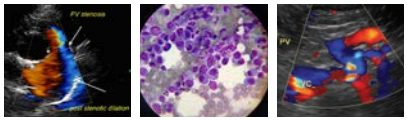
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/25/23

PATIENT

Jan Watters

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

7/21/19

WEIGHT

19.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Harvey

INVOICE

46913

PRESENTING CLINICAL SIGNS

Original AUS showed coarse splenomegaly, diffusely thickened gastric wall, and gastroenteritis. O has been concerned P may have cancer so we discussed rechecking an AUS once P was doing better to monitor changes seen on initial US.

Current Medications: None.
Lab Results: 2/9/2023 CPL and cobalamin WNL, meaning pancreatitis unlikely and no need for Vit B supplementation. Elevated TLI- acute or chronic pancreatitis (ruled out by normal CPL) vs nonspecific cause. Elevated folate- possible upper small intestine bacterial overgrowth. Antibiotics P was on should have been effective for this.
Date of Previous IntraPet Ultrasound: 1/25/23. See attached.
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 left kidney has a normal shape and size (3.92 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 (3.92 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 0.35 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 0.48 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 slightly “plump” in size, normal in shape, and mildly mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a small shadowing mineralization within the parenchyma.

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate ingesta and fluid. It measures at a normal thickness of 0.42 cm 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 0.27 cm. Jejunum wall measures 0.22 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 area of 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.

