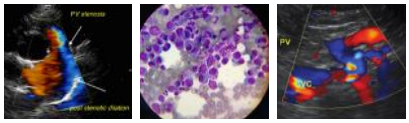
IMAGING PERFORMED BY

IntraPet.com



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

DATE

4/28/22

PATIENT

Crowbar Cole

SPECIES

Canine

BREED

English Bulldog

SEX

Intact Male

AGE

6/18/11

WEIGHT

37.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

37263

PRESENTING CLINICAL SIGNS

Presented on 3/29/22 for Weight loss, Not eating well, not interested in hard food Drinking normal, Episode of collapse/hind end weakness. No v/d/s- Cough occassionally , hind end weakness. On exam decreased muscle mass along lumbar spine, 3 lb weight loss, mm- pale pink, depressed, generalized dermatitis with crusts, otitis externa, KCS with mucoid discharge AU, abdomen pot bellied- suspect free fluid, large skin tag caudal aspect LF, grade 2 heart murmur, ataxia in hind end Fast scan of ultrasound revealed free fluid. Had presented in 12/2021 for decreased appetite as well and increased respiratory effort. At that time
concerned for the heart so radiographs submitted for review noted normal chest/heart for bulldog.

Current Medications: None.
Lab Results: mild anemia, elevated ALP.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 large in size (3.5 cm in diameter) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.5 cm). 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 (4.85 cm). 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

Spleen

The spleen is not clearly visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. Dilated vasculature noted. A small hypoechoic nodule is visualized measuring 1.37 cm x 1.01 cm.

The gallbladder 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

There is a large volume of ascites. No lymphadenopathy. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Heterogeneous liver with dilated, prominent vasculature and a small hypoechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The dilated vasculature is concerning for congestion. Consider heart disease or an obstructive mass effect.

- Large volume free abdominal fluid – Recommend cardiac evaluaton.

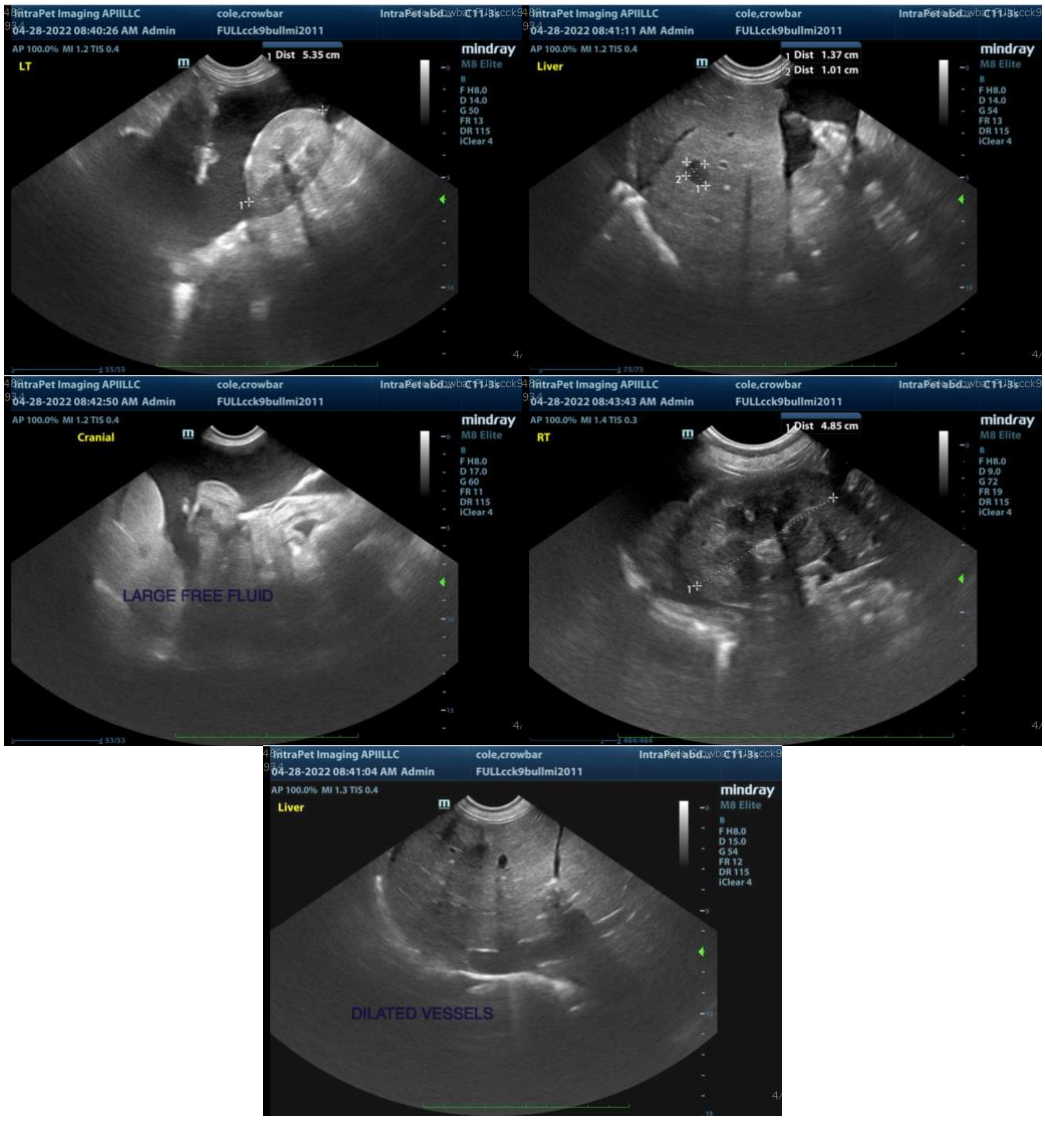
SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

- Spleen not readily visualized – This could be due to a previous splenectomy or due to difficulty of visualization due to the large amount of free fluid present and ingesta within the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious mass effects are visualized on today's exam to explain the large amount of ascites present. The liver appears somewhat congested, which could indicate increased resistance due to heart disease or an obstruction of the cava, etc. Consider cardiac ultrasound, and if normal, a CT scan of the thorax and cranial abdomen.



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