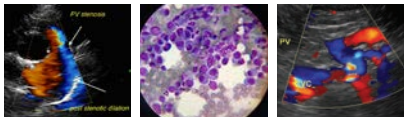
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/21/23

PATIENT

Maddy Montessi

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

7/7/13

WEIGHT

9.25 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

45370

PRESENTING CLINICAL SIGNS

Chronic, intermittent diarrhea initially responsive to abx. Hx of UTI w/in last year- resolved and significant perio dz resulting in full-mouth extractions. Hx of elevated folate indicating likely SIBO.

Current Medications: Tylan powder: 1/16 tsp SID 1mo duration, FortiFlora 1 packet 3-4mo duration, HP diet exclusively x ~1 month.
Lab Results: 9/2022: CBC- NSF, Chem- NSF, UA: RBCs >50/HPF, WBCs 12/HPF, cocci seen on Sedivue, USG 1.021, pH 7.0. SNAP 4Dx: E. canis pos (historic 2020). 1/2023: Gi Panel- elevated folate, remainder WNL. 2/2023: Diarrhea PCR- pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 (3.69 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 3.53 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 0.48 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 0.73 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. There is a slightly irregular hypoechoic lesion visualized in the left side of the liver, measuring 1.05 cm x 0.96 cm.

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, but there are two somewhat ill-defined

hyperechoic foci visualized within the lumen, most consistent with small choleliths. 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 0.46 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction is visualized and appears relatively normal. Distally, the colon is prominent and appears severely thickened with non-formed fecal material luminally. In this region, the colon measures 2.23 cm in diameter and the colon wall measures 0.87 cm in thickness with a complete loss of layering. This abnormality extends for a minimum of 5.0 cm.

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

There is a scant amount of free abdominal fluid near the urinary bladder. There is an irregular hypoechoic, large sublumbar lymph node visualized measuring 1.04 cm x 1.17 cm. The mesentery is hyperechoic around the colon.

ULTRASONOGRAPHIC FINDINGS

- Small, hypoechoic, irregular lesion on the left side of the liver – The significance of this is unclear. This could represent a benign or an early neoplastic lesion. Recommend continued monitoring.
- Hyperechoic foci visualized within the lumen of the gallbladder – This could represent hyperechoic luminal debris or small choleliths. Recommend continued monitoring.
- Diffuse moderate thickening of the small intestine – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Severely thickened, irregular colon wall with complete loss of layering – Findings are most consistent with severe colitis or infiltrative disease to the colon wall (neoplasia).
- Enlarged, hypoechoic, prominent sublumbar lymph node – This could represent a reactive or a metastatic lymph node.

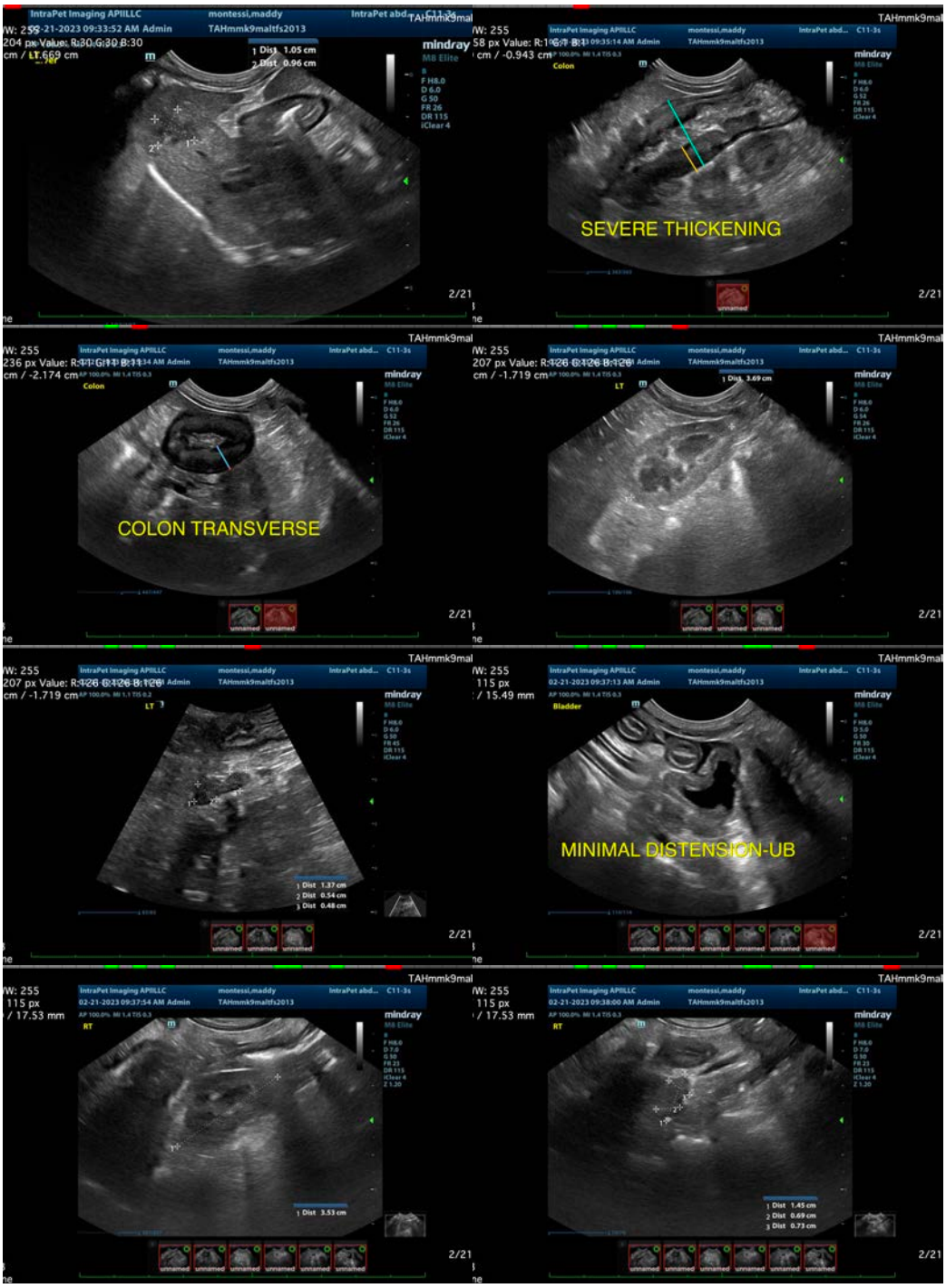
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