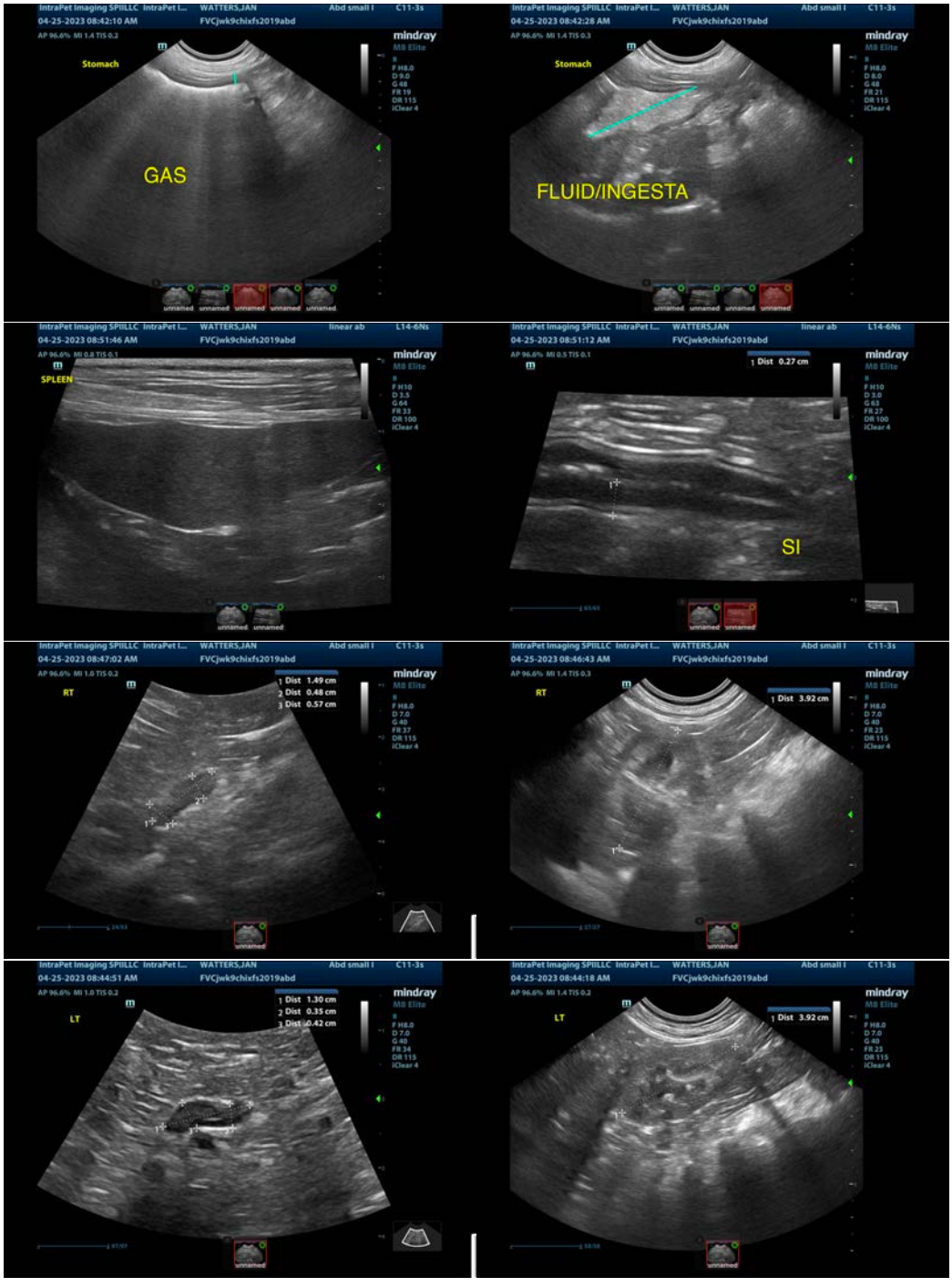
ULTRASONOGRAPHIC FINDINGS

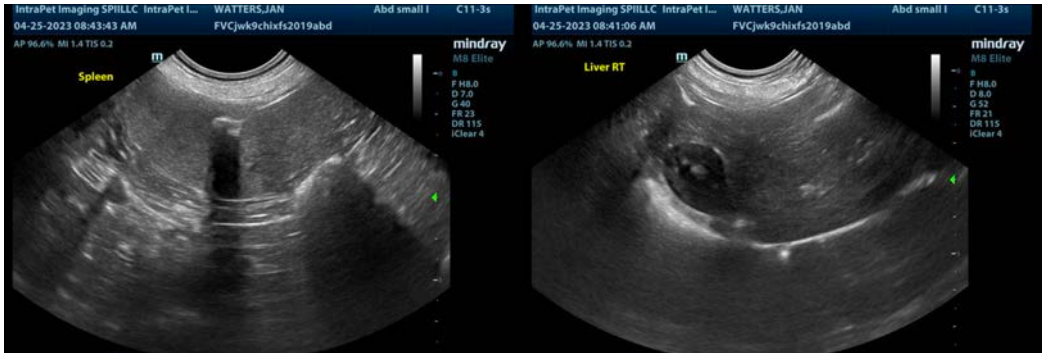
- Slightly “plump” spleen with subtle parenchymal irregularity and a focal shadowing structure – Findings are most consistent with a benign splenic mineralization. The coarse parenchyma is likely within normal limits for this individual.
- Moderate fluid/ingesta/gas visualized within the gastric lumen – Findings are most consistent with a non-fasted patient. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or pyloric outflow tract obstruction (none observed).
- Previously visualized gastric wall thickening is not apparent on today’s exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect today’s exam is largely within normal limits for this individual. The spleen is slightly prominent and slightly coarse, but no focal lesions are visualized, and this appears relatively stable to the previous exam.

There is a moderate amount of fluid/ingesta visualized within the gastric lumen. This could be normal for a non-fasted patient, or if the patient was adequately fasted, then this could be an indicator of delayed gastric emptying, less likely a pyloric outflow tract obstruction, etc. If symptoms are persisting, consider endoscopic evaluation to obtain more information. The previously described gastric wall thickening is not evidence on today’s exam.


Stomach
GAS
Stomach
FLUID/INGESTA
SPLEEN
1 Dist 0.27 cm
SI
RT
1 Dist 1.49 cm
2 Dist 0.48 cm
3 Dist 0.57 cm
RT
1 Dist 3.92 cm
LT
1 Dist 1.30 cm
2 Dist 0.35 cm
3 Dist 0.42 cm
LT
1 Dist 3.92 cm



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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