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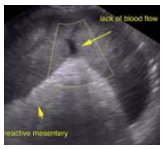
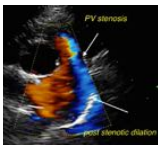
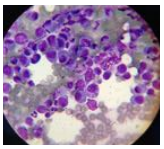
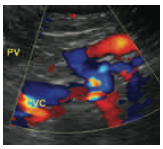

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1-800-838-4268 info@sonopath.com

PATIENT

Fiona Skye O'Crowley

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

13 years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Brenda King

REFERRING VET

Dr. King

INVOICE

94903

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Decreased appetite and diarrhea (at least 1 month).
Abnormal PE/Chem/CBC/UA Results: AKLP 628 (H131)

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 (3.83 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Numerous, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.74 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Numerous, pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.35 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, heterogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small, poorly defined, hypoechoic nodule visualized that measured 1.0 x 0.79 cm.

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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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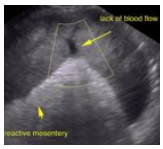
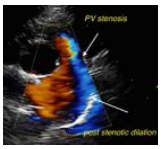
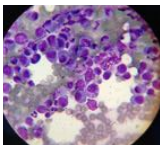
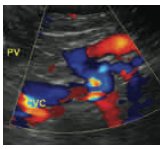

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Gastrointestinal

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.46 cm and the jejunum is 0.28 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. There is a section of proximal duodenum that appears mildly, diffusely corrugated and irritated. Generally visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed, but there is some evidence of focal enteritis.

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

PRIMARY FINDINGS:

- Mildly mottled spleen with ill-defined, hypoechoic nodule. 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
- Mildly thickened small intestine with some areas of focal corrugation. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

SECONDARY FINDINGS:

- Mildly 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.

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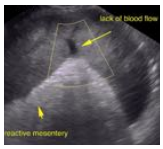
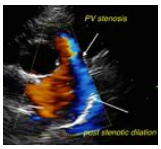
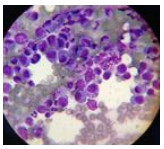
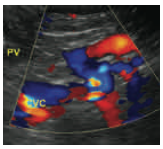

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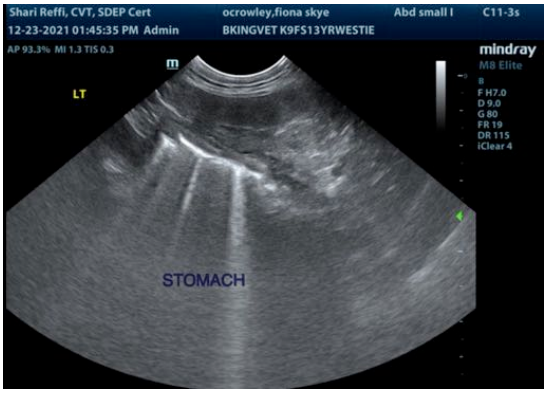
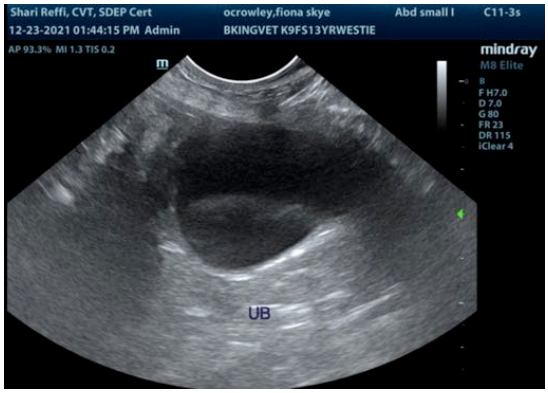
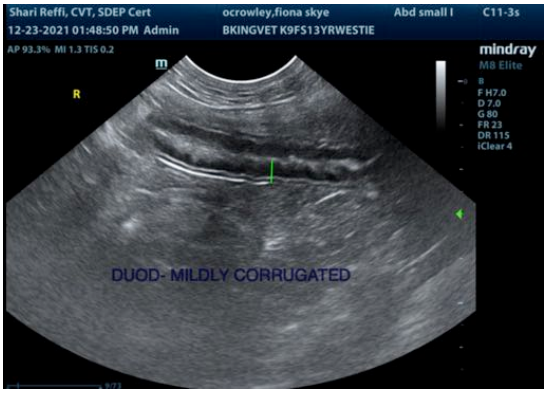
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions observed today are relatively mild for a 13 year old dog. No large focal mass lesions are observed involving either the liver or GI tract.

