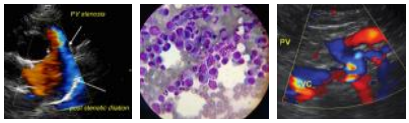
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
4/1/22

PATIENT
Norma Davey

SPECIES
Canine

BREED
Goldendoodle

SEX
Spayed Female

AGE
10/19/16

WEIGHT
35.08 Pounds

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

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Burk

INVOICE
14524

PRESENTING CLINICAL SIGNS

History: Decreased appetite since Sunday, 3/27/22. Did not eat Sunday so offered different food, ate that once then decreased appetite again. Will eat rice, chicken. No known dietary indiscretion. She does not get into things but she does get some rawhide, nylabones, and table food (grilled cheese sandwiches). She vomited liquid material once 3/30/22. She has been acting well. BAR, BCS 5/9, heart/lungs clear, ln wnl, abd nonpainful, no distention, rectal nsf. wbc 16.8, neut 12.46, ghp wnl, cPl abnormal, resting cortisol 2.2, 4dx all negative

Current Medications: Hills i/d low fat, Famotidine 10mg q12h, Gabapentin 100mgq12h.
Lab Results: mild leukocytosis, neutrophilia, normal chemistry, resting cortisol, abnormal canine pancreatic lipase.
Radiographs: Gas/ingesta in stomach (ate rice, kibble and treats), gas in intestines, concern for mass effect mid abdomen with caudal displacement of intestines on lateral view.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 (5.27 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 (5.13 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 0.42 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. 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 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 (0.31 cm in wall thickness) and the jejunum measured as normal (0.30 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 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

There is no free fluid. There is one prominent mesenteric lymph node visualized near the root of the mesentery, measuring 0.44 cm. The omentum is of normal echogenicity.

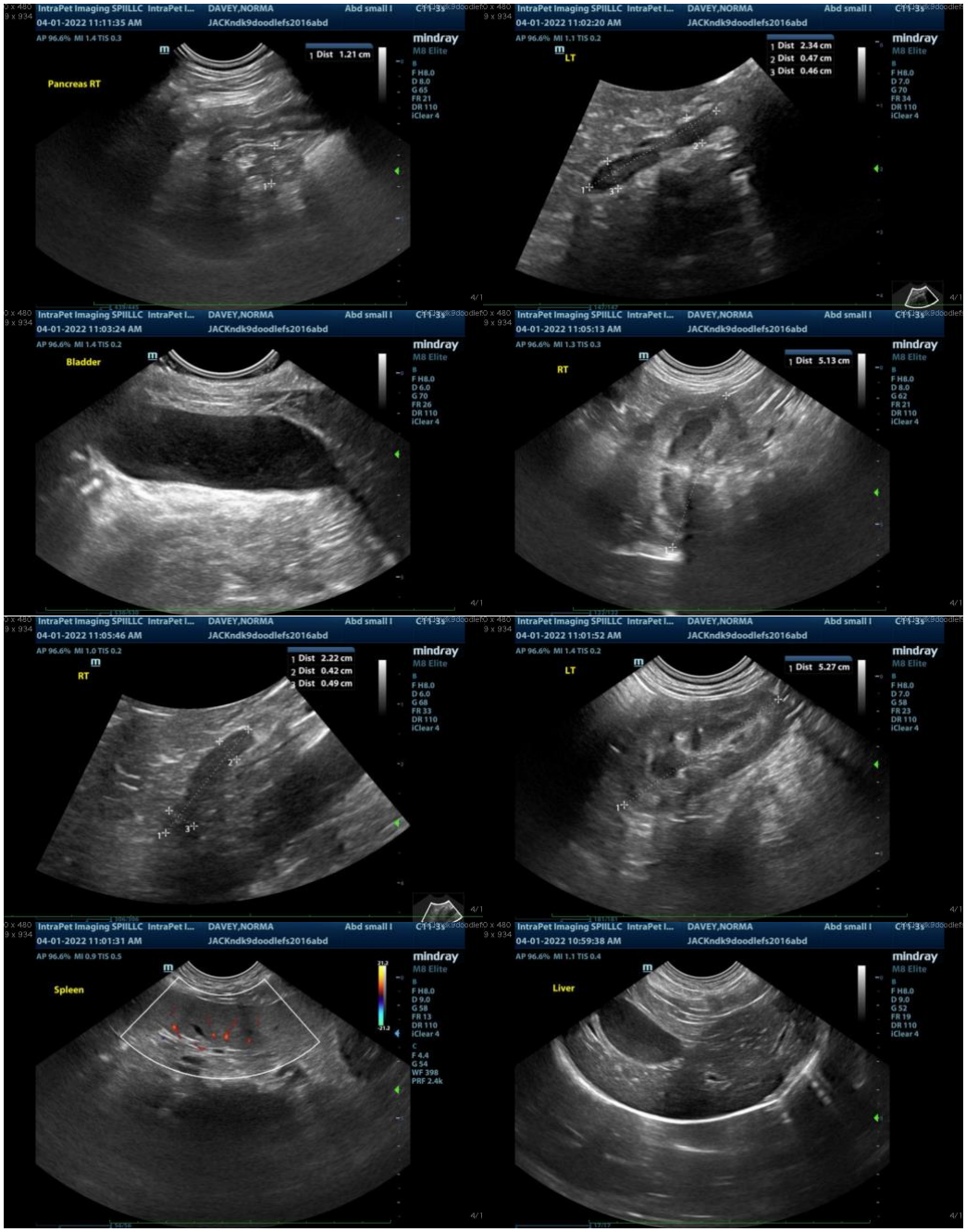
ULTRASONOGRAPHIC FINDINGS

- Visible/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.

- Solitary prominent mesenteric lymph node. This likely represents a reactive lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract. There is no obvious shadowing, plication, etc. to indicate the likelihood of a foreign body, but correlate with abdominal radiographs, as ultrasound can be insensitive in picking up some types of foreign material. Additionally, the pancreas is visible but does not appear inflamed. Based on the PLI level, there still could be some level of pancreatic involvement. I recommend treatment for acute gastroenteritis/pancreatitis. If there is a lack of response to therapy, then consider re-imaging (radiographs +/- ultrasound) and further diagnostics, such as a GI panel (to Texas A & M). Consider a diet a trial with a hydrolyzed protein/novel protein prescription diet and even obtaining GI biopsies if symptoms persist.


IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:11:35 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.4 TIS 0.3
Pancreas RT
1 Dist 1.21 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:02:20 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.1 TIS 0.2
LT
1 Dist 2.34 cm
2 Dist 0.47 cm
3 Dist 0.46 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:03:24 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.4 TIS 0.2
Bladder
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:05:13 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.3 TIS 0.3
RT
1 Dist 5.13 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:05:46 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.0 TIS 0.2
RT
1 Dist 2.22 cm
2 Dist 0.42 cm
3 Dist 0.49 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:01:52 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 5.27 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 11:01:31 AM JACKndk9doodlefs2016abd
AP 96.6% MI 0.9 TIS 0.5
Spleen
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... DAVEY,NORMA Abd small I
04-01-2022 10:59:38 AM JACKndk9doodlefs2016abd
AP 96.6% MI 1.1 TIS 0.4
Liver
mindray M8 Elite

The information and recommendations provided are based on the images presented by the referring veterinarian. 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