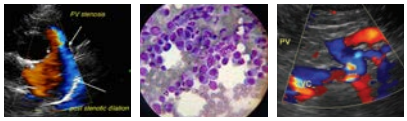
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/25/23

PATIENT

Hershey Dianna

SPECIES

Canine

BREED

Yorkiepoo

SEX

Neutered Male

AGE

10/5/06

WEIGHT

8.1 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Edgewood VH

REFERRING VET

Dr. Wright

INVOICE

46909

PRESENTING CLINICAL SIGNS

Entire colon distended with stool. Concerned about motility.

Current Medications: Tried Reglan- no improvement. Using canned food, Lactulose and pumpkin. Had DSS enema 4/21- passed small amount of stool.
Radiographs: mega-colon- entire large bowel distended with stool areas of gas distention.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga 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 prostate is normal in size (0.70 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.73 cm) with numerous cortical cysts, the largest of which measures 1.57 cm x 1.32 cm. There are numerous shadowing non-obstructive nephroliths and mild pyelectasia at 0.35 cm. Overall echogenicity is slightly hyperechoic with poor 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.84 cm) with numerous cortical cysts. There are numerous shadowing non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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 pyelectasisa, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 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, but slightly irregular in shape (appears to be somewhat folded). The blood flow through the hilus and splenic parenchyma appears normal. There is a small hypoechoic nodule/cystic lesion visualized measuring 0.73 cm x 0.63 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. There is a small cystic lesion in the left side of the liver measuring 0.71 cm x 0.25 cm.

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 non-organized echogenic 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 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 0.37 cm. Jejunum wall meaures 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. There is a large amount of fecal material evident in the colon. 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. There is an irregular mass effect/lymph node visualized caudal to the left kidney and adjacent to the colon, measuring 1.95 cm x 1.19 cm. This lesion is close to the great vessels. The omentum is generally of normal echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with cortical cysts, non-obstructive nephroliths, and mild left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Small hypoechoic nodule/cystic lesion within 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.

- Small hypoechoic cystic structure visualized in the left side of the liver – Findings are most consistent with a benign hepatic cyst. Recommend continued monitoring.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Irregular omental nodule/lymph node visualized between the caudal aspect of the left kidney ad the colon – This could represent a reactive lymph node or a metastatic lymph node.

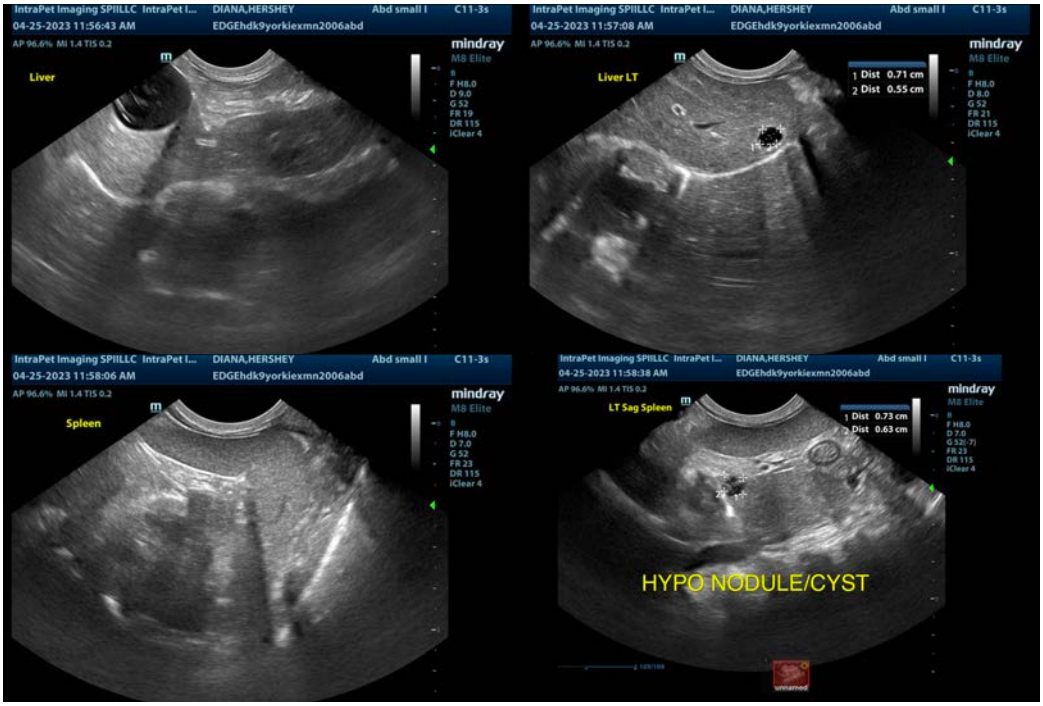
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

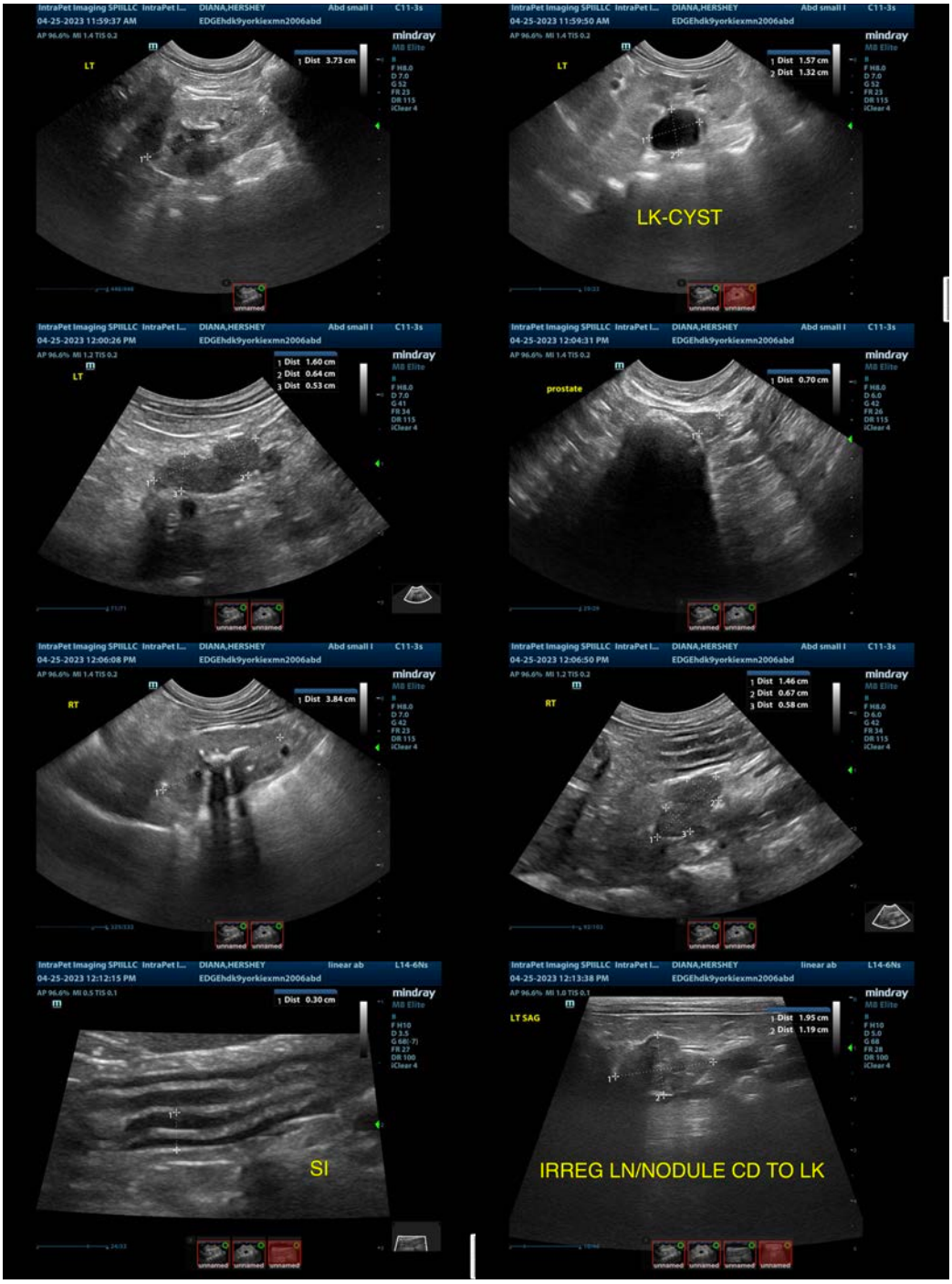
The changes observed in the kidneys are consistent with chronic progressive age related renal disease. At this time, there is no overt obstruction observed. Consider a urinalysis and culture along with a blood pressure to further evaluate.

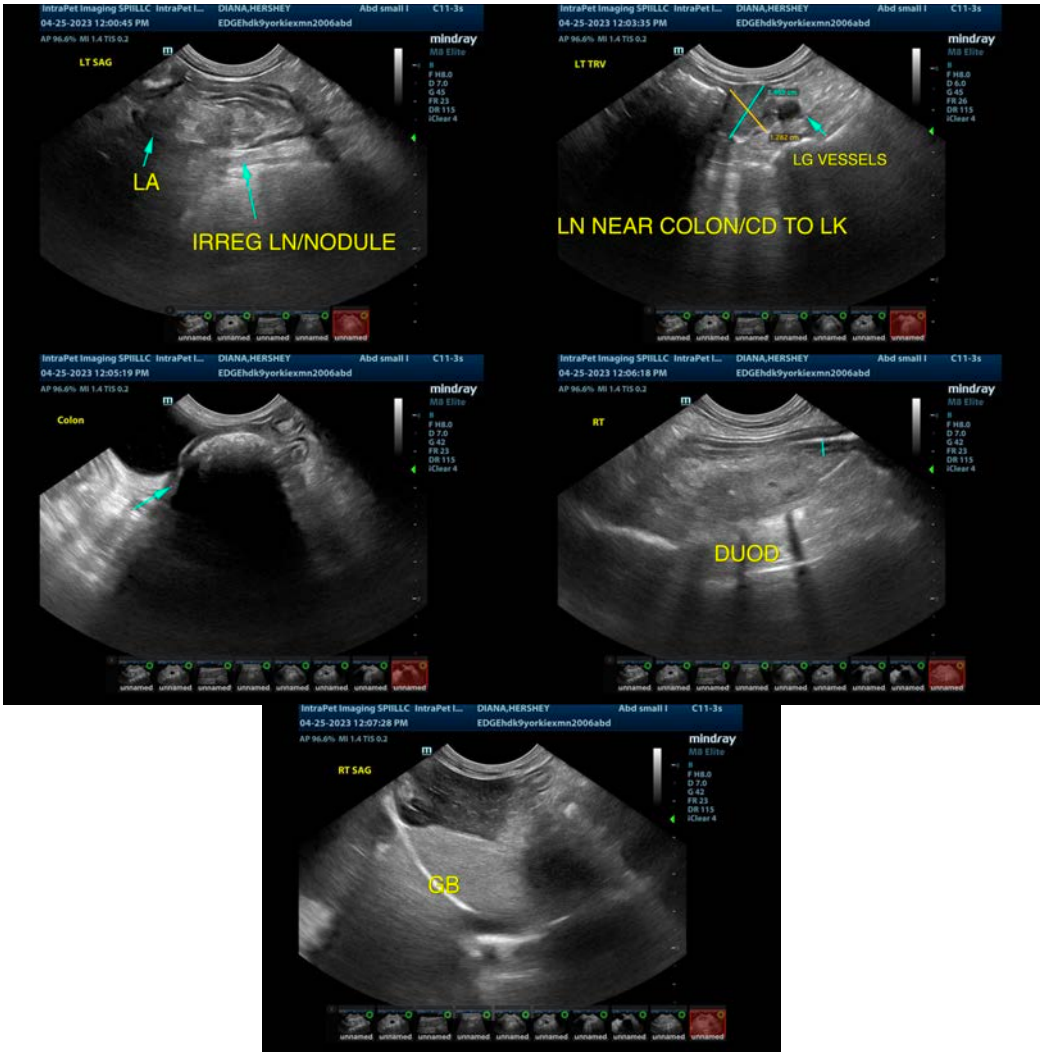
There is a very small hypoechoic structure visualized in the spleen. I suspect this would be difficult to aspirate (if a safe window is evident this would be an option). Alternately, consider continued monitoring with ultrasound.

There is an irregular lymph node/nodule visualized between the caudal aspect of the left kidney and the colon. This is adjacent to large vessels and could represent reactivity secondary to inflammation of the colon, or could represent a metastatic lesion, etc. No obvious obstruction is visualized associated with the colon, although it does have a large amount of shadowing stool, which makes full evaluation possible. If there is no response to stool softeners, fluid therapy, enemas, etc., then further evaluation may be necessary (contrast CT scan or exploratory). If a safe window for aspiration of the suspected colonic lymph node is possible, this could be sampled.

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




LT
1 Dist 3.73 cm
LT
1 Dist 1.57 cm
2 Dist 1.32 cm
LK-CYST
LT
1 Dist 1.60 cm
2 Dist 0.64 cm
3 Dist 0.53 cm
prostate
1 Dist 0.70 cm
RT
1 Dist 3.84 cm
RT
1 Dist 1.46 cm
2 Dist 0.67 cm
3 Dist 0.58 cm
1 Dist 0.30 cm
SI
LT SAG
1 Dist 1.95 cm
2 Dist 1.19 cm
IRREG LN/NODULE CD TO LK



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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