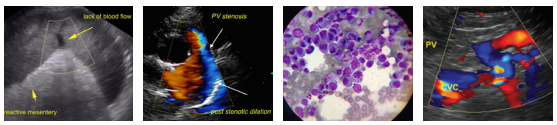

PATIENT

Kippy Sargent

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

4.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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Dr. Bugarovich

INVOICE

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PRESENTING CLINICAL SIGNS

seen 4/12/22 for vomiting and diarrhea for 3 days with blood in D, both have since resolved, some lethargy, app was good at this time -on PE that day: pendulous abd, soft fluid filled loops of bowel -muscle atrophy bilateral pelvic limbs, decreased ROM -underweight BCS 3/9, 2lb wt loss since 7/2021 -seizure reported 2 months ago -bland diet and GI rx sent home -seen 4/14/22 for not improving, now no interest in food/h20 -lethargic and slow -V/D have resolved -abd tense and painful Current Medications metronidazole, cerenia, buprenex, propectalin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.73 cm) with mild pyelectasia at 0.32 cm. Very small occasional cortical cysts noted. Overall echogenicity is slightly hyperechoic with poor 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 (4.16 cm) with mild pyelectasia at 0.27 cm. Occasional small cortical cysts are noted. Overall echogenicity is slightly hyperechoic with poor 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 0.59 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.

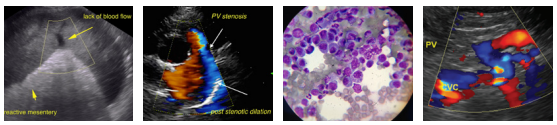
The right adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 is a hypoechoic bulging lesion with a small cystic region at the periphery of the spleen measuring 0.57 cm x 0.71 cm.

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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic debris. 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 thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine that is severely thickened at 0.67 cm, has a complete loss of layering with a hypoechoic wall, and is surrounded by hyperechoic mesentery. In one focal region, this thickening culminates into a mass effect.

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

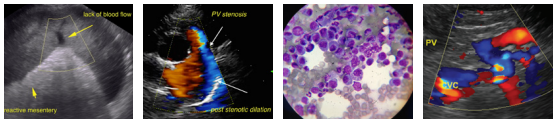
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. There is a mild mesenteric lymphadenopathy with lymph nodes visualized measuring 0.41, 0.36, 0.27 cm. The omentum is of increased echogenicity, particularly around the abnormal bowel loop.

PRIMARY FINDINGS

- Focal area of small intestine, which is severely thickened with complete loss of layering, creating a bowel mass effect – Primary differential would be round cell neoplasia or other neoplasia. Other differentials are possible.
- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia and small cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Moderate, hyperechoic gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.



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- Small amount of free abdominal fluid and prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

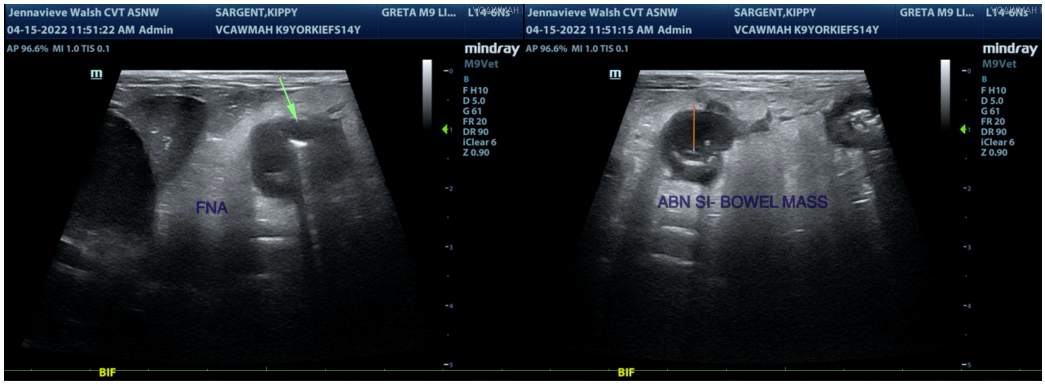
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

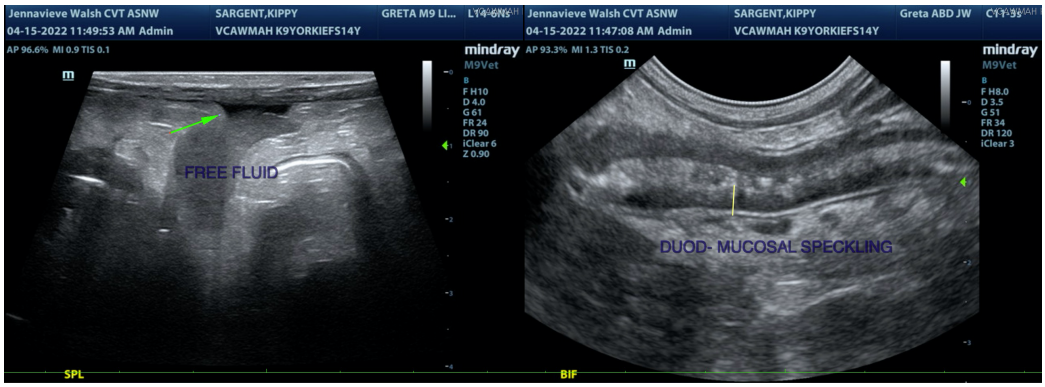
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very abnormal loop of bowel, which is severely thickened and exhibits a complete loss of layering. This bowel thickening creates a mass effect. Recommend a fine needle aspirate of the wall of this section of bowel (see images). Additionally, there is a hypoechoic lesion in the spleen. This could very well be unrelated. If surgery is performed to remove or biopsy the abnormal bowel loop, then consider splenectomy. Otherwise, you could consider sampling or continue to monitor this lesion.

The lesions reported involving the kidneys and urinary bladder are likely less significant and somewhat age related. Recommend urinalysis and culture, blood pressure evaluation, and urine protein/creatinine ratio.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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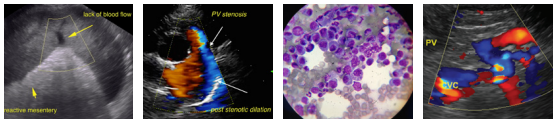

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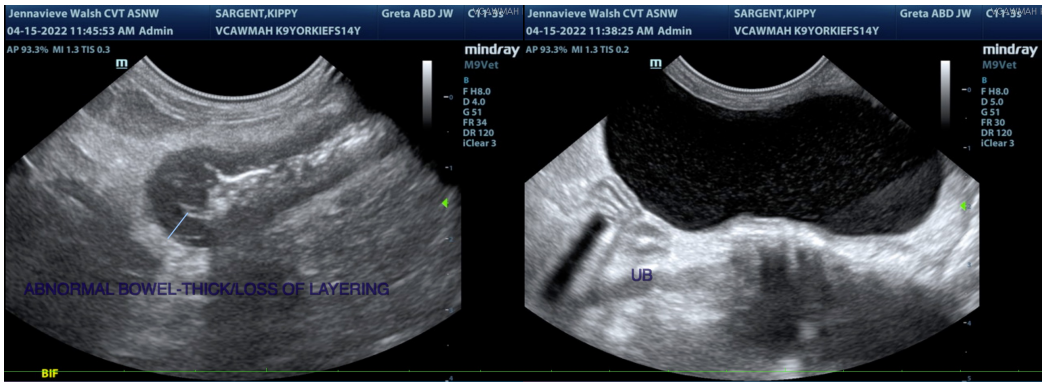

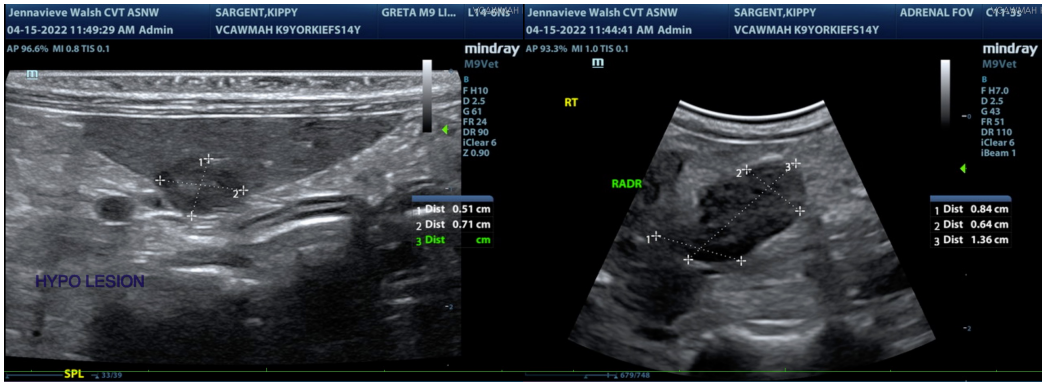

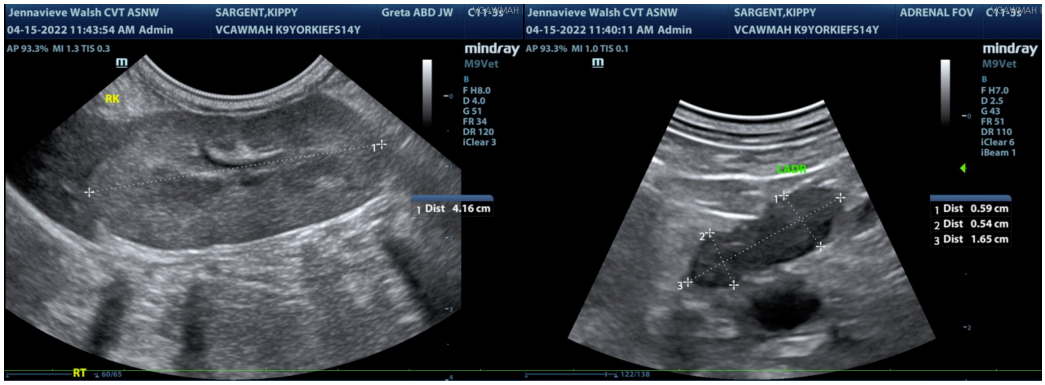

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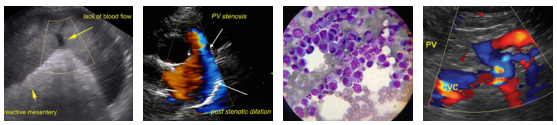

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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