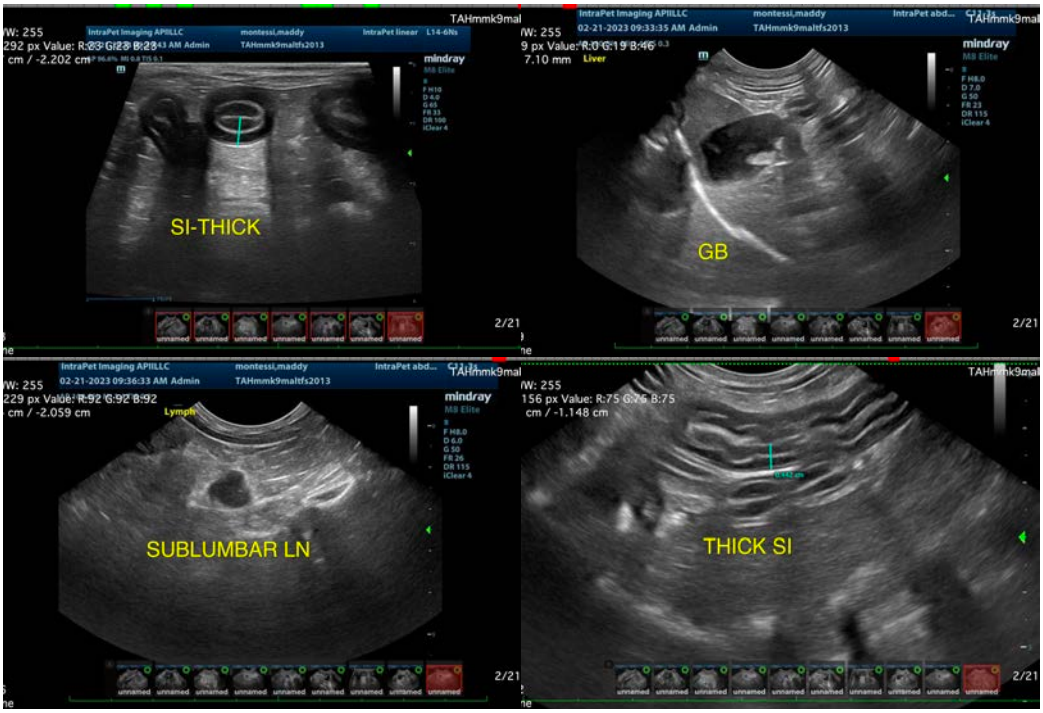
The colon appears severely thickened and irregular. Additionally, there is a large hypoechoic sublumbar lymph node. If a safe window to aspirate the sublumbar lymph node is available, consider a fine needle aspirate. If this is too close to the large vessels, then you could consider a fine needle aspirate of the colon wall. In addition to severe focal colonic wall thickening, there is generalized thickening of the small intestine.

For the severe colonic wall thickening, consider inflammatory infectious causes such as granulomatous colitis, etc. Also consider infiltrative neoplasia. If a cytologic diagnosis cannot be obtained, then colonic and

small intestinal biopsies may be necessary.

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





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