- Recommend pre and post prandial bile acids to ensure normal liver function.
- Consider a GI panel to Texas A&M with qualitative PLI, TLI, cobalamin and folate to further evaluate for chronic pancreatic inflammation and small intestinal disease.
- I recommend parasite testing and empirical deworming with Panacur (if not already done).
- I recommend probiotic therapy.
- If the patient is not doing well and losing weight consider FNA of the liver and spleen to look for evidence of round cell neoplasia and I recommend to continue to monitor the hypoechoic nodule in the spleen with ultrasound.
- I recommend a novel protein or hydrolyzed protein diet.
- If symptoms persist despite medical therapy, dietary management, then I am looking for more significant systemic disease then consider obtaining GI biopsies.
- Recommend three view thoracic radiographs to evaluate for concurrent intrathoracic disease.







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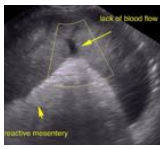
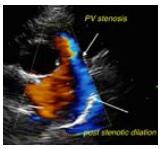
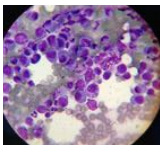
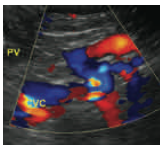

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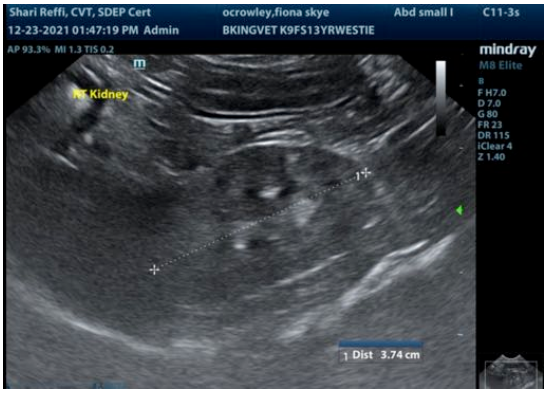

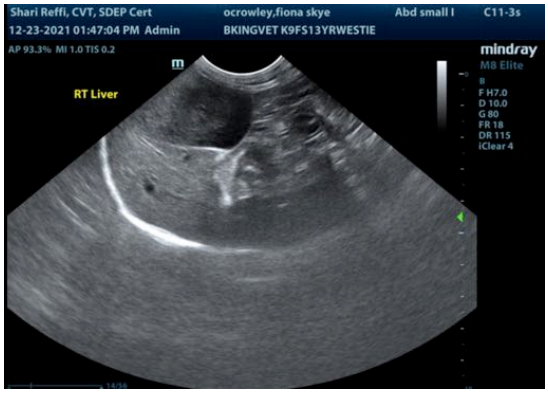

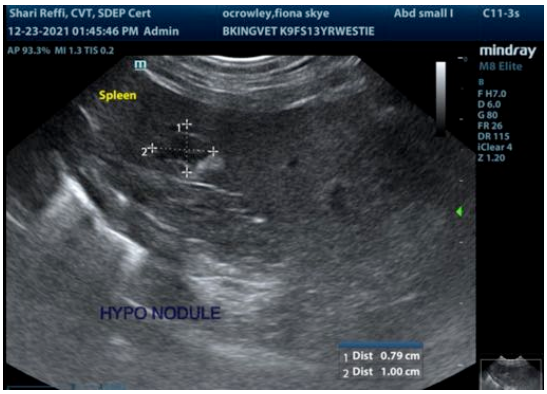

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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