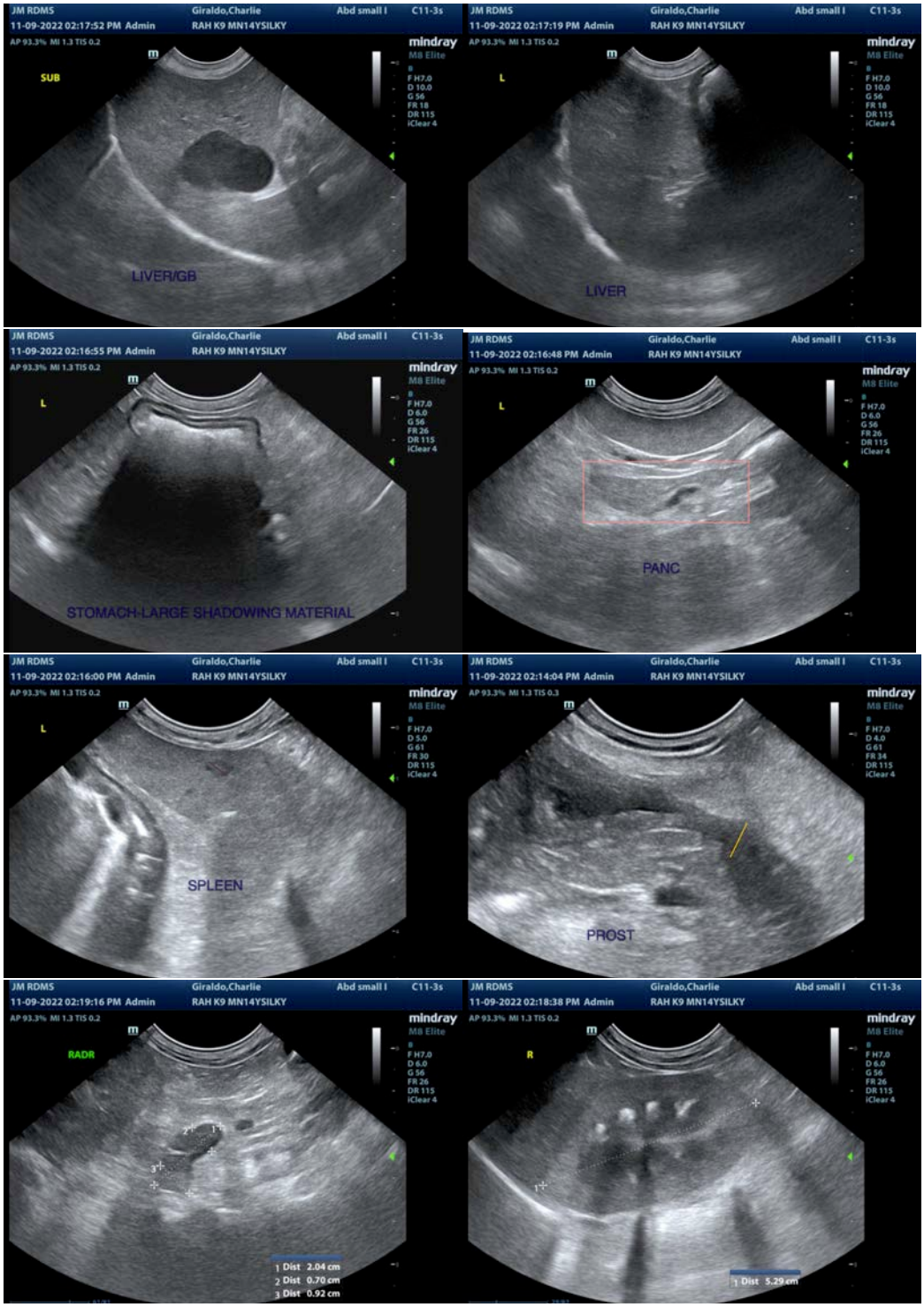

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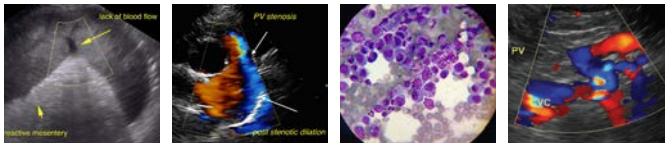

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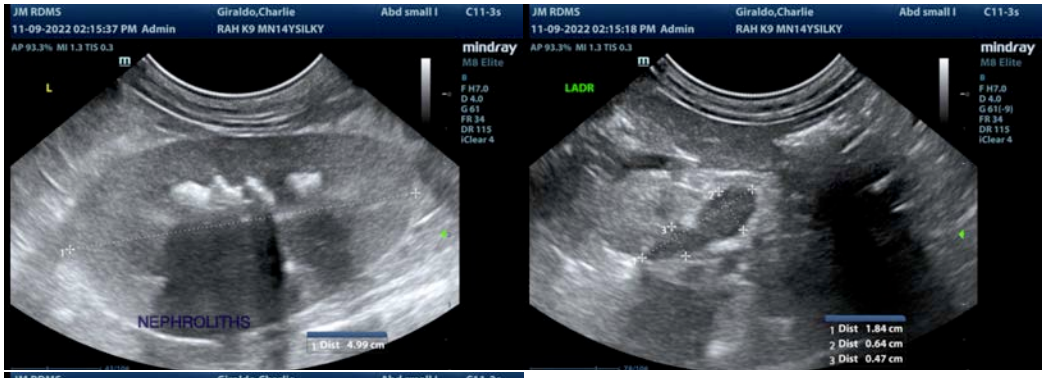

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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