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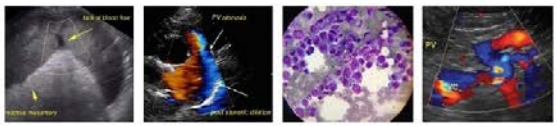


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Gunner Mehic

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

8 Years

WEIGHT

50 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

46441

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Has not been eating, losing weight. Difficult to examine due to temperament so was sedated for exam, xrays and ultrasound and bloodwork. Started Cerenia and Famotidine with no real improvement. Recommend GI food. Recommend ultrasound to rule out GE or neoplasia.

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable. Rads fairly unremarkable, kidneys appear normal, cardiac silhouette normal, no effusion, stomach mildly dilated with fluid, gas and mottled material. Normal abdominal serosal detail and some soft stool forming in colon. Cannot rule out gastric outflow obstruction, gastritis or pancreatitis and should consider underlying metabolic and inflammatory diseases.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.94 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 (8.66 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 0.64 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.

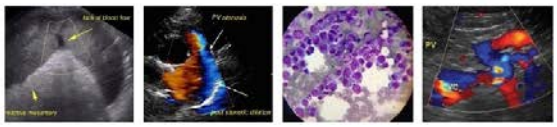
The right adrenal gland is normal in size measuring 1.22 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a small amout of shadowing gas/ingesta. 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 0.61 cm. Jejunum wall measures 0.41 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 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

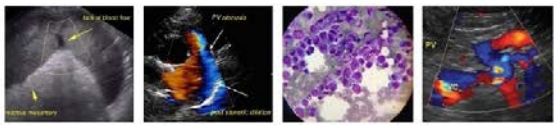
- Echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The significance of this is questionable with lack of liver enzyme elevations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No focal lesions are visualized associated with the GI tract to explain the decrease in weight and loss of appetite reported. Unfortunately, there are many causes for weight loss that cannot be definitively diagnosed by ultrasound alone.

There is a small amount of shadowing material visualized within the stomach, but it is largely empty. I cannot definitively rule out the possibility of a gastric or small intestinal foreign body but there is no evidence of an obstructive pattern.

If there is no evidence of metabolic disease based on current bloodwork, chest radiographs, etc., then there is the possibility of primary gastrointestinal disease, which sometimes does not cause significant biochemical or ultrasonographic changes. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for additional supportive evidence of possible gastrointestinal disease. If



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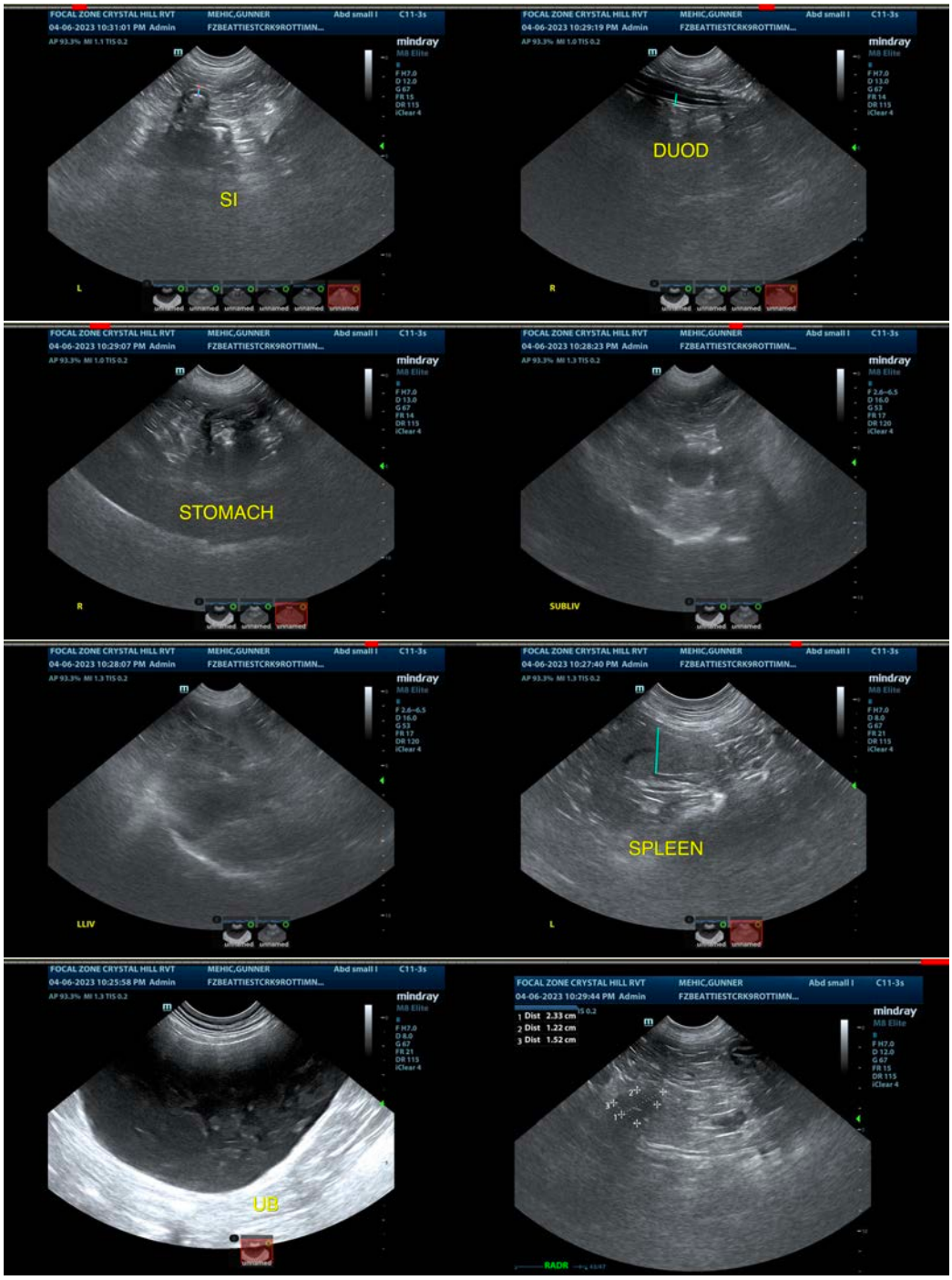
this is determined to be likely, you could consider a hypoallergenic diet, probiotic, and even obtaining GI biopsies.

There is some echogenic debris visualized in the urinary bladder. Recommend a urinalysis and culture.



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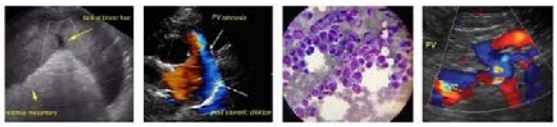

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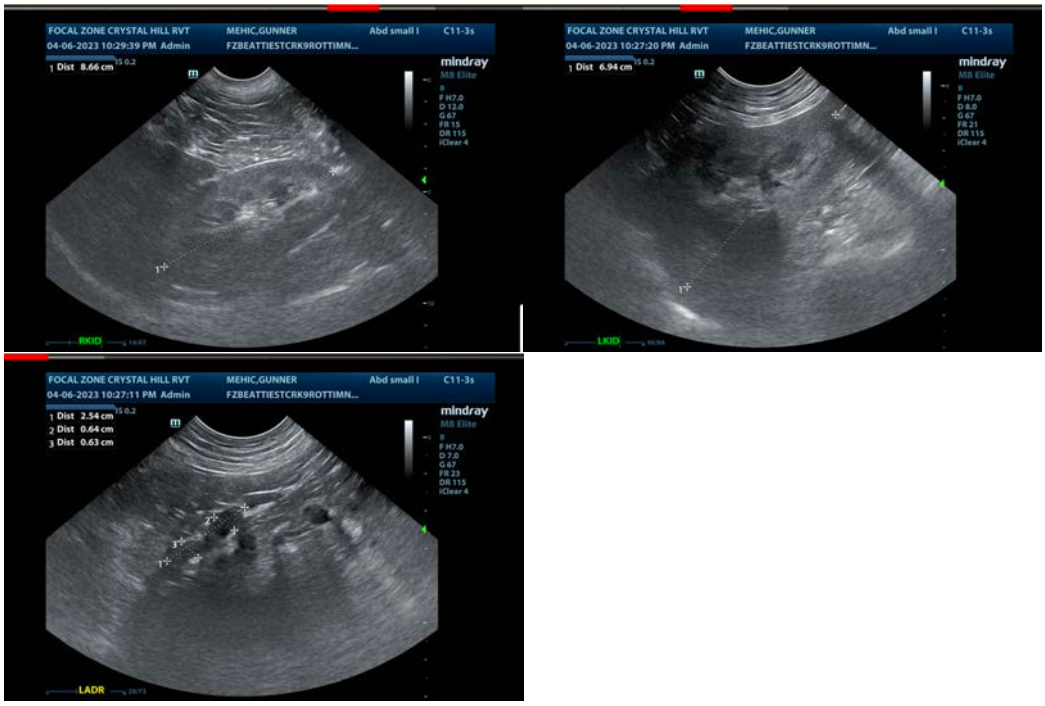

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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