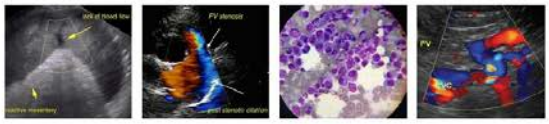

PATIENT

Sunny Mazorra

SPECIES

Canine

BREED

Shepherd/Collie X

SEX

Neutered Male

AGE

9 Years 7 Months

WEIGHT

67 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Sierra Oaks VS

REFERRING VET

Dr. PW

INVOICE

43658

DATE

12/21/22

PRESENTING CLINICAL SIGNS

sedation: dex/torb 0.1ml IV each- S: Annual. P has been throwing up off and on for one week. P had been on purina weight management for a year then switched to purina sensitive stomach with no improvement. O wants to do bloodwork. P is due for lepto, lyme and HWT. No c/s/v/d. Appetite and drinking WNL. Diet: Purina sensitive stomach

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 - mild elevation PSL, all other values WNL

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 prostate is normal in size (0.88 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 (7.14 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 (6.9 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 but somewhat irregular in appearance, measuring 0.60 cm at the cranial pole, 0.83 cm at the caudal pole, and 2.5 cm in length. It is observed in its normal position cranial to the left renal artery. It is irregular in appearance in that there is an ill-defined hyperechoic region on the caudal pole measuring 0.91 cm x 0.59 cm, most consistent with a small adrenal nodule. No evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 0.61 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.

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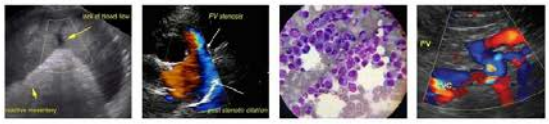

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Liver

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. There are occasional ill-defined hypoechoic nodules visualized within the parenchyma. One such nodule measures 0.86 cm x 1.95 cm. Another measures 1.09 cm x 0.97 cm.

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 0.43 cm. Duodenum wall measures 0.56 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. There are occasional prominent mesenteric lymph nodes. Examples measure 0.88 cm and 0.94 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small, hyperechoic nodule on the caudal pole of the left adrenal gland – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Occasional hypoechoic nodules in the liver parenchyma – These nodules are relatively small and do not appear to disrupt the architecture. They trend in appearance towards a benign lesion, although continued monitoring is warranted.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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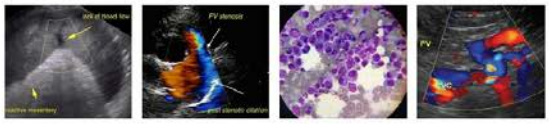

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract or stomach to explain the chronic vomiting reported. Unfortunately, there are many causes for vomiting that cannot be definitively diagnosed by ultrasound alone.

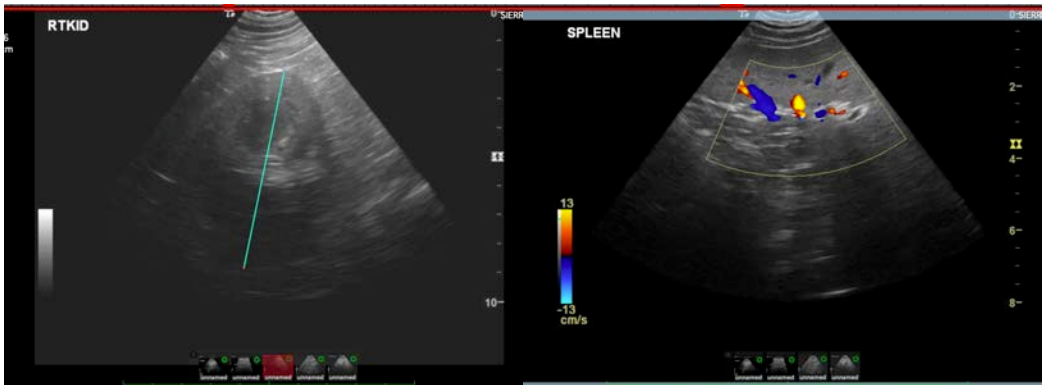
Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc….

