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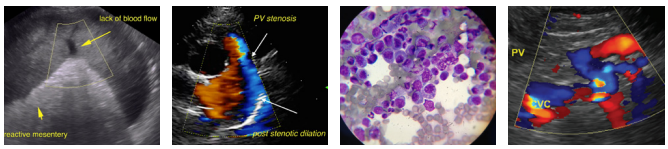


PATIENT
Rue Eiel

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
8 Years

WEIGHT
56.8 Pounds

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

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
36606

DATE
3/31/22

PRESENTING CLINICAL SIGNS

1 week history of vomiting brown liquid in the early AM every day, no response to treatment with famotadine.
Abnormal PE/Chem/CBC/UA Results: Normal CBC / Chem (Alb 2.8, Globs 3.6), normal snap CPL, wt stable. Good appetite, no diarrhea. Fecal, GI panel, & resting cortisol pending

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 (5.7 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 (5.75 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 0.52 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

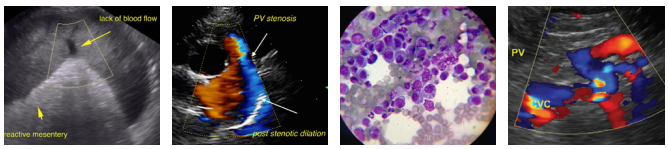
Liver

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 gallbladder lumen is moderately distended. The wall of the gall bladder 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. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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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 measured 0.51 cm. Duodenum wall measured 0.43 cm. There are areas of bowel with both mucosal striations and mucosal speckling visualized. 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

There is scant free fluid surrounding the abnormal bowel loops. No significant lymphadenomegaly is observed in the mesentery, and the mesentery is significantly hyperechoic diffusely.

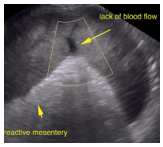
ULTRASONOGRAPHIC FINDINGS

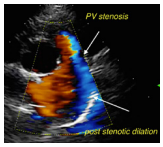
- Thickened small intestine with mucosal speckling, fogging and striations – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.
- Small/moderate amount of fluid/ingesta in the gastric lumen – Findings are most consistent with a recent drink or meal. Correlate with abdominal radiographs. If this patient has been adequately fasted, this could be consistent with delayed gastric emptying or a partial outflow tract obstruction (none visualized).
- Scant free abdominal fluid

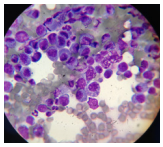
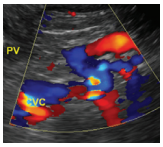
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are several areas of bowel that appear significantly thickened and have abnormal mucosal changes (speckling, striations, fogging, etc.). No focal lesions/mass lesions were observed involving the gastrointestinal tract. Unfortunately, changes such as ulceration can be difficult to visualize with ultrasound. Consider such differentials as severe acute gastroenteritis due to foreign material ingestion, etc. Additionally, disease processes such as IBD, lymphangiectasia, and underlying neoplasia could be possible. It is likely that biopsies of the GI tract would be necessary to better evaluate.

- Consider a GI panel with a qualitative PLI, TLI, cobalamin and folate to further evaluate the small intestine.
- Consider an ultra low-fat diet, is possible novel protein or hydrolyzed protein.
- Recommend probiotic therapy.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If albumin is dropping, consider checking for urine protein levels and a liver function test to rule out these as possible sources of concurrent protein loss.





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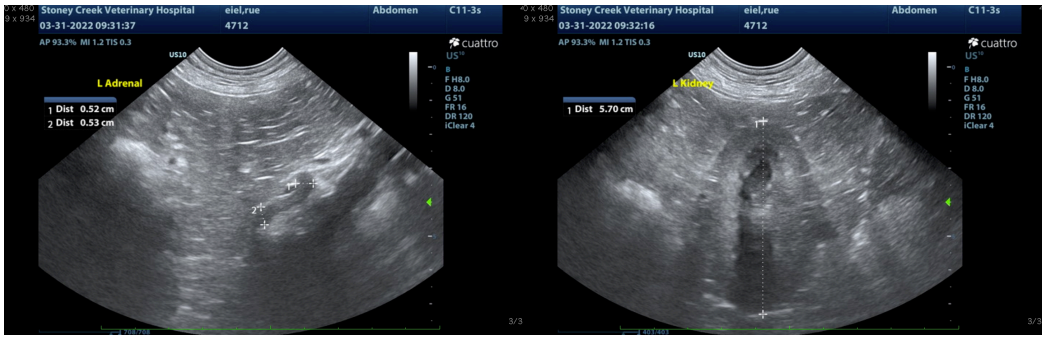
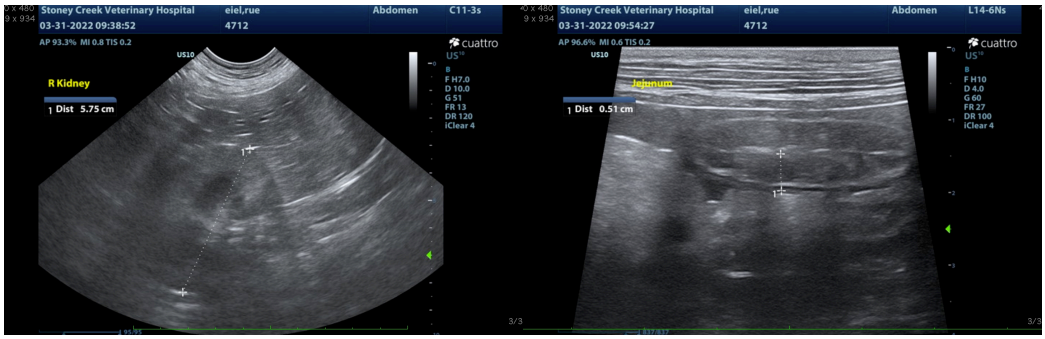
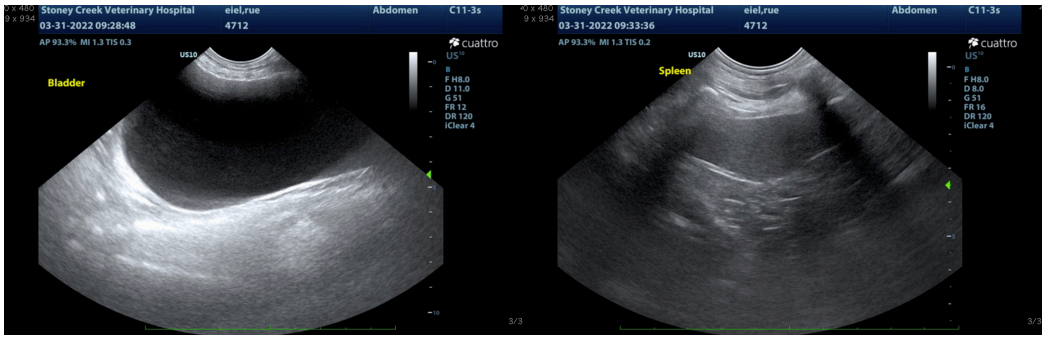
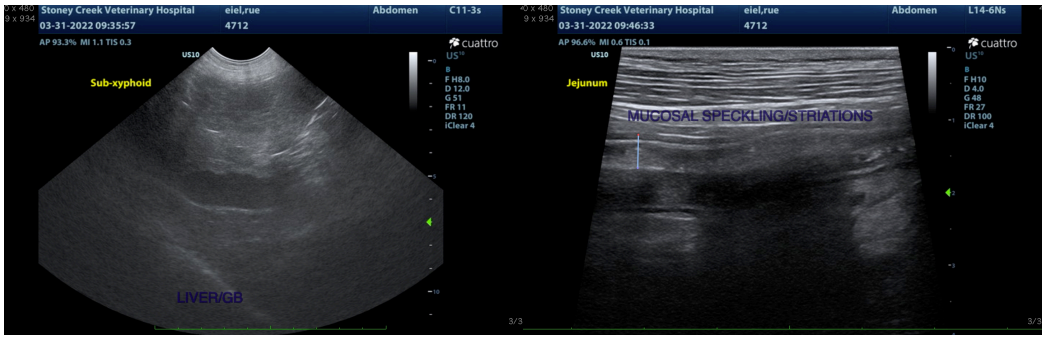
- Recommend GI biopsies to evaluate the stomach and small bowel.

I typically do not recommend GI biopsies with acute GI disease unless foreign material is suspected, severe ulceration, etc. Correlate with history and clinical signs. If this patient has had ongoing GI issues, then biopsies are indicated.









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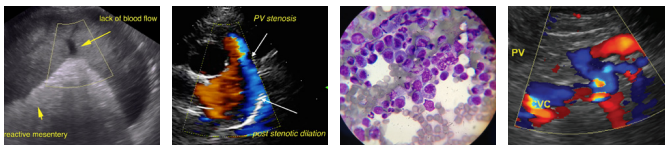

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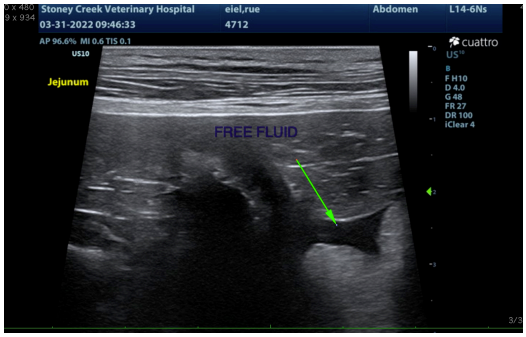

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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