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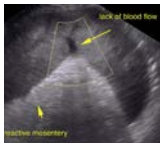
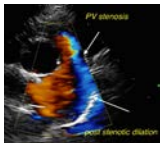
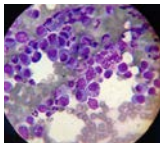
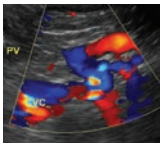

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1-800-838-4268 info@sonopath.com

PATIENT

Snoopy Brzozowski

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

13.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

45980

DATE

3/16/23

PRESENTING CLINICAL SIGNS

~1 month history of hyporexia/ weight loss, previously thought to be GI upset from vetprofen and then patient was dealing with anal gland infection. Reported at time of radiographs that patient has not eaten but concerns about reliability of history. R/O gastric FB vs neoplasia vs IBD vs other. Possibility of L anal gland mass noted on exam today. Current meds: just finished temaril P/metronidazole/clavamox for anal gland infection. is on gabapentin and was given a cerenia inj today.

Abnormal PE/Chem/CBC/UA Results: mild elevation in ALT on previous bloodwork, mild increased WBC, phase shift/mild increase in globulins, anal glands infection at that time.... Rads today: spinal spondylosis, food vs foreign material in stomach, per o had not eaten in 15 hours but had similar concerns at previous rads taken 2/25/23....

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 prostate is normal in size (1.03 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.35 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 (4.46 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 0.37 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 0.35 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. No focal nodules or cystic lesions are observed.

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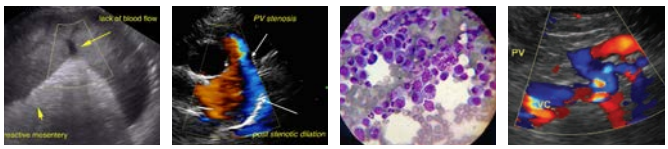

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of shadowing ingesta. 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 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. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.30 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

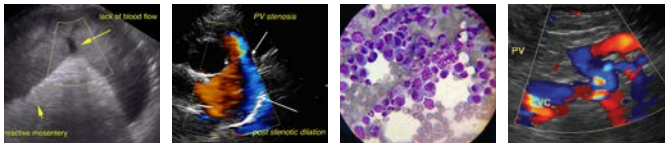
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sublumbar lymph nodes are hypoechoic and somewhat prominent, measuring 0.57 cm and 0.35 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Large, shadowing ingesta within the gastric lumen – Correlate with feeding history and abdominal radiographs. This could be consistent with retained ingesta, a recent meal, delayed gastric emptying, ingested foreign material, or a partial outflow tract obstruction (not observed but difficult to visualize with shadowing ingesta).
- Prominent sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of shadowing material visualized within the gastric lumen. The nature of this material is unknown. This could represent normal shadowing ingesta, retained ingesta, ingested foreign material, or even a partial pyloric outflow tract obstruction, although this seems unlikely without significant vomiting. The pylorus is difficult to visualize with the shadowing material. If feeding history is difficult to confirm, you could consider imaging (radiographs +/- ultrasound) early in the day (fasted) and keeping the patient through the day +/- a single dose of Metoclopramide and reimaging at the end of the



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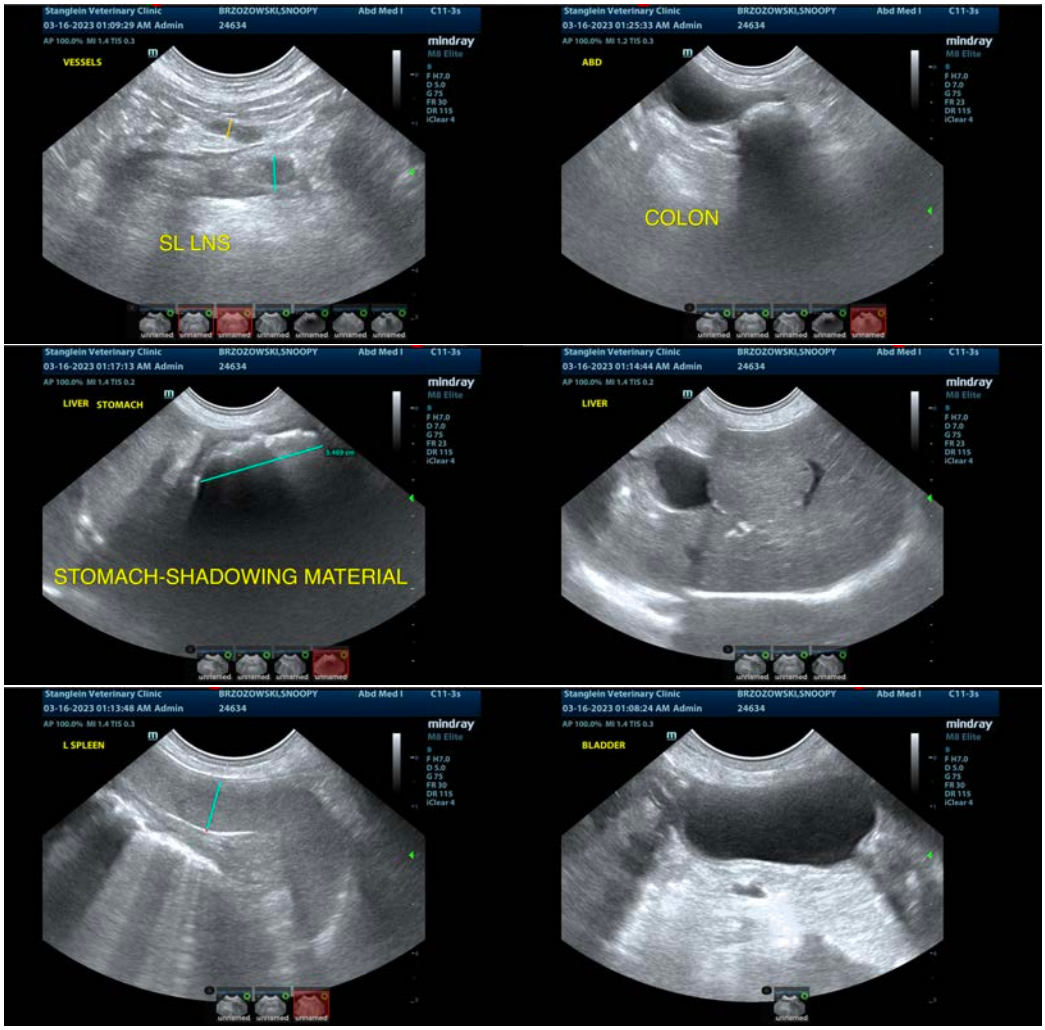
day, approximately 8 hours later, as you should see some reduction in gastric contents. If there is significant concern about retained ingesta and concern for primary gastrointestinal disease, you could consider either surgical or endoscopic (surgical may be superior) evaluation of the stomach and obtaining GI biopsies.

