SonoPath
Clinical Sonography & Telecytology
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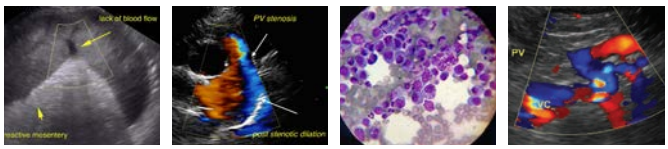

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rosie Mason

SPECIES
Canine

BREED
Standard Poodle

SEX
Spayed Female

AGE
12.5 Years

WEIGHT
44 Pounds

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

IMAGING PERFORMED BY
Emily Kirk

HOSPITAL NAME
Shiloh Vet Hospital

REFERRING VET
Dr. Shana Silverstein

INVOICE
45831

DATE
3/9/23

PRESENTING CLINICAL SIGNS

Chronic poor appetite. No vomiting. Needs to be enticed with new foods to eat. Also has a history of estrogen responsive urinary incontinence.
Abnormal PE/Chem/CBC/UA Results: labs wnl, cPL 222 (n,<200), resting cortisol 3.3

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 (6.29 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 (5.22 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 0.63 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 is visualized.

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 is a small hyperechoic region visualized in the periphery of the spleen measuring 0.63 cm.

Liver

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

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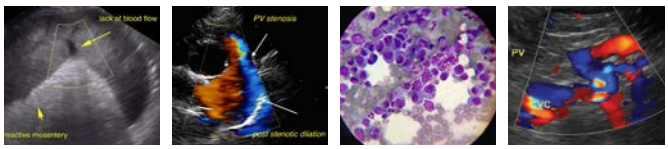

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Gastrointestinal

The stomach contains a large amount of fluid/ingesta. 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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.38 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 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

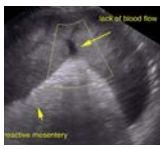
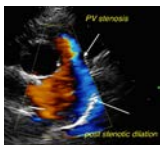
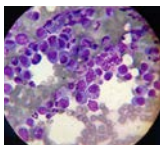
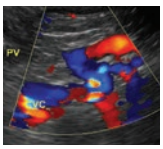
- Large fluid/ingesta distended stomach – Correlate with feeding history. If the patient was adequately fasted, then consider the possibility of delayed gastric emptying or a pyloric outflow tract obstruction (none clearly seen).
- Small hyperechoic splenic nodule – Findings are most consistent with a benign hyperechoic lesion. Recommend continued monitoring +/- fine needle aspirate as underlying neoplastic change cannot be definitively ruled out.
- Hypoechoic, heterogeneous liver – With a lack of liver enzyme elevations, this is likely within normal limits for this individual.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal for a 12 year old Standard Poodle. The most significant finding on today's exam is a large amount of fluid/ingesta within the gastric lumen. With high motility this could be normal if this patient had a recent meal, but if adequately fasted, this is abnormal and could indicate delayed gastric emptying or a partial pyloric outflow tract obstruction. While no obstruction was visualized, I could not definitively visualize the entirety of the pylorus (which is very common due to gas shadowing, etc.). Correlate this information with radiographs and history. If there is concern, additional evaluation may be necessary.

No focal lesions were visualized associated with the gastric wall or the small intestine. Unfortunately, there can still be significant GI disease present with a relatively normal ultrasound. If underlying gastrointestinal disease is suspected, consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

