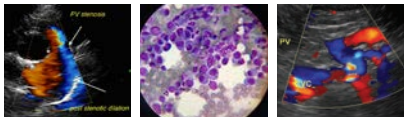
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/6/22

PATIENT

Buckshot Baker

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

9/15/12

WEIGHT

37.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Friendly Paws VC

REFERRING VET

Dr. Price

INVOICE

43233

PRESENTING CLINICAL SIGNS

Ate something on ground in campground 2 weeks ago, diarrhea ever since, inappetence, reddish/brown feces/Hx of dental disease, lumps, obesity/PE possible enlarged spleen, 2+ calculus, stage 2 periodontitis

Current Medications: Hills z/d dry and canned food, Clindamycin 150mg One Capsule BID for Ten days, then clavamox and metronidazole
Lab Results: elevated liver values, cytology of colon - 3+ clostridia , 3+ cocci, 1+ variety and number of bacteria. Cobalamin borderline low 345 (251-908), Fecal culture normal coliform flora but heavy (possible bacterial overgrowth), pancreatic lipase normal, UDG 1.041, pH 8.5, 2+ protein, light calcium oxalate crystals, ALT 306 (4-100), ALK 268 (18-100), GGT 8.0 (0-7), T Bili 0.13, Lipase 60, amy 814, BUN 18. Fecal PCR negative
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete 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 is diffusely mildly thickened (0.42 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.18 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 (6.46 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 0.77 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 0.56 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

irregularity in the parenchyma that is mildly hypoechoic measuring 0.48 cm protruding from the splenic capsule. Additionally, there is an ill-defined hypoechoic nodule measuring 0.68 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is a focal area of thickened small intestine. In this region, the jejunum measures at 0.63 cm, and then progresses to have irregular hypoechoic, irregular thickened walls with complete loss of layering. In this region, the bowel wall measures at 0.90 cm in thickness. The diameter of the bowel is 1.62 cm. This area is surrounded by enlarged lymph nodes and hyperechoic mesentery.

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 a severe mesenteric lymphadenopathy present with a cluster of lymph nodes at the mesenteric root, which are hyperechoic and rounded, measuring 2.11 cm x 2.01 cm, 2.48 cm x 2.25 cm, and 2.06 cm in diameter. Additionally, there is a large gastric lymph node measuring 1.26 cm, and the mesentery is hyperechoic around the diffuse lymphadenopathy.

PRIMARY FINDINGS

- Small splenic mucosal irregularity/bleb/small nodule and hypoechoic splenic 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. The protruding tissue from the splenic capsule could represent benign tissue or less likely a neoplastic lesion.

- Severe focal small intestinal thickening with irregular walls and complete loss of layering – Findings are very concerning for possible infiltrative disease (round cell neoplasia, carcinoma, possibly fungal disease, etc.).

- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

SECONDARY FINDINGS

- Mildly thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

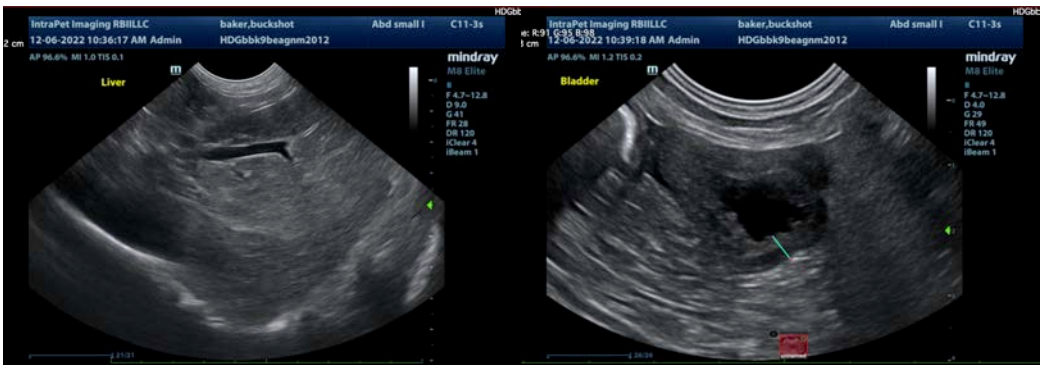
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

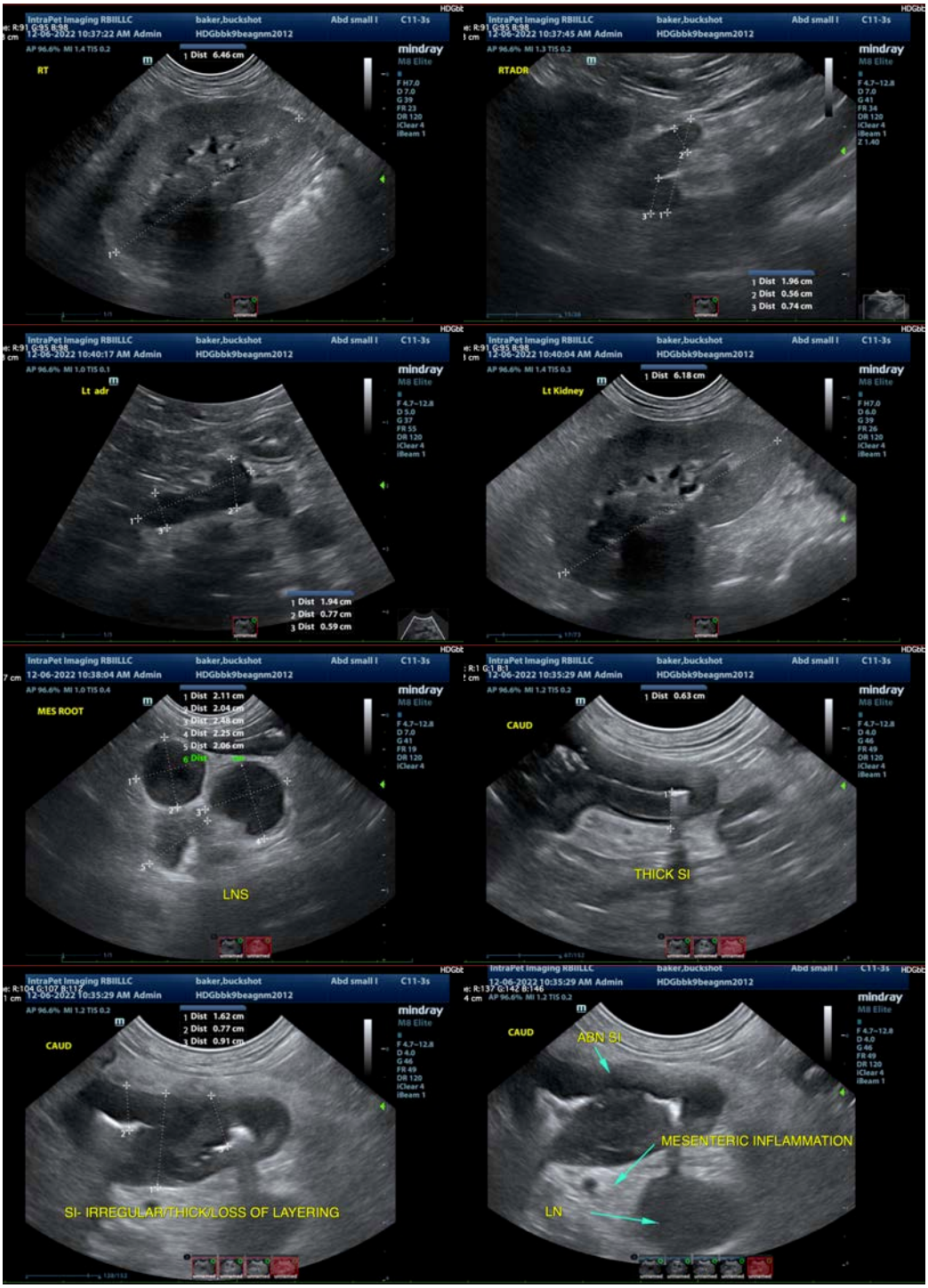
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal area of small intestine that has a complete loss of layering and appears very thickened. Additionally, this area of bowel is surrounded by a severe diffuse mesenteric lymphadenopathy and hyperechoic mesentery. The primary differential in this case would be round cell neoplasia, recommend a fine needle aspirate of the abnormal bowel and an enlarged mesenteric lymph node.

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

If a cytologic diagnosis cannot be obtained, consider surgical biopsies, as there are other possible less likely differentials to consider.




IntraPet Imaging RBIILLC
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Abd small I
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mindray
M8 Elite
RT
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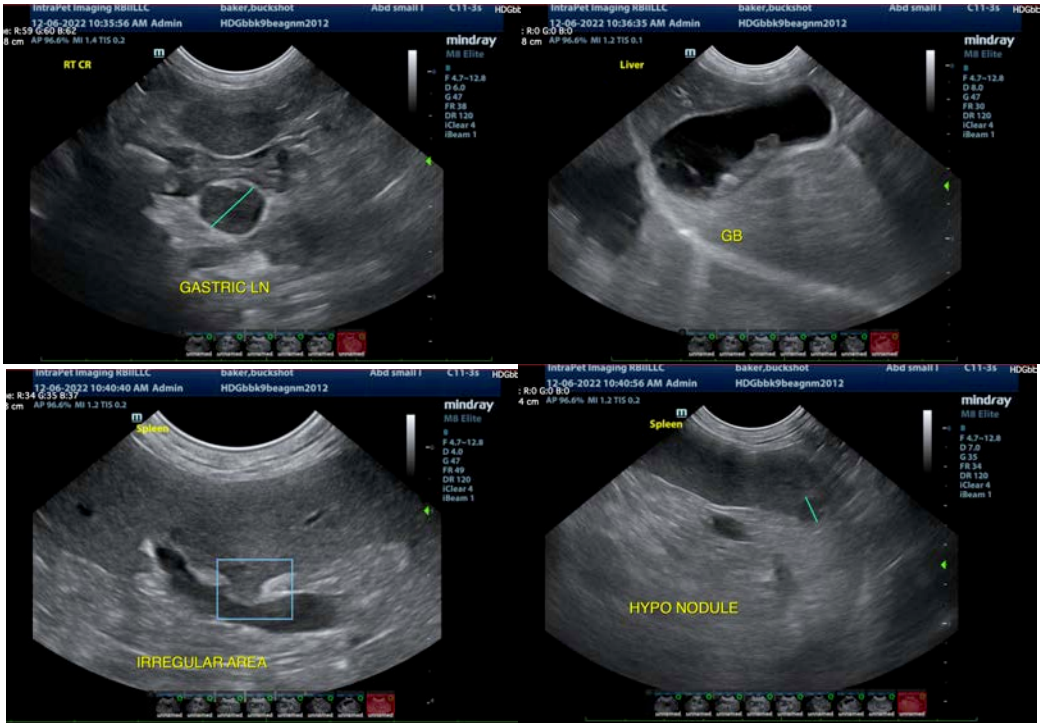
RTADR
1 Dist 1.96 cm
2 Dist 0.56 cm
3 Dist 0.74 cm
Lt adr
1 Dist 1.94 cm
2 Dist 0.77 cm
3 Dist 0.59 cm
Lt Kidney
1 Dist 6.18 cm
MES ROOT
1 Dist 2.11 cm
2 Dist 2.04 cm
3 Dist 2.48 cm
4 Dist 2.25 cm
5 Dist 2.06 cm
LNS
CAUD
1 Dist 0.63 cm
THICK SI
CAUD
1 Dist 1.62 cm
2 Dist 0.77 cm
3 Dist 0.91 cm
SI- IRREGULAR/THICK/LOSS OF LAYERING
CAUD
ABN SI
MESENTERIC INFLAMMATION
LN



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.

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