IMAGING PERFORMED BY

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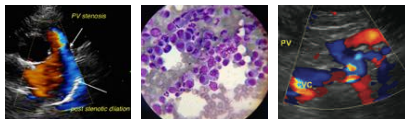

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DATE
12/23/21

PATIENT
Roxy Barry

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Spayed Female

AGE
1/31/14

WEIGHT
12.6 lbs

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

IMAGING PERFORMED BY
Stephanie Pearce RDCS, RVT

HOSPITAL NAME
Bayside Animal Medical Center

REFERRING VET
Dr. Beigel

INVOICE

PRESENTING CLINICAL SIGNS

History: Hx of sensitive stomach/dietary indiscretion, started on Rx RC HP; O would like to screen for underlying changes/problems/IBD.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
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 left kidney has a normal shape and size (4.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.54 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 0.36 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 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.

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.

Many of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. "The normal" duodenum measures 0.39 cm, jejunum measures 0.3 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering and appear somewhat corrugated. There is a focal area of bowel which I suspect is duodenum and measures at 0.66 cm and has loss of detailed wall layering. This is most consistent with a focal bowel lesion.

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 is mesenteric lymphadenopathy present with mesenteric lymph nodes that measure 0.52 x 0.64 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Focal area of proximal bowel (likely duodenum) with thickening and loss of layering. Differentials are severe IBD and there is concern for an infiltrative process such as round cell neoplasia or carcinoma. Additionally, it is possible that a temporary foreign body was lodged here etc. I recommend sampling this area of bowel that would likely necessitate surgery.

- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. If surgical sampling/resection of the bowel is considered I recommend sampling of the lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of bowel that is concerning and visible in the right cranial abdomen. This is most consistent with proximal duodenum. This could be consistent with a neoplastic process, severe inflammatory process such as a previous partial foreign body that passed or a focal severe IBD. Correlate finding with blood work and clinical picture as I think sampling would necessitate surgical biopsy +/- resection. Consider referral to a veterinary surgeon if resection is considered as this area can be tricky if it involves the pancreatic duct, bile duct, etc. I recommend three view thoracic radiographs.

If symptoms are mild and a more conservative approach is desired then consider medical therapy for an additional 2 weeks and rescan this area to see if there ha been any improvement.


IntraPet Imaging SPIILLC IntraPet I... BARRY,ROXY linear ab L14-6Ns
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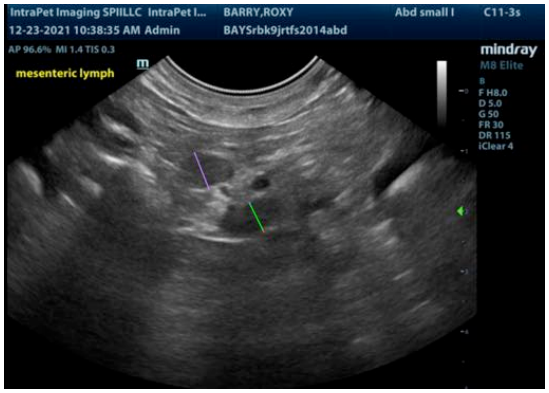
AP 96.6% MI 0.8 TIS 0.1
mindray
M8 Elite
SI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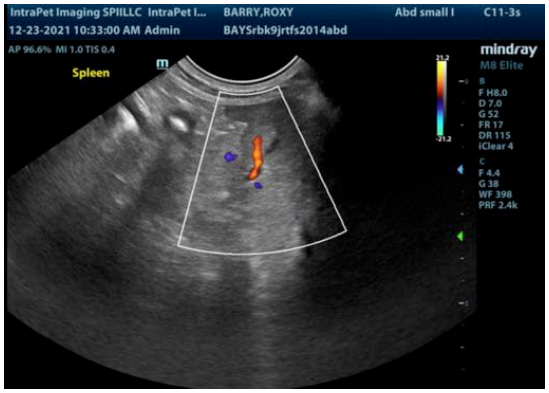
mesenteric lymph
mindray
M8 Elite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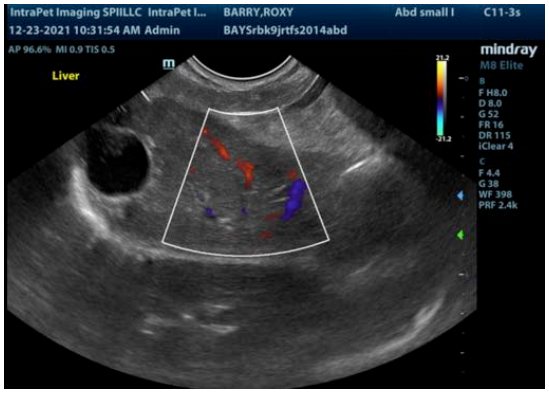
AP 96.6% MI 1.0 TIS 0.4
Spleen
mindray
M8 Elite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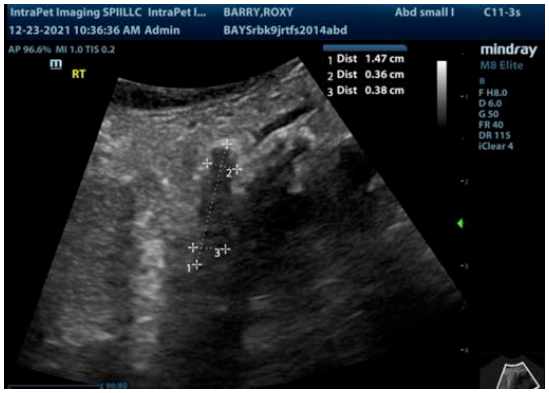
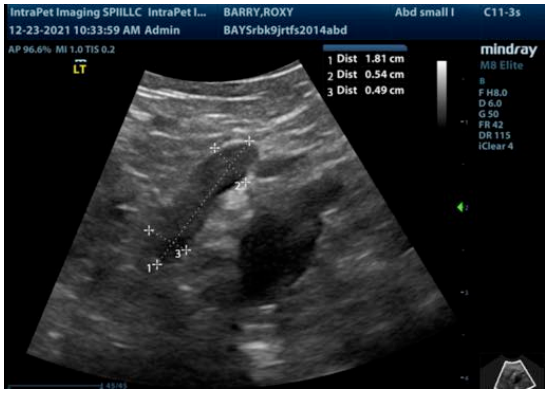
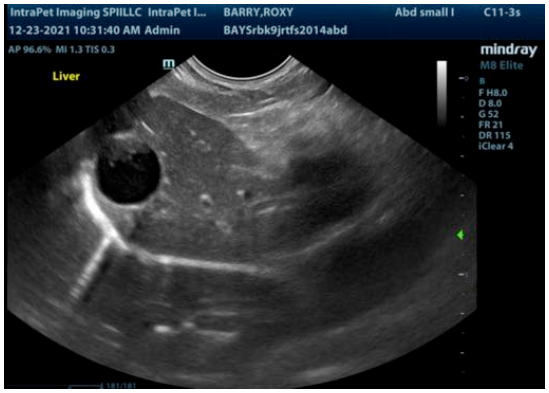
12-23-2021 10:31:54 AM Admin BAYSrbk9jrtfs2014abd
AP 96.6% MI 0.9 TIS 0.5
Liver
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... BARRY,ROXY linear ab L14-6Ns
12-23-2021 10:45:44 AM Admin BAYSrbk9jrtfs2014abd
AP 96.6% MI 0.8 TIS 0.1
Dist 0.35 cm
X-SECTION-THICK BOWEL-REDUCED LAYERING
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... BARRY,ROXY linear ab L14-6Ns
12-23-2021 10:45:07 AM Admin BAYSrbk9jrtfs2014abd
AP 96.6% MI 0.8 TIS 0.1
DUOD- THICK/LOSS OF LAYERING
mindray
M8 Elite







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)
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