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.

There is a small hyperechoic nodule on the caudal pole of the left adrenal. This could be a benign nodule, an early neoplastic nodule, and could be secretory or non-secretory. If there are no signs of Cushing's at this time, I would likely recommend a blood pressure evaluation (measure catecholamine levels if hypertension is present) and continued monitoring with ultrasound. If evaluation for surgical removal is desired, recommend a contrast CT scan.

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

The lymph node enlargement visualized in the abdomen is most consistent with reactive lymph nodes, although a fine needle aspirate could be considered to rule out an early neoplastic process.



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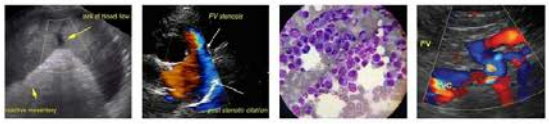

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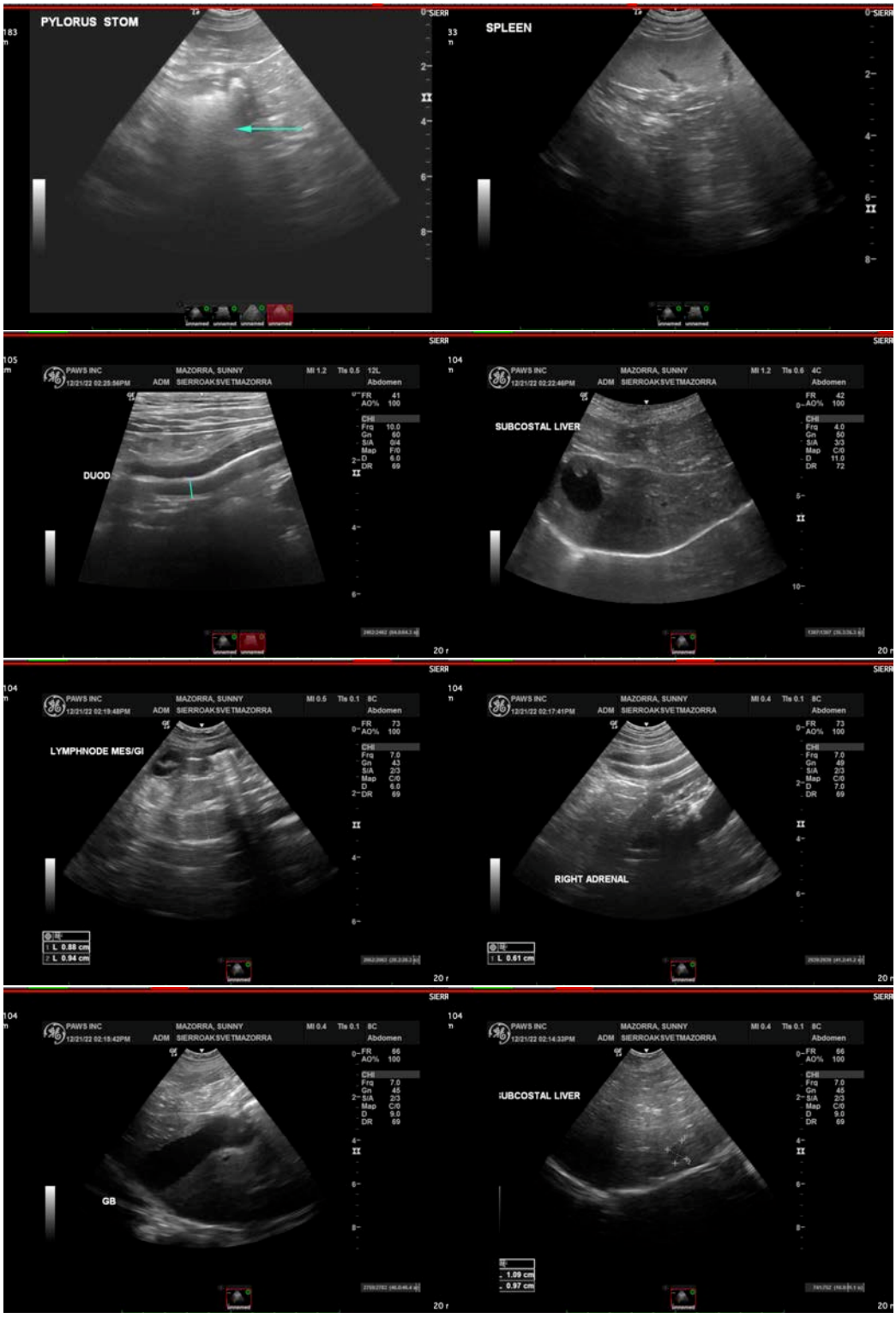