The sublumbar lymph nodes are somewhat prominent. If there is concern that the anal gland could be more than just an infection, consider surgical removal with histopathology and culture and reevaluation of the lymph nodes in a month or two.

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



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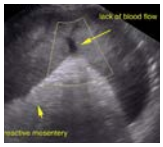
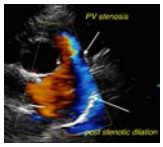
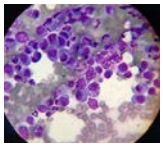
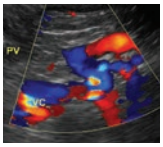

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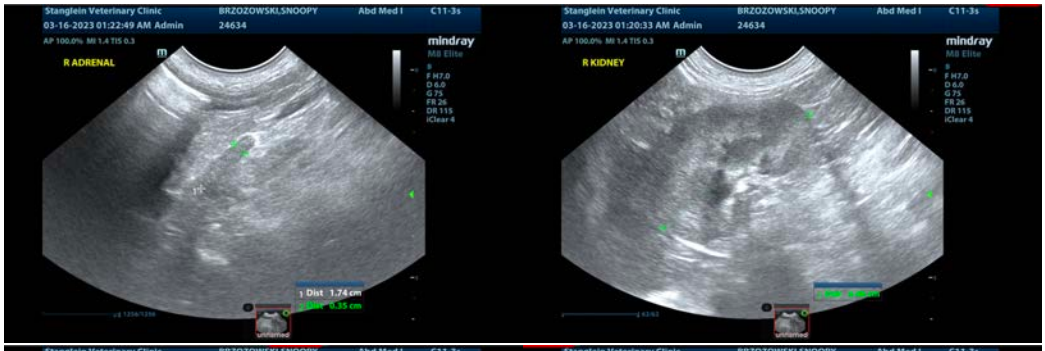

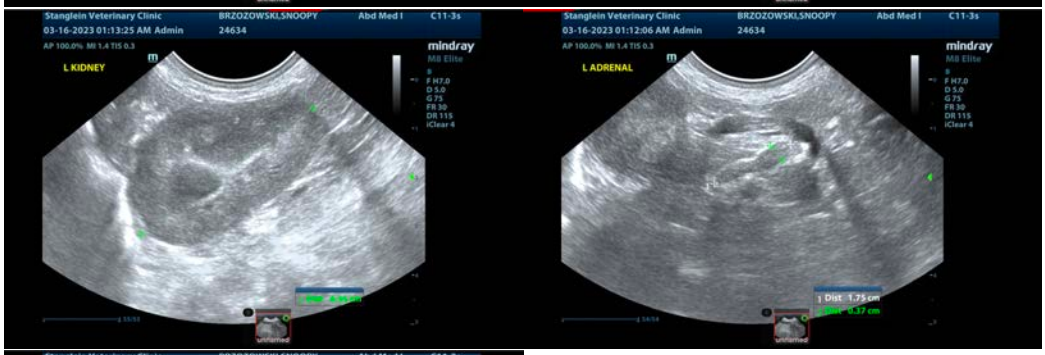

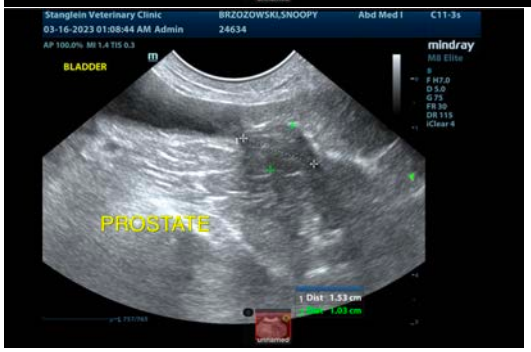

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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