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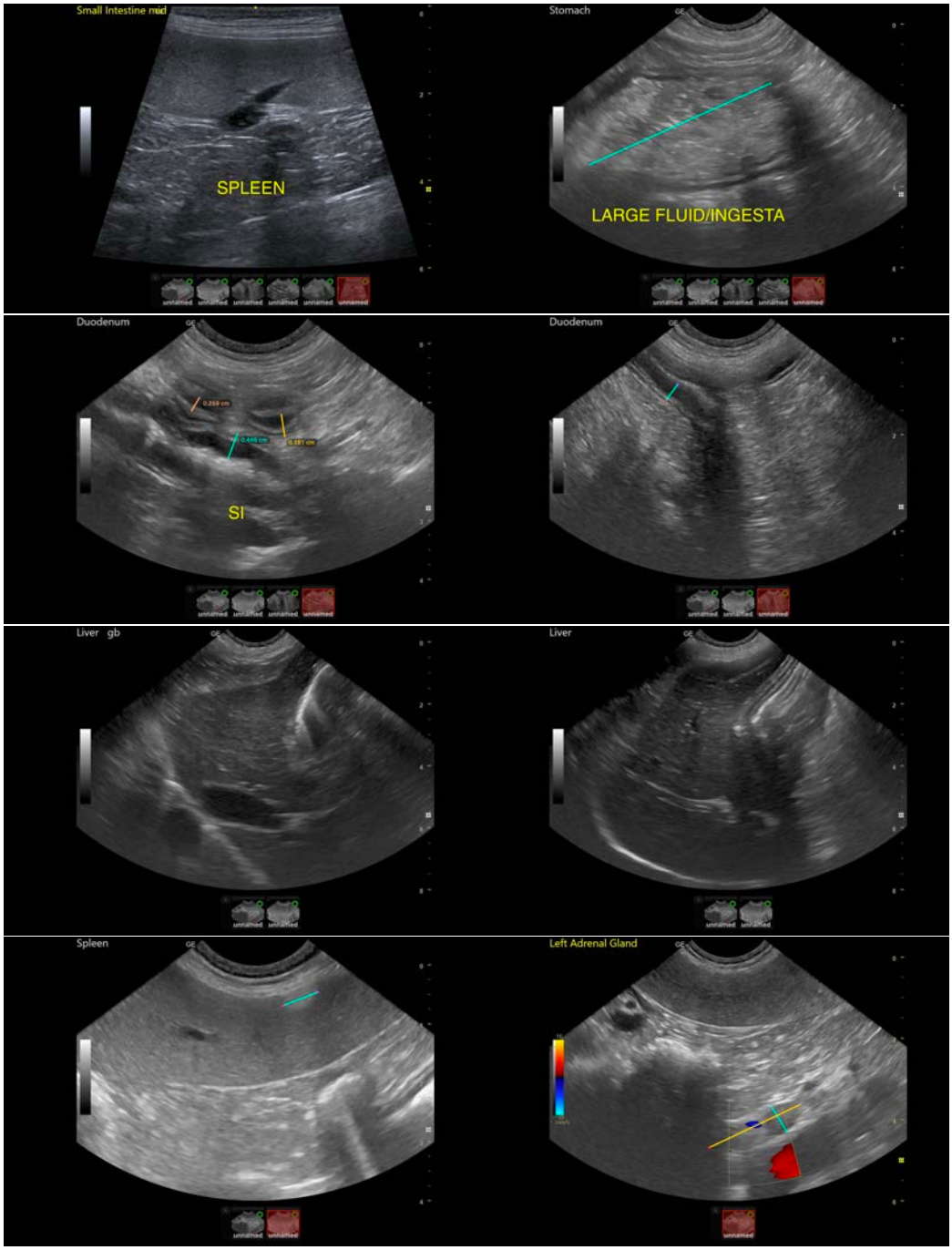
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persisting and underlying GI disease is strongly suspected, GI biopsies may be necessary.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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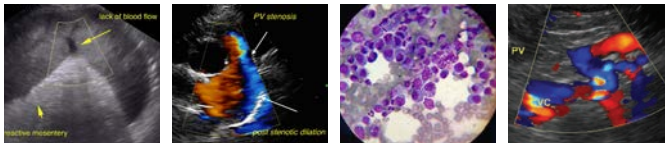

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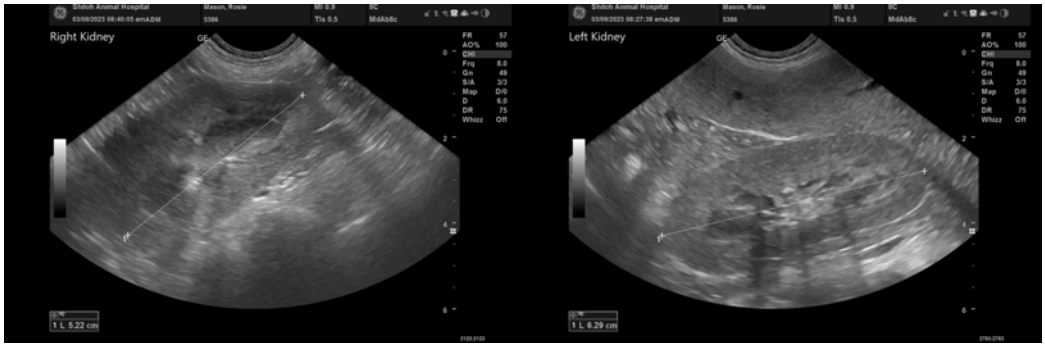

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com