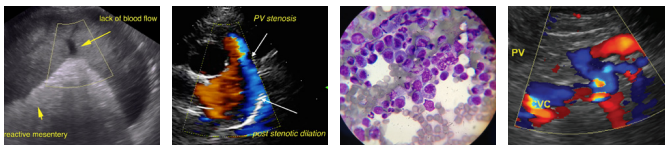

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PATIENT
Little Star Friddle

SPECIES
Canine

BREED
Yorkie

SEX
Neutered male

AGE
12 Years

WEIGHT
13.4 Pounds

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

IMAGING PERFORMED BY
Dr. Brackee

HOSPITAL NAME
Bradentown VH

REFERRING VET
Dr. Brackee

INVOICE
35598

DATE
2/10/22

PRESENTING CLINICAL SIGNS

Diarrhea with blood and mucus. Localizes to colon. Abdominal palpation negative. Radiographs = Colonic gas, otherwise NSF. Several SC masses present. Meds = Cerenia, Sucralfate, Metronidazole, DiaGel.
Abnormal PE/Chem/CBC/UA Results: Super Chem/CBC = NSF Fecal Floatation = Negative

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 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 was not visualized.

Towards the end of the scan, a kidney is imaged measuring 3.8 cm with decreased corticomedullary distinction. There is no evidence of infarcts, hydroureter or nephroliths. I suspect this is the right kidney, but images are not labeled.

Adrenal Glands

The left adrenal gland was not visualized.

The right adrenal gland is not visualized.

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

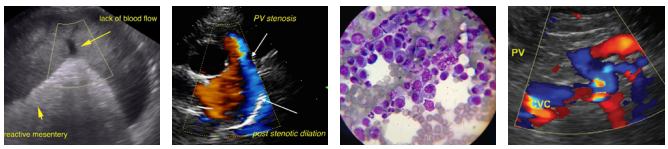
The liver is subjectively normal in size and echogenicity with irregular shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. While no focal distinct nodules or masses are visualized, the left lobe of the liver appears somewhat rounded and irregular, consistent with either a rounded left liver lobe or an indistinct mass effect.

The gallbladder lumen is moderately distended. The wall of the gall bladder 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.42 cm. Jejunum wall measured 0.32 cm.



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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 nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. The colon wall measures 2.0 cm,

Pancreas

The pancreas is prominent and mottled 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.

PRIMARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Heterogeneous liver with irregular, rounded left liver lobe – 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. The irregular liver lobe could be an anatomic variation or an ill-defined mass effect.
- Decreased corticomedullary distinction of the kidney visualized – The renal findings are consistent with age-related change.
- Mild small intestinal thickening – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

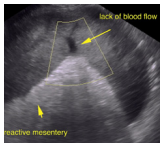
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

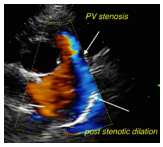
The changes visualized on today's scan are relatively mild, and many are age related. The significance of the rounded liver lobe is uncertain. Correlate with liver values, general impressions while scanning, and consider abdominal radiographs to evaluate liver silhouette. If suspected to be abnormal, a CT scan of the abdomen could be considered and/or a fine needle aspirate of the caudal aspect of the left liver lobe.

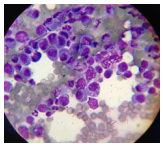
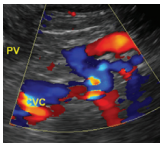
The pancreas is somewhat prominent. I suspect this is not clinically significant, but I pancreatitis is suspected, you could consider a GI panel with a qualitative PLI, TLI, cobalamin and folate (Texas A&M GI lab).

The small intestine is subjectively mildly thickened. This could be normal for this individual or could be an indicator of mild inflammatory disease.

This patient is reported to have large bowel diarrhea. There are many causes for large bowel diarrhea that cannot be diagnosed by ultrasound alone. Additionally, the presence of fecal material often interferes with visualization of the entirety of the colon. The areas of colon wall visualized appear





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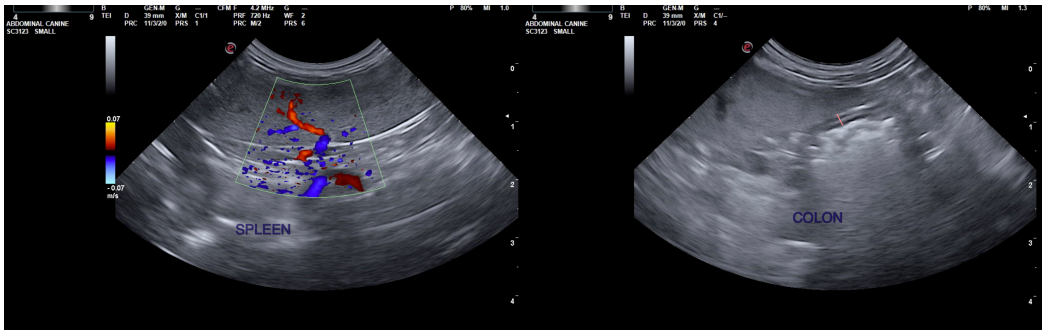
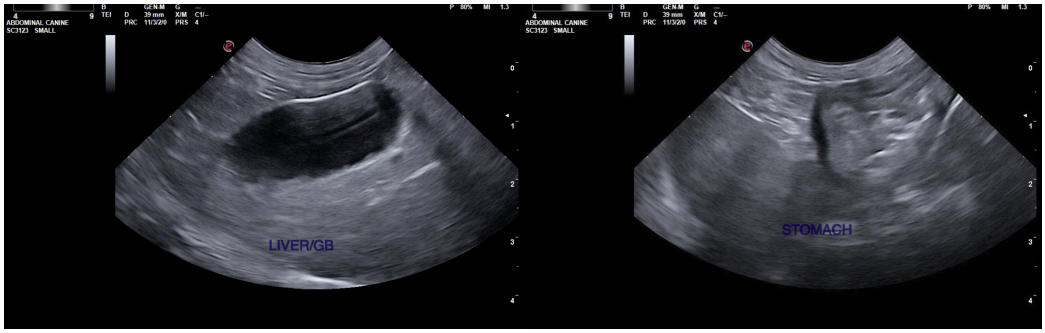
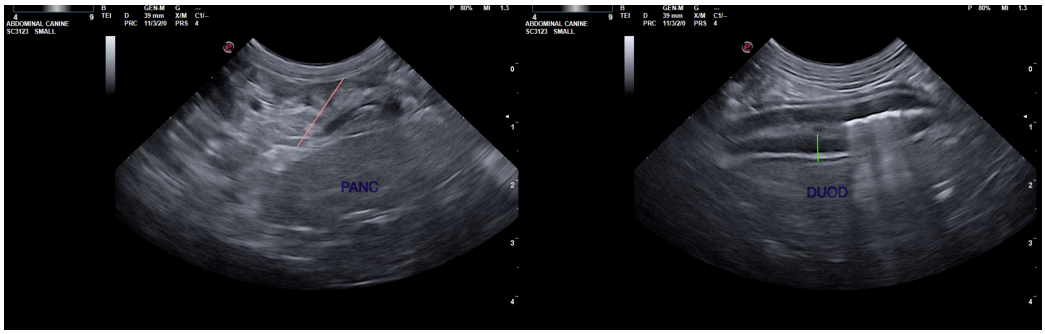
relatively normal.

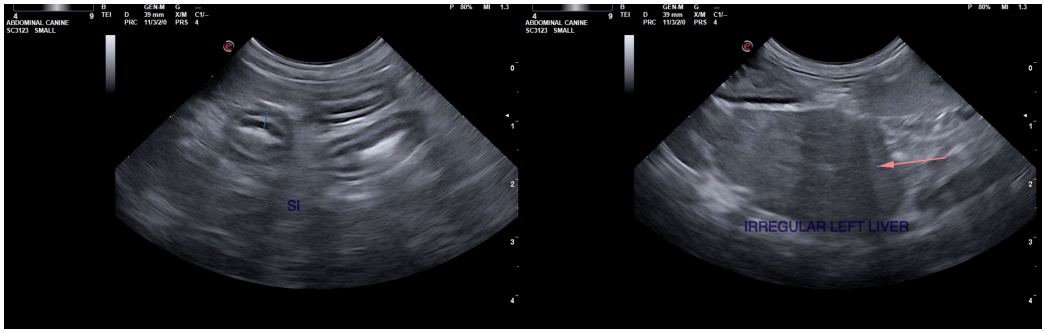
If this acute colitis, recommend medical therapy including bland diet, fiber, probiotics +/- antibiotics if needed. If this is chronic hemorrhagic colitis, then consider deworming (likely already done), possibly dietary change to a novel protein/hydrolyzed protein diet +/- the addition of insoluble fiber, and if symptoms persist, recommend colonoscopy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.









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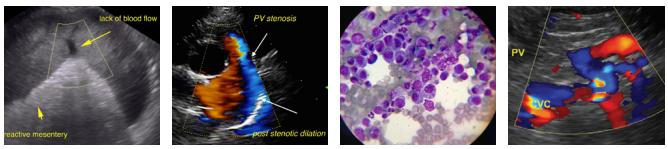

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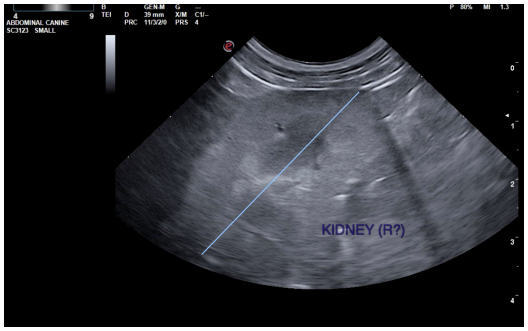

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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