SonoPath
Clinical Sonography & Telecytology
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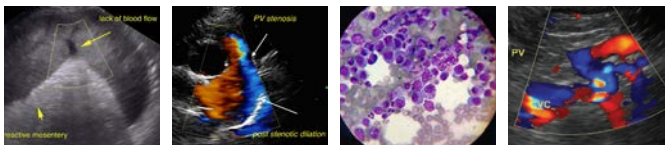

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sage Ebel

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
10 Years

WEIGHT
37.6

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

IMAGING PERFORMED BY
Dr. Logas

HOSPITAL NAME
Bradenton Vet Hospital

REFERRING VET
Dr. Logas

INVOICE
45947

DATE
3/15/23

PRESENTING CLINICAL SIGNS

Appetite has not been normal for the last months. 2 weeks ago she started having vomiting and diarrhea. She was treated at their normal veterinarian with metronidazole and bland diet. She started to get better and then 2 days ago relapsed. The owner describes small and large bowel diarrhea. She is vomiting and not eating at all. She does hold down water. She had Proheart 12 for HWP.

Abnormal PE/Chem/CBC/UA Results: grade 4/4 dental disease. Temp. 101. Abdomen not painful. NSF on direct fecal. CBC WNL. Chem profile Alb 2.2. The rest-N

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 (5.54 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 (4.15 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/borderline large in size measuring 0.81 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/borderline large in size measuring 0.83 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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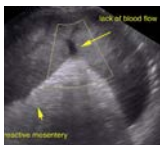
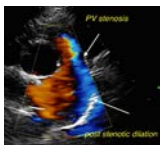
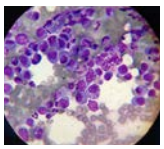
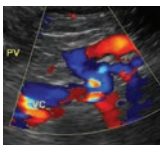

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Gastrointestinal

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. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There is a large, rounded, complex lesion visualized in the mid to caudal abdomen that appears to be associated with the small intestine. There is the impression of thickened small intestine transitioning into this mass effect. This transitioning bowel has a thickness of 0.45 cm. This bowel mass lesion measures approximately 3.6 cm x 2.98 cm and appears to have hard shadowing material within it, which could be trapped foreign material, ingesta, etc. In this region the bowel wall is thickened, measuring 0.59 cm with complete loss of layering. The mass effect is surrounded by 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, 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 hyperechoic around the abnormal section of bowel.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Abnormal focal area of small intestine associated with thickened wall, complete loss of layering, and shadowing intraluminal material – Findings are concerning for a possible bowel mass and trapped foreign material. Alternately, this could be a foreign body with surrounding enteritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be a bowel lesion in the mid to caudal abdomen, which has a thickened bowel wall, complete loss of layering, and possibly shadowing intraluminal material. The mass effect is somewhat complex in appearance, possibly associated with the ileocecal junction. Options moving forward would include a fine needle aspirate of the thickened bowel wall or even surgical exploration with the intention to resect this area and obtain GI biopsies for histopathology. This could represent a benign or a neoplastic lesion. Further evaluation and sampling would be necessary to differentiate.

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

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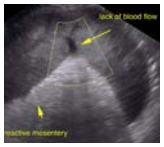
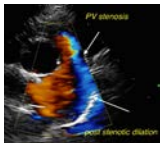
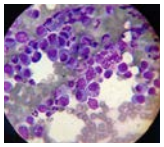
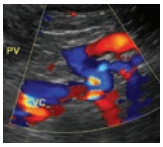

