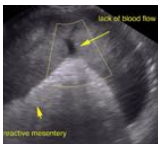

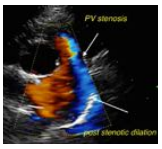

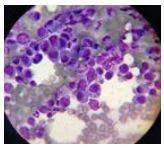
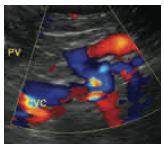

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1-800-838-4268 info@sonopath.com

PATIENT

Serephina Berzinski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mohney

INVOICE

96629

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: History of chronic diarrhea + vomiting. Suspected IBD vs GI lymphoma, started on low fat GI diet and prednisolone once daily. History of chronic pancreatitis confirmed on GI panel to Texas A&M. 1 month ago was seen at UW Veterinary care internal medicine service and a jejunal mass was noted on abd. ultrasound and chronic pancreatitis. Recommended recheck abd. ultrasound in 1 month and referral to a surgeon for biopsy or ressection.
Abnormal PE/Chem/CBC/UA Results: elevated PLI on GI panel to texas A&M previously

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 (3.86 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 (4.0 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 0.47 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.

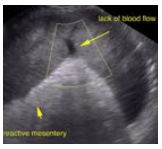
The right adrenal gland is normal in size measuring 0.53 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

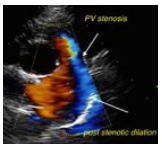
Spleen

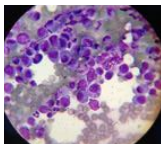
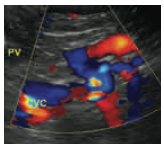
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of





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the vasculature and biliary tract appear normal. An occasional, ill-defined, hypoechoic nodule was visualized in the parenchyma. One nodule is visualized and measured 0.36 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.4 cm and the jejunum measured 0.27 cm and 0.33 cm. There is a small amount of mucosal speckling visualized. Bowel loops follow a typical curvilinear path with distinct wall layering. 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, 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

PRIMARY FINDINGS:

- Moderately diffusely thickened small intestine with evidence of mild mucosal speckling. 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.
- Hypoechoic nodule within the hepatic parenchyma. This lesion is subtle and most consistent with a benign lesion although an underlying neoplastic lesion cannot be excluded as a possibility.
- Prominent, mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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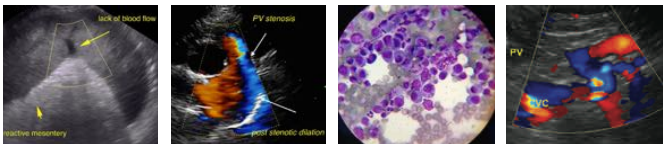

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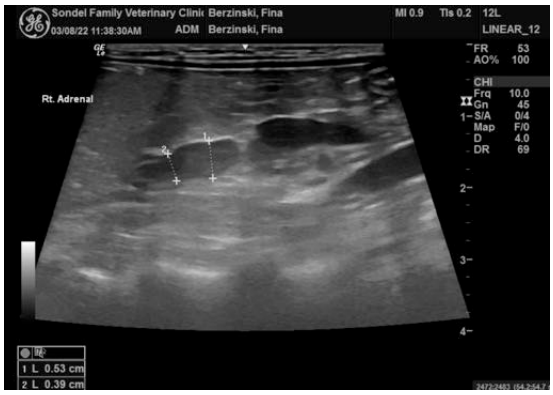
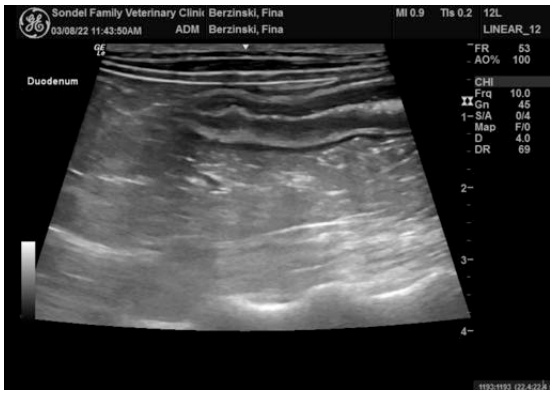
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A distinct, bowel mass is not visualized although there are several images that include areas of bowel thickening and obliqued views that sometimes can have the appearance of a mass effect, but a repeatable distinct lesion is not visualized. It is possible that this lesion is still present, but not visualized due to an area of gas within the small intestine, etc. It is also possible that the steroid use has temporarily improved the appearance of the lesion. Options moving forward would include:

- If symptoms are not improved then consider exploratory surgery to look for a focal lesion and to obtain biopsies of the GI tract.
- If a more conservative approach is desired you can consider a CT scan of the abdomen to further evaluate for the presence of a bowel mass.
- If the patient appears to be responding to this therapy you can consider continued monitoring with ultrasound.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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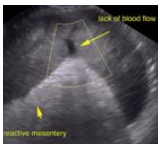
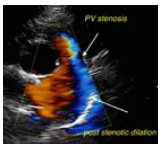
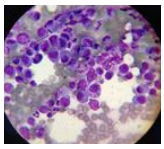
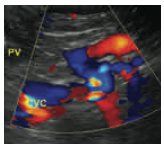

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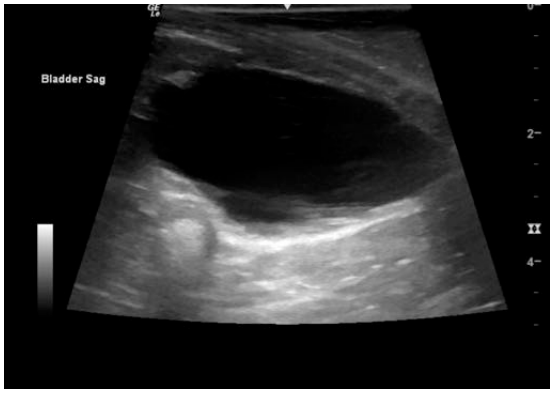

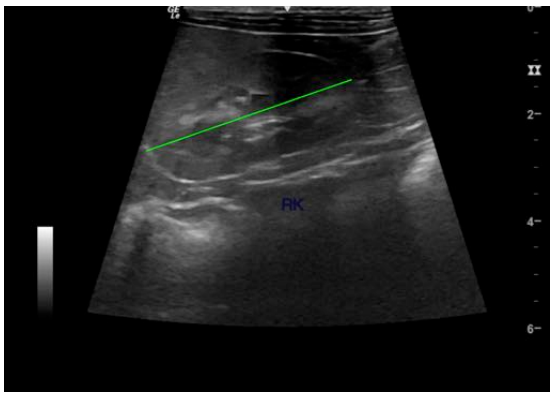

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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kathleen.sennello@sonopath.com