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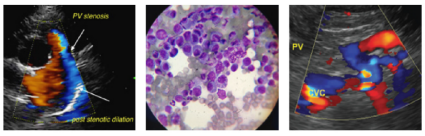

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PATIENT
Cashew Jeffrey

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
11 Years

WEIGHT
5 Pounds

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Milford Vet Clinic

INVOICE
36440

DATE
3/24/22

PRESENTING CLINICAL SIGNS

Vomiting now. No coughing or heart murmur. Chronic anal gland issues. Chronic intermittent diarrhea sometimes bloody that seems to resolve with Metronidazole. Was on antibiotics.
Abnormal PE/Chem/CBC/UA Results: Thoracic radiograph: Some opacity in right lung view pushing trachea dorsally. rbc,wbc,Neu,Bas,Ph, Sdma high.

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 (0.76 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 (2.84 cm). Overall echogenicity is normal with adequate 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 (2.9 cm). Overall echogenicity is normal with adequate 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 0.30 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 0.37 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.

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

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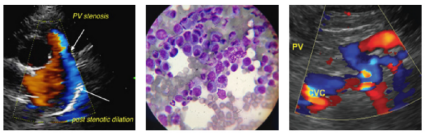

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. There is a small hard shadowing object visualized within the gastric lumen measuring 1.38 cm. There is no evidence of a gastric obstruction.

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. Duodenum wall measured 0.40 cm. Jejunum wall measured 0.21 cm. There is occasional mild mucosal speckling visualized in the duodenum. 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. Colon wall measured 0.20 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

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

- Small shadowing structure within the gastric lumen – The significance of this is currently unknown. Correlate with abdominal radiographs. There is no evidence of an obstruction.
- Moderate gallbladder debris – There is a moderate amount of hyperechoic debris within the gallbladder. The gallbladder wall appears normal and there is no surrounding inflammation. This is likely an incidental finding but should be monitored.
- Subjective small intestinal wall thickening with rare mucosal speckling – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal lesions are visualized associated with the gastrointestinal tract. There is subjective mild thickening for a dog this small, and rare mucosal speckling. These changes could be incidental, but given the symptoms, consider:

- Recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the small intestine and look for evidence of pancreatic disease.
- Recommend chronic probiotic therapy. If you're already doing this and there is no response, consider a different brand.
- Recommend novel protein/hydrolyzed protein prescription diet.

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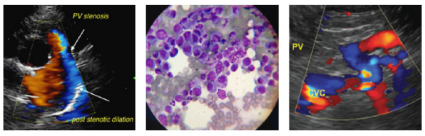

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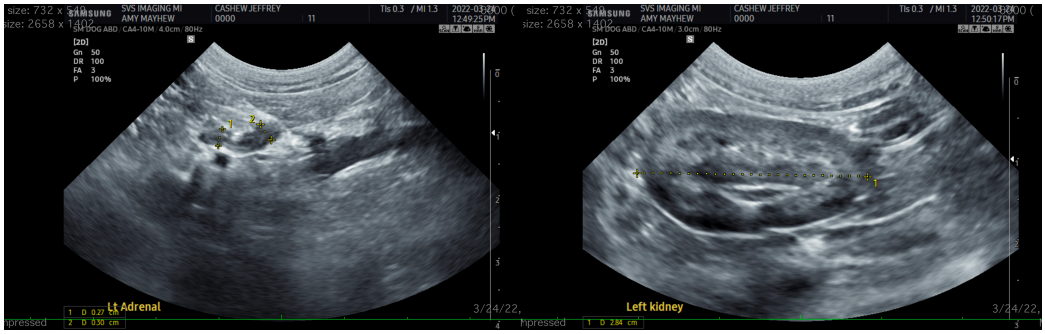
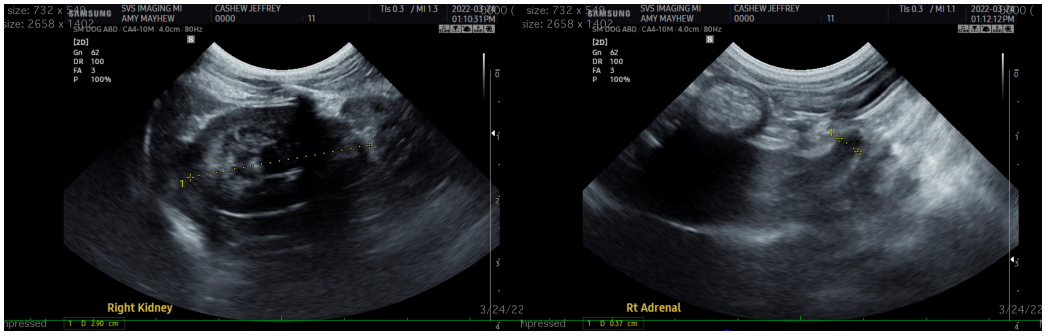
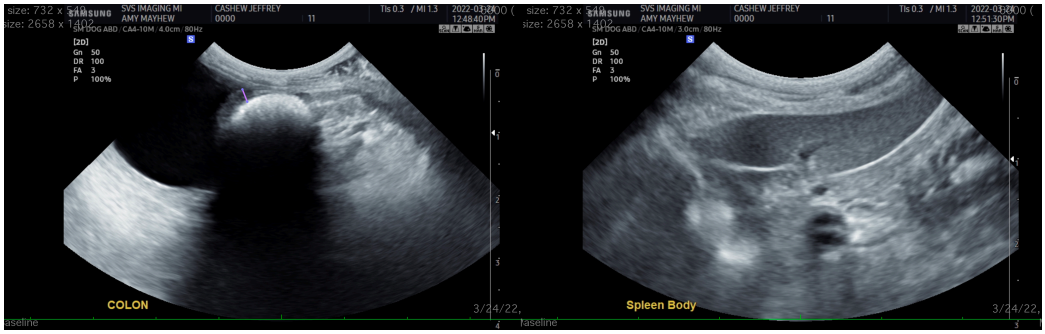
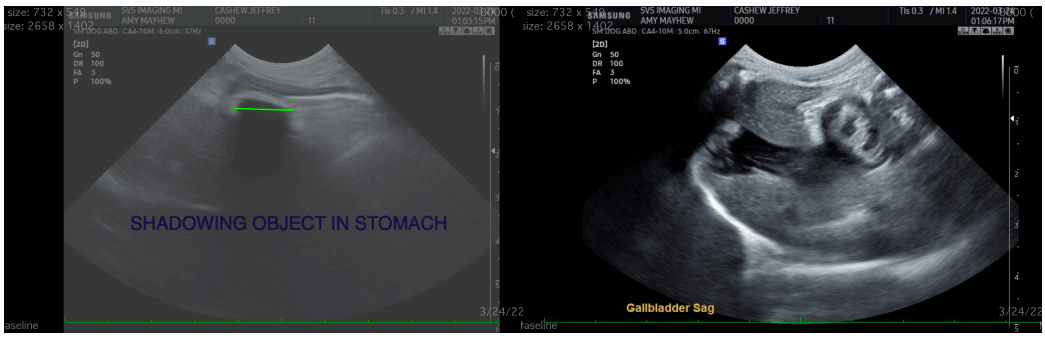
- If vomiting and diarrhea persists, consider obtaining GI biopsies.

There is a small shadowing object within the gastric lumen. This could be kibble, a pill pocket, etc., or could possibly be foreign material. Correlate with historical information and abdominal radiographs. If vomiting persists and this material does not pass, consider endoscopic evaluation.









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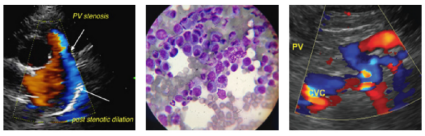

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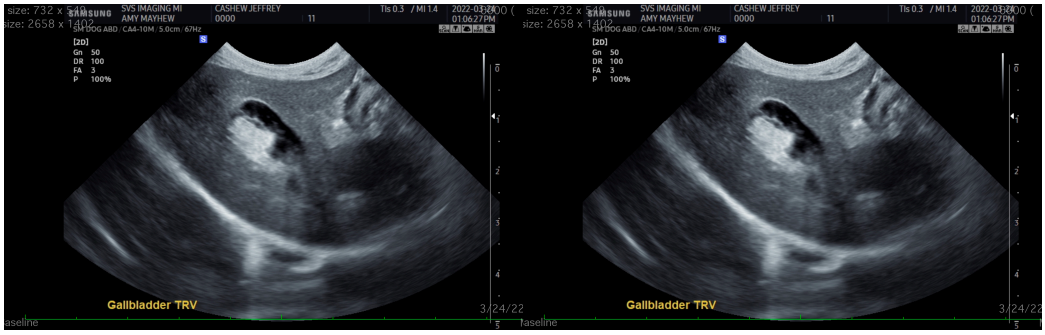

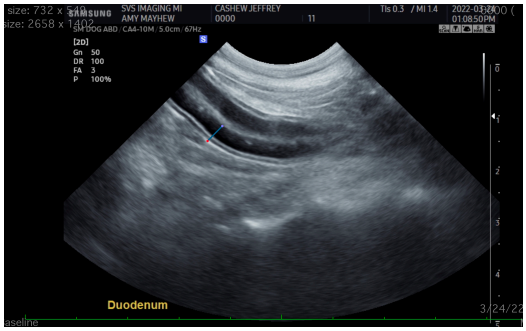

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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