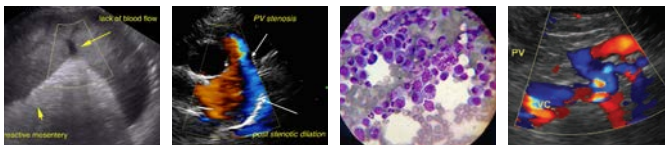
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Zoe Thomas

SPECIES
Canine

BREED
Viszla X

SEX
Spayed Female

AGE
2 Years 8 Months

WEIGHT
59 Pounds

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

IMAGING PERFORMED BY
Dr. Abadia

HOSPITAL NAME
Surfside Pet Hospital

REFERRING VET
Dr. Abadia

INVOICE
46454

DATE
4/6/23

PRESENTING CLINICAL SIGNS

Presented on 4th of April for not acting right for 1 week now. Pet started vomiting and decreased in appetite Saturday. no diarrhea seen. Owner hasn't seen pet eating anything weird. now pet has decreased in water intake. Now pet is not eating. acting lethargic and seems in discomfort.

Abnormal PE/Chem/CBC/UA Results: 4th of April BW performed: cbc showed wbc's 20.97 , eosinophils 6.14 , PLT- 143. comprehensive panel is wnl. Fecal in house was negative. CPL snap test- normal. treated with vit b12, cerenia, famotidine and started on cephalexin. PE shows to be mildly tense when stretching the hindlegs, but pet was wnl. When abdomen is palpated no masses or signs of pain seen. Normal chest auscultation. Abdominal radiographs show the gastric axis to be more cranial than normal. otherwise, no evidence of FB, no distended bowel and no gas patterns seen.

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 (5.62 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 (6.16 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 0.49 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 XXcm 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.

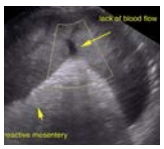
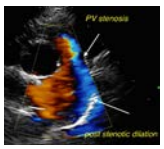
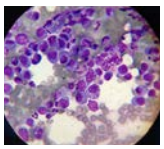
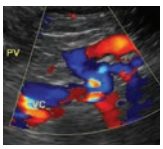
Spleen

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 hypoechoic 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.

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.

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Gastrointestinal

The stomach contains a small amount of focal shadowing material. 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. There is some focal shadowing material visualized within the gastric lumen. This could be consistent with ingesta, ingested foreign material, etc. There is no evidence of an obstruction at this time.

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 0.31 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine with moderate fluid distention and plication. No obvious shadowing associated with a foreign body/linear foreign body is observed, and there is no surrounding inflammation. Findings could be consistent with severe enteritis, an early intussusception, or an early linear foreign body.

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

- Hypoechoic, 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. This is likely within normal limits if liver enzyme values are normal.

- Small amount of shadowing material visualized within the gastric lumen – Findings could be consistent with ingesta, a small amount of ingested foreign material, etc. There is no evidence of an obstruction at this time.

- Focal area of small intestine with fluid dilation and plication – Consider focal enteritis and early intussusception or early linear foreign body as differentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The scan is largely normal aside from a focal area of small intestine with some bunching/plication and fluid dilation. I am not able to visualize a shadowing foreign body, but this is not always present with a linear foreign body. Additionally, there is no inflammation surrounding the bowel at this time. This could be some spasming bowel secondary to severe focal enteritis. It could also be consistent with an early intussusception.

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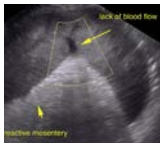
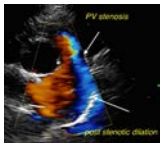
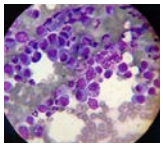
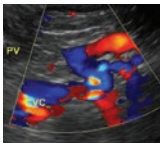

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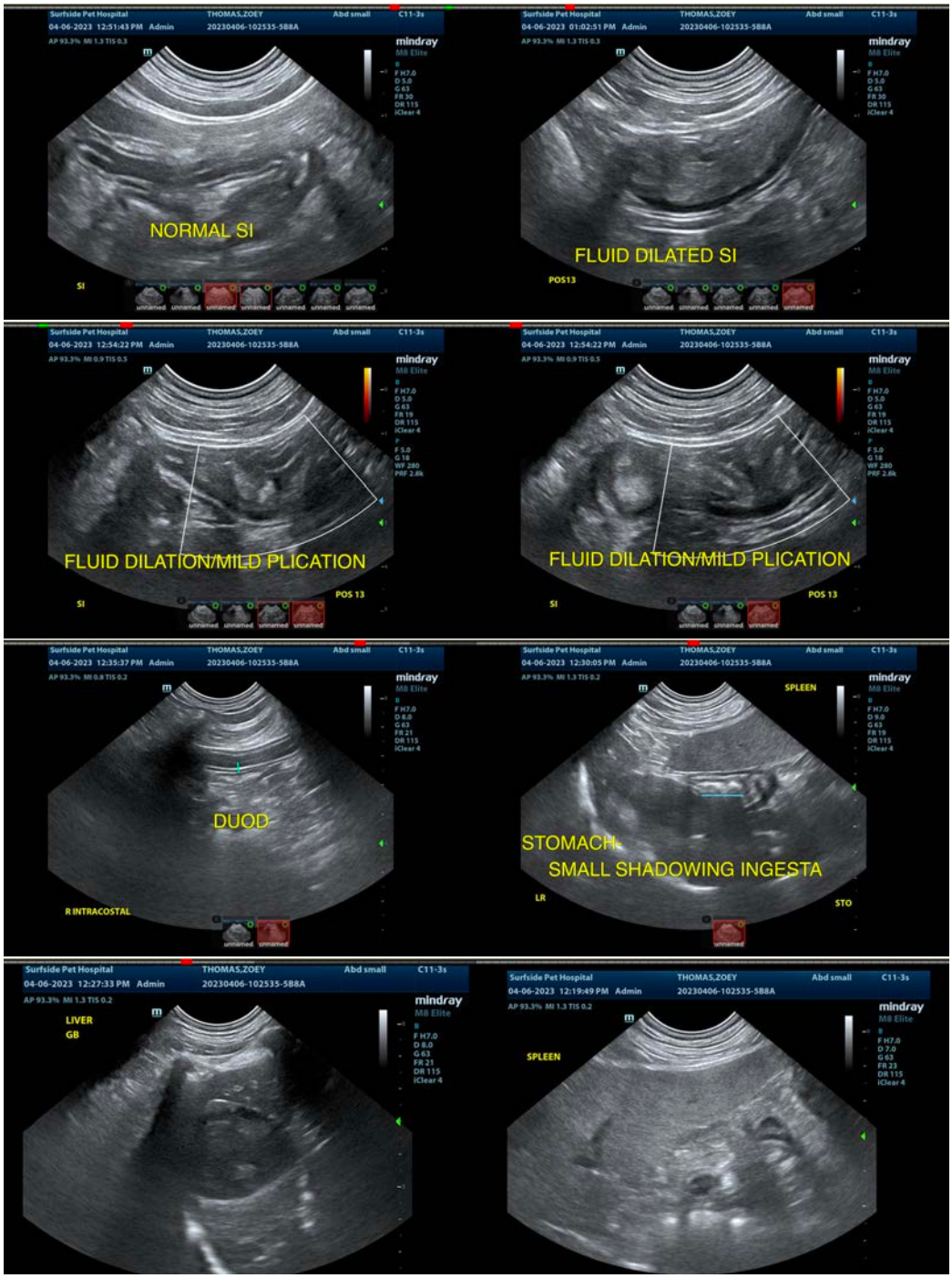
Recommend close continued monitoring with in-hospital care, rehydration, etc., and reevaluation of this region with radiographs +/- ultