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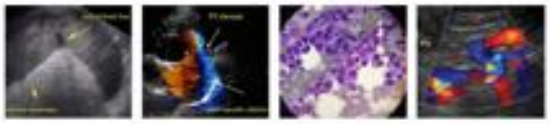


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Roxy Bennett

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed Female

AGE

6/15/2009

WEIGHT

22.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

10097

DATE

3/7/2023

PRESENTING CLINICAL SIGNS

Presented 2/28/23 for several month duration of vomiting. O switched to chicken/rice, and she has continued to vomit every 3-4 days. Vomit is usually fluid (bile, sometimes other color), does not tend to contain food. She has lost 6.7 pounds since weight last taken at clinic on 06/2022. She is eating well - O is feeding chicken/rice and always has the kibble free choice available. Sometimes after exercising, she will drink a lot then vomit it back up. She is still exercising and running miles every week. No change in energy. On exam: Many SQ Masses - suspect lipomas vs other benign vs malignant, Periodontal disease 2/4, Lenticular sclerosis OU, Suspect OA/DJD. Had a lesion under tongue last Spring that Os say has resolved. BCS 5/9

Abnormal PE/Chem/CBC/UA Results: mild hypocholesterolemia, elevated cPL (1125), elevated lipase/amylase, K+ 0.1 above normal, USG 1.021, MCH/MCHC/Reticulocyte hemoglobin slightly decreased- LABS attached

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 measuring at 6.43 cm with a 0.98 cm cortical cyst in caudal pole. 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 (5.89 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

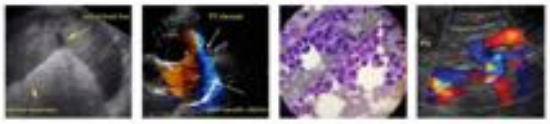
The left adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.67 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 two very small hypoechoic nodules within the parenchyma one measuring 0.37 cm x 0.60 cm, the other measuring 0.53 cm in diameter.

Liver



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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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 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 duodenum measured as normal (0.56 cm), and the jejunum measured as normal (0.30 cm.) Visualized peristalsis appears appropriate. There is a focal somewhat corrugated mass effect involving the distal duodenum, this lesion measures approximately 3.51 cm x 2.63 cm in cross section and measures 4.16 cm in length. Bowel in this area is thickened, irregular with loss of layering and measures 1.31 cm in wall thickness. There is a somewhat corrugated appearance and mild folding possibly consistent with an early intussusception.

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

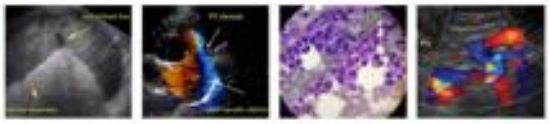
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Two small hypoechoic nodules in the splenic parenchyma. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Focal small intestinal mass effect. Findings are most consistent with a focal mass effect of the distal duodenum; an intussusception could be concurrent but less likely the primary lesion.

SECONDARY FINDINGS



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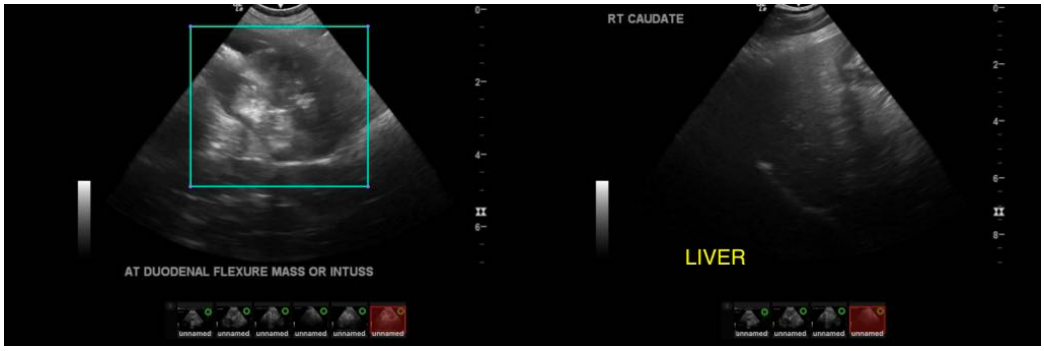
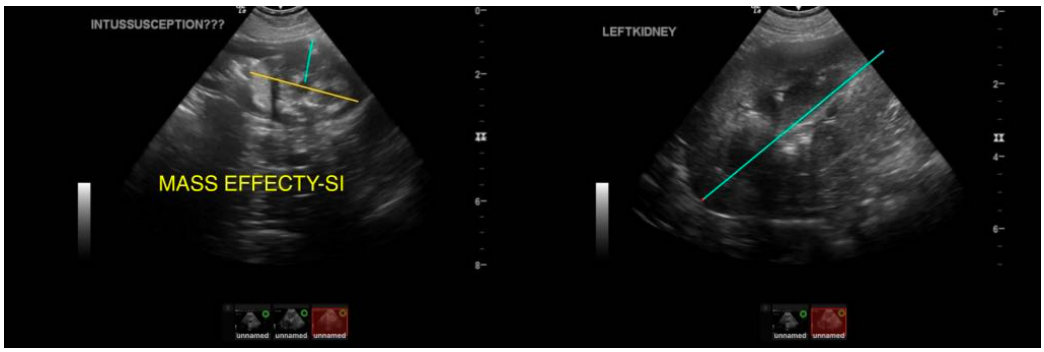
- Cystic structure in left kidney. Findings are most consistent with a benign renal cyst.
- Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal lesion involving the small intestine, which is concerning for a primary bowel mass +/- intussusception, much less likely this could be benign tissue with an intussusception and severe inflammation. Options moving forward would include surgical evaluation/resection with histopathology, as I suspect surgery will be necessary under any circumstances, three view thoracic radiographs +/- fine needle aspirate of the spleen. If surgery is pursued the spleen could be evaluated grossly at that time. Differentials for the small bowel lesion include adenoma, carcinoma, round cell neoplasia, inflamed primary intussusception, other.





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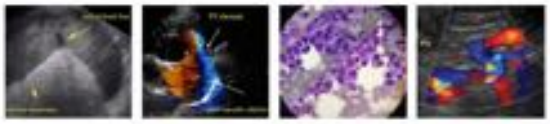

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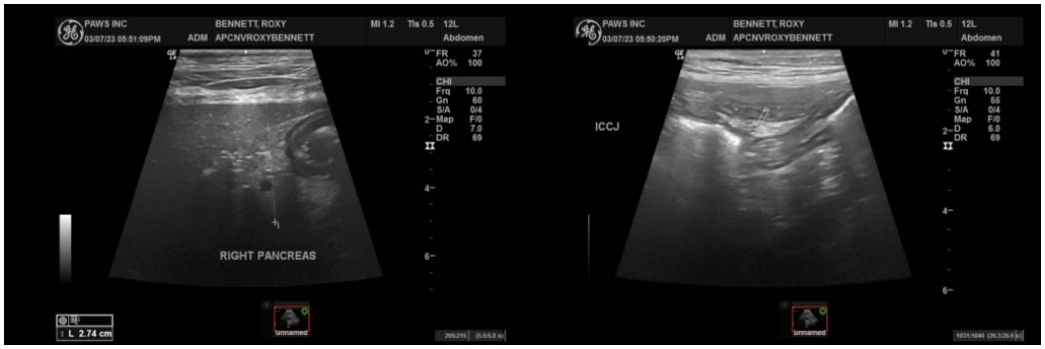

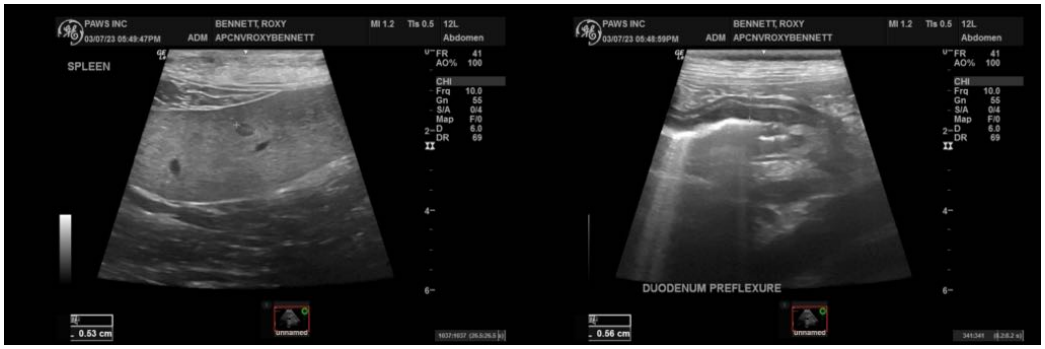

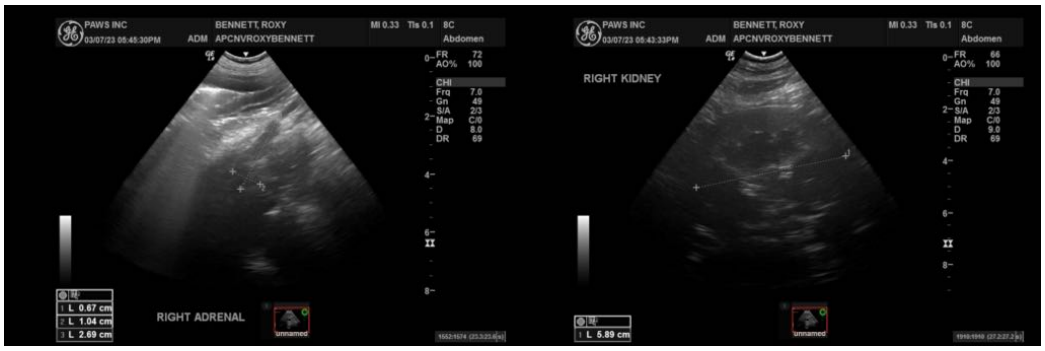

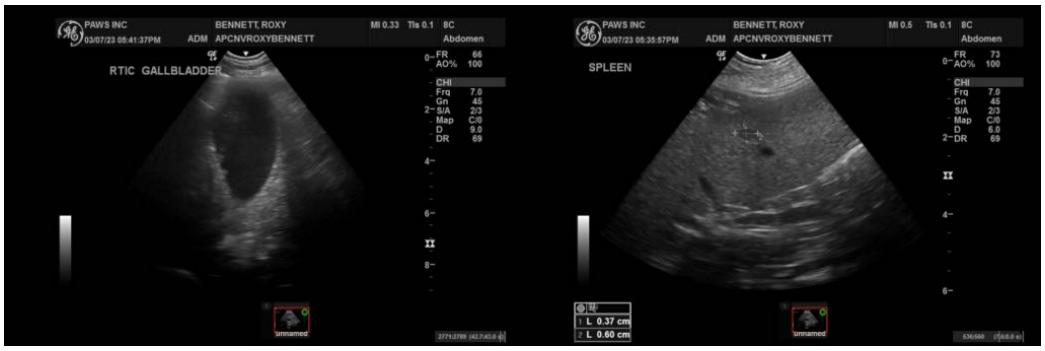

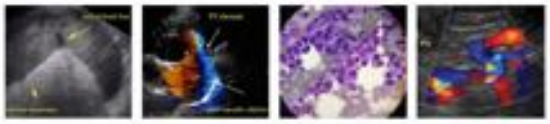

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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