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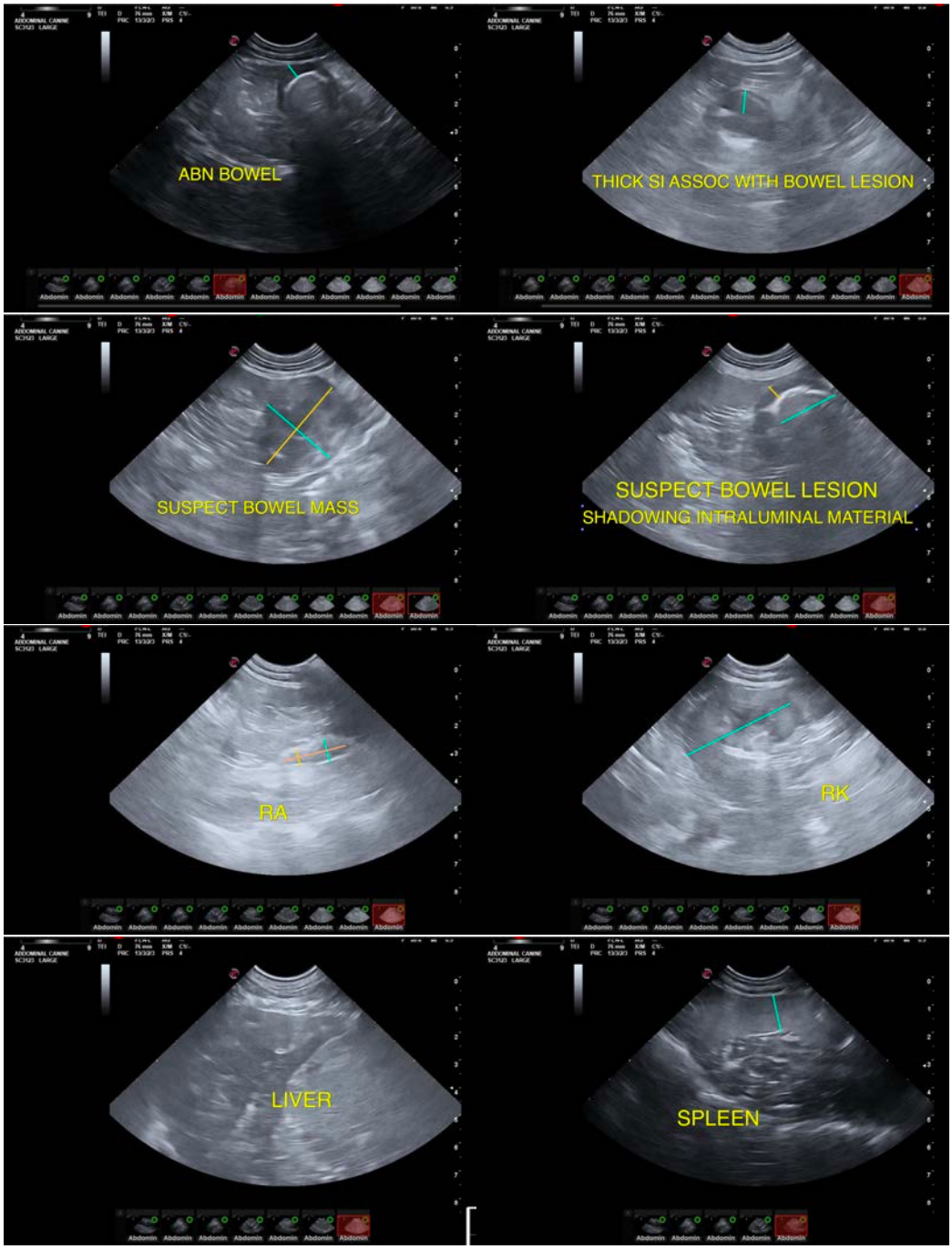

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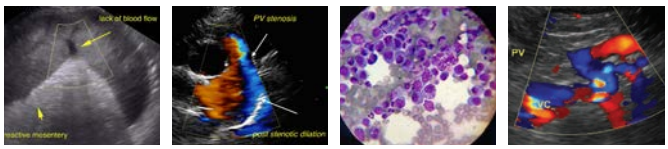

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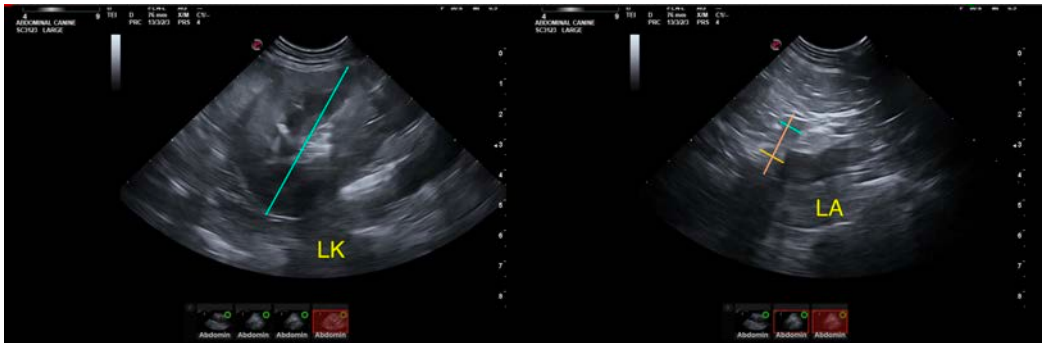

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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