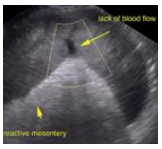
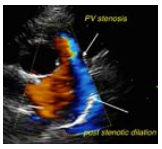
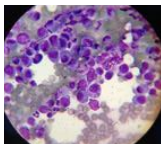
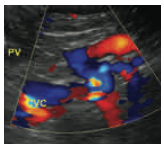

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PATIENT

Frankie Moss

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10 ½ years

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sorbo

INVOICE

DATE

2/25/22

PRESENTING CLINICAL SIGNS

Patient ate 1-2tablespoons of chicken 3-6 hours prior to this scan, but nothing else in the last 12hours*. 1 week ago: episodes of vomiting. 5 days ago: acute onset melena, diarrhea, and hyporexia. Presented with very tense and painful abdomen. NO PICA. Was treated with sucralfate, cerenia, flagyl, omeprazole (BID). P is disinterested in food and seems lethargic.
Abnormal PE/Chem/CBC/UA Results: Tense abdomen a week ago, but soft and non-painful today. Today's exam is largely unremarkable apart from P being duller than usual. Labs and AXR 5dd ago were unremarkable. Attached for convenience.

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 (4.0cm). 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.

The right kidney has a normal shape and size (4.2 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.

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.

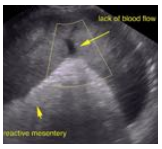
The right adrenal gland is normal in size measuring 0.6 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

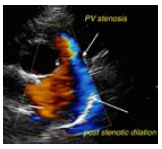
Spleen

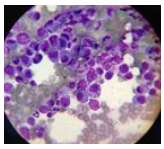
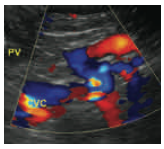
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined, hypoechoic nodule visualized in





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the parenchyma measuring 0.98 cm. 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. The gastric wall is normal and measures 0.54 cm, but subjectively it appears somewhat thickened with intact layering. The distinction of the gastric wall layering 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.37 cm) and the jejunum measured as normal (0.32 cm). 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 small, hypoechoic nodule. 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.
- Subjectively prominent/thick gastric wall with small amount of intraluminal contents. The findings are consistent with the small meal given prior to scanning. The gastric wall may be normal for this individual, but appears subjectively prominent.

SECONDARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

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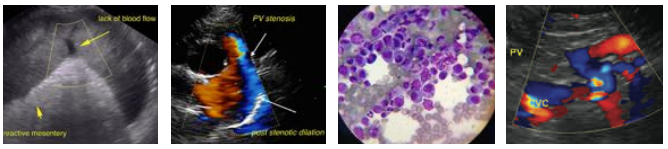

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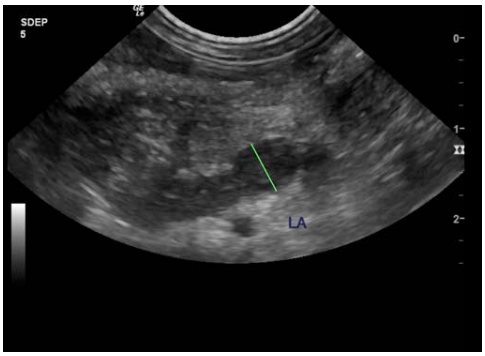
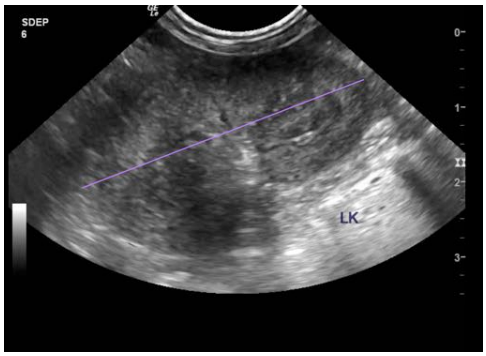
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

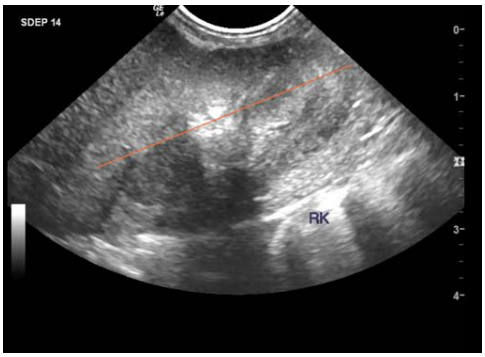
No prominent, focal lesions were visualized associated with the gastrointestinal tract. There is some mild ingesta and subjective gastric wall thickening, which is likely not significant considering the few bites of food prior to scanning, etc. The changes observed could be consistent with mild gastritis, less likely edema or infiltrative neoplasia. Correlate the liver findings with blood work if liver enzymes are normal this is likely an incidental finding. The nodule observed has a somewhat benign appearance, but should be monitored.

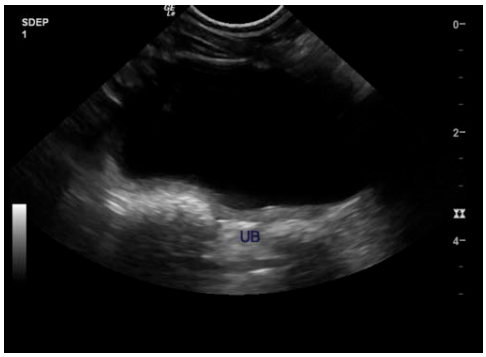
Hopefully these findings are most consistent with a severe upset of gastroenteritis and the condition is improving. If there is no improvement or if the patient is worsening then consider serial imaging, abdominal radiographs, GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for pancreatic and small intestinal disease. A screening panel for infectious causes of GI disease and parasitic screening with deworming is recommended and if there is no improvement then consider upper and lower GI endoscopy.

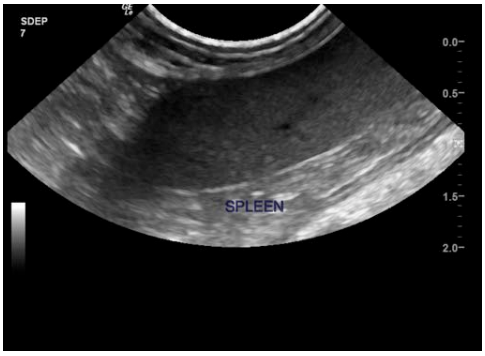
Consider three view thoracic radiographs prior to any anesthetic procedure.

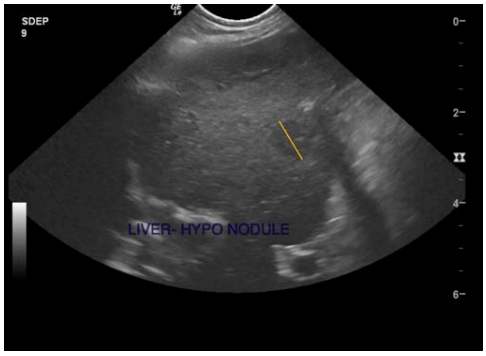












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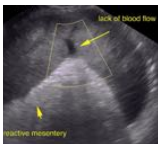
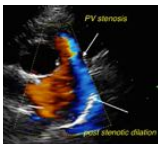
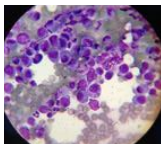
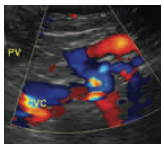

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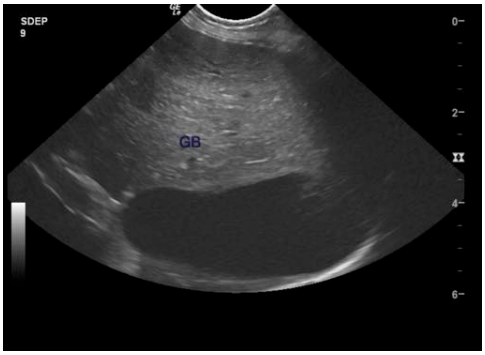

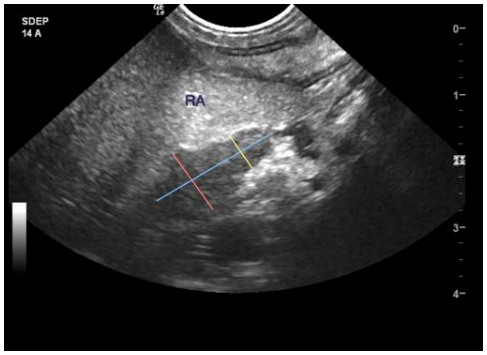

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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