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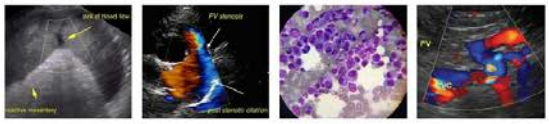

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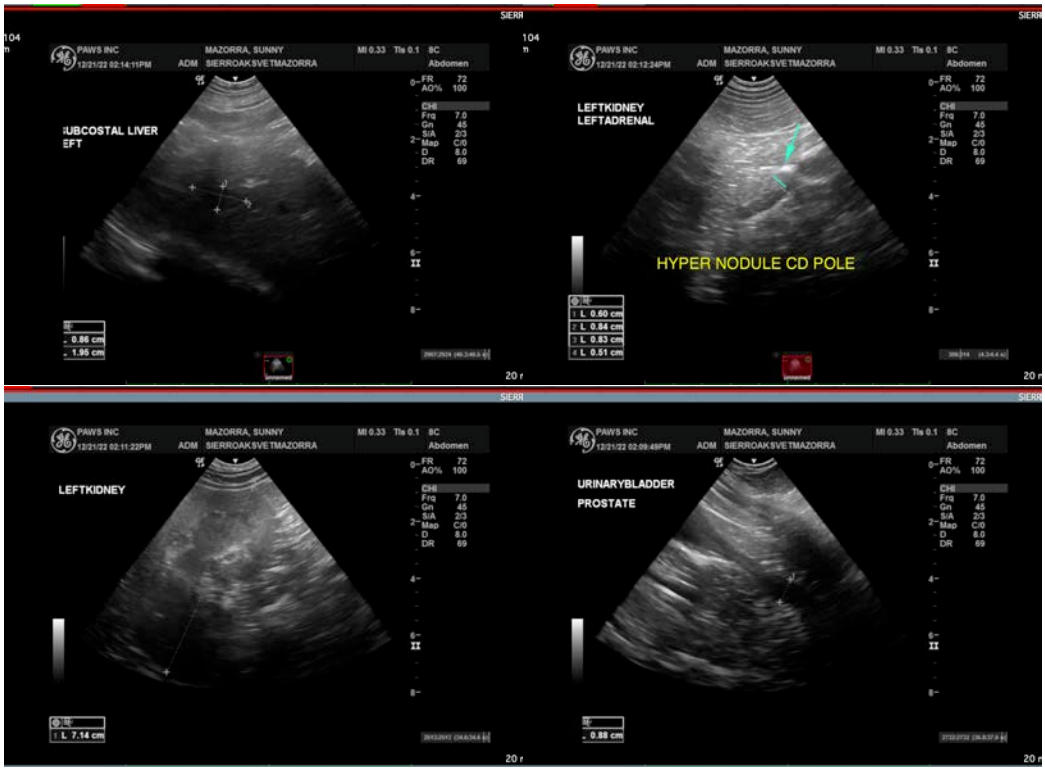

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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