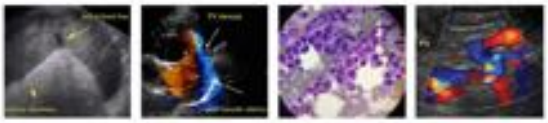


PATIENT

Kaya Wintz

SPECIES

Caniine

BREED

Shiba Inu

SEX

Spayed Female

AGE

9y9m

WEIGHT

26lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10098

DATE

3/2/2023

PRESENTING CLINICAL SIGNS

Recheck abdominal ultrasound, splenic nodules were noted on exam performed 7/2022. Relevant Medical History and Physical Exam findings: ~p. still has intermittent vomiting in spite of diet trial, medications, o. would like to recheck splenic nodules~ Current medications Prilosec otc 20 mg 1 po Sid famotidine 10 mg 1 po sid~

Abnormal PE/Chem/CBC/UA Results: bw 11/2022 not clinically sig, sdma was elevated but subsequently tested normal~

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 (4.20 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 (4.79 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 0.51 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.

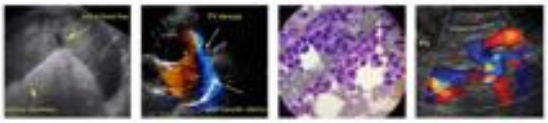
The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. There are too numerous to count pinpoint hyperechoic punctate foci visualized within the spleen. This appears stable from the previous scan 7/15/2022.

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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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 hyperechoic debris primarily visualized in the gallbladder neck. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The wall measures 0.41 cm 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. The jejunum measured as normal (0.21 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

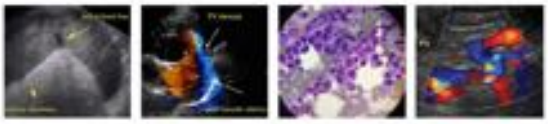
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, the pancreaticoduodenal lymph node is slightly prominent 0.52 cm (previous measurement 0.52 cm). The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Pinpoint hypoechoic foci in the spleen. This is likely most consistent with benign dystrophic mineralization; these changes are stable from previous scan.
- Prominent mottled pancreas. This is likely consistent with previous episodes of pancreatic inflammation; this appears stable from the previous exam.
- 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. This appears stable from previous exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described on today's scan are relatively stable from the previous exam and likely of minimal significance at this time.



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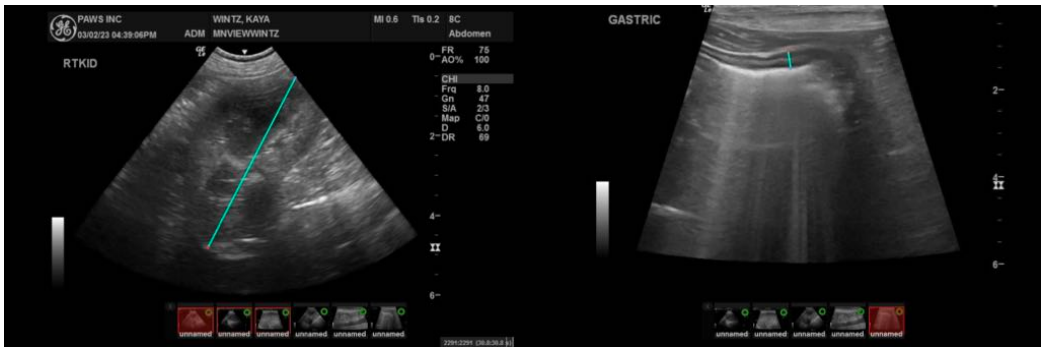
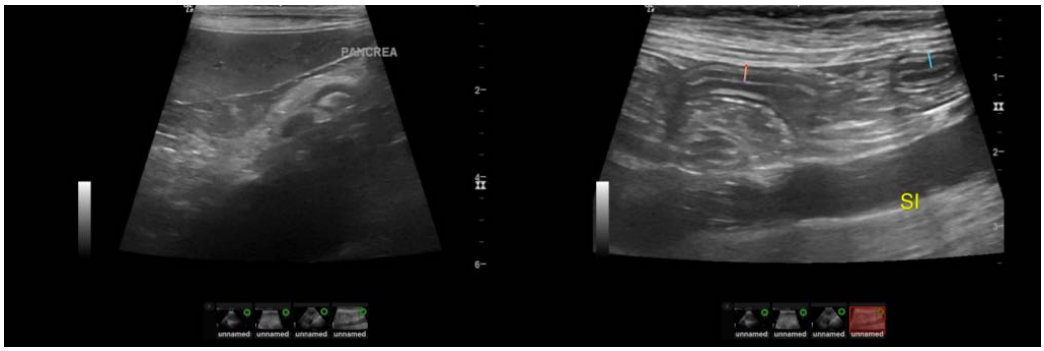
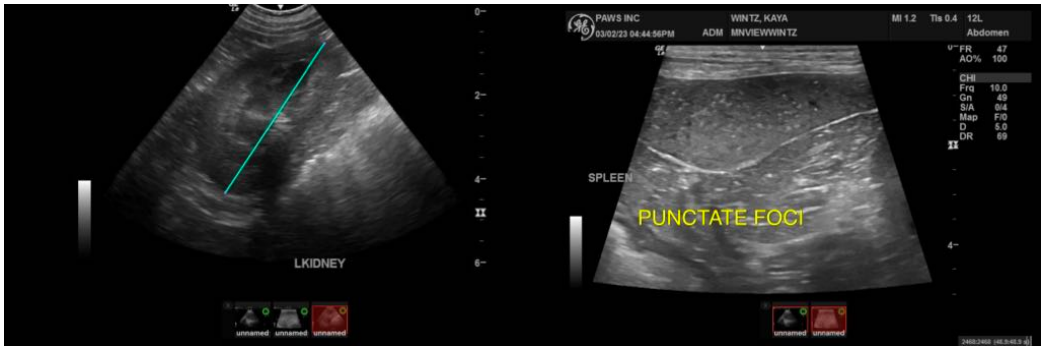
The biopsies submitted are consistent with moderate GI inflammation, this could be consistent with IBD if not already done, recommend the GI panel looking for evidence of dysbiosis, B12 deficiency, etc. and recommend chronic probiotic therapy. If this has been done in addition to hypoallergenic or novel protein diet, then consider the possibility of medical therapy for IBD.







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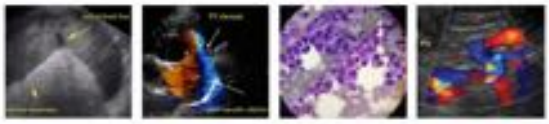

IMAGING PERFORMED BY
pawssonography@gmail.com 530-786-8340

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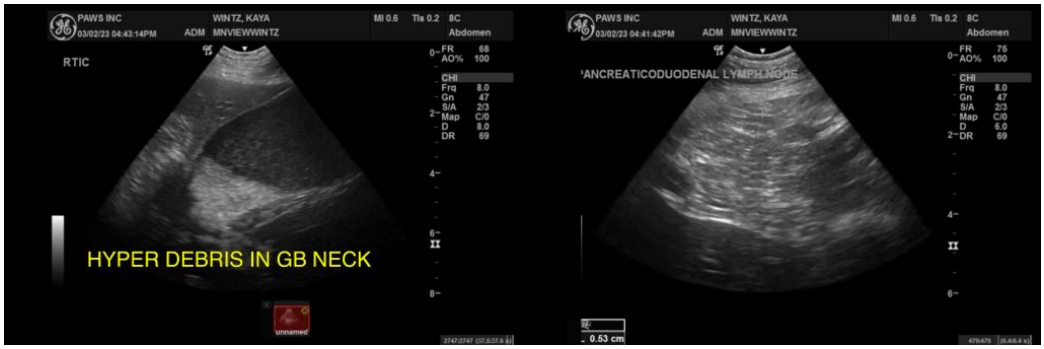

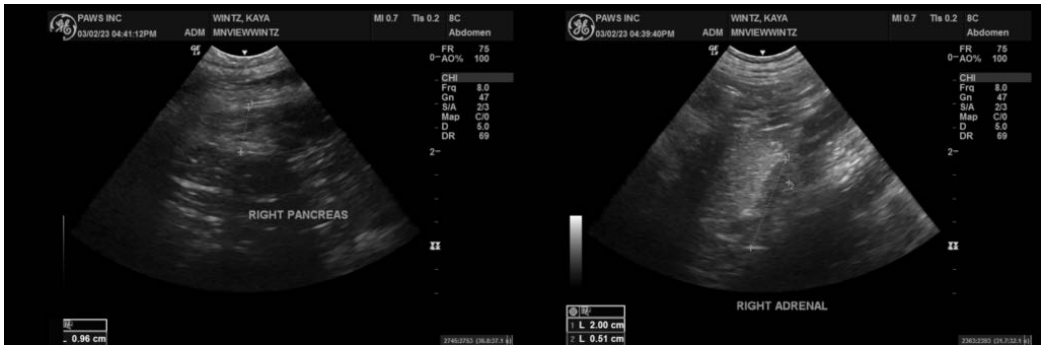

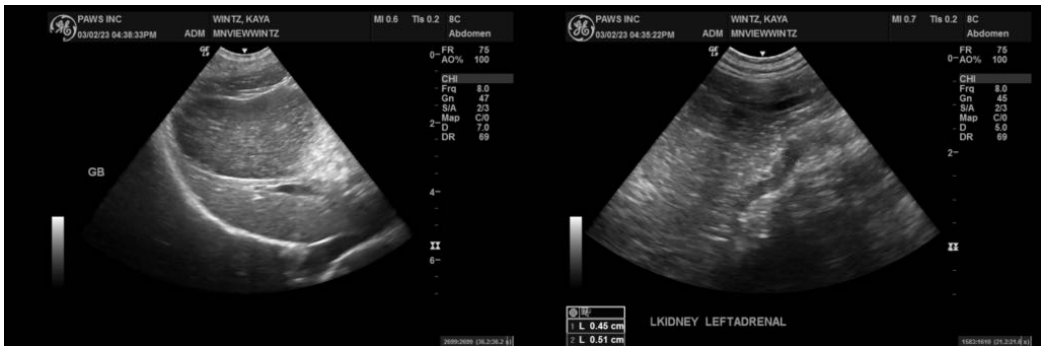

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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