

**DATE**

2/15/22

PRESENTING CLINICAL SIGNS

History: intermittent vomit/ diarrhea.

Current Medications: neomycin, cobalequin, Cisapride.

Lab Results: Attached separately. scpl 241, TLI >50, cobalamin 205.

PATIENT

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: 12/21/21.

Sophie Scheihing

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Maltese

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.23 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

6/15/08

The right kidney has a normal shape and size (3.33 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. A non-obstructive nephrolith was noted and measured 0.34 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

5 lbs

INTERPRETED BY**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.51 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 0.44 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.

HOSPITAL NAME

Chadwell AH

Spleen**REFERRING VET**

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.

Dr. Gold

INVOICE**Liver**

96078

The liver is large, rounded and heterogenous. The visible portions of the vasculature and biliary tract appear normal. There is diffuse mottling and rounded liver lobes, but no distinct mass effects are visualized although there are some ill-defined nodules. The previously reported, possible left liver mass appears stable to less defined on today's exam. I suspect normal anatomic variation. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.4 cm and the jejunum measured 0.33 cm. There is mucosal speckling of the duodenum visualized. Bowel loops follow a typical curvilinear path with distinct wall layering. 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, 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:

- Heterogenous liver with rounded liver margins. 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 aforementioned rounded liver lobe/mass effect has not progressed and likely represents normal anatomic variation.
- Thickened small intestine with mucosal speckling. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Decreased corticomedullary distinction in both kidneys with a right-sided, non-obstructive nephrolith. The bilateral renal findings are consistent with age-related change.

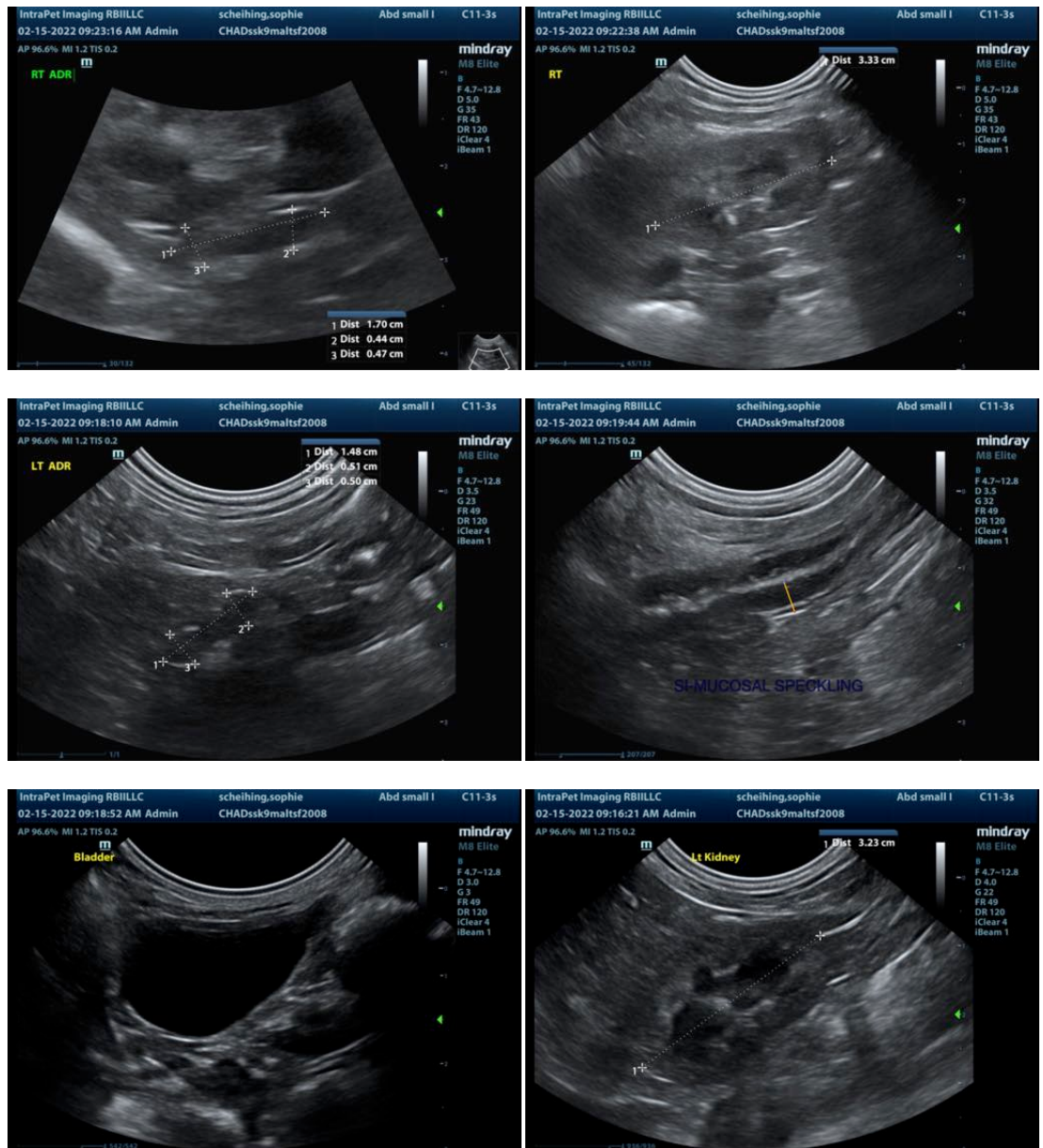
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

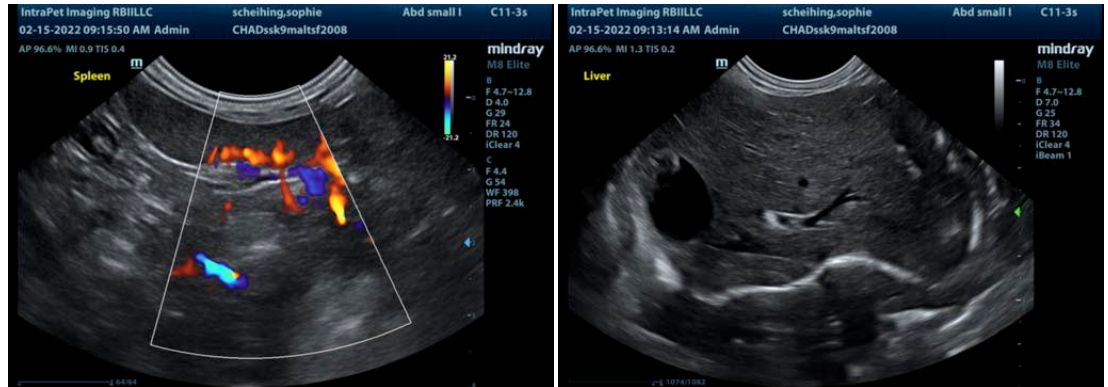
Today's scan appears relatively stable as compared to the previous scan on 12/21. Subjectively the mucosal speckling is more evident in the small bowel, which is consistent with a cobalamin deficiency reported and the clinical signs of vomiting and diarrhea. If there has been no response to dietary management, probiotic therapy, etc. then endoscopy would be a good next step. I recommend three view thoracic radiographs.

The changes in the liver are stable and the previously described, rounded left liver lobe is still present, but is unchanged and appears less mass like on today's evaluation.

Chronic renal changes are present. As recommended on previous evaluation consider blood pressure,

urinalysis and culture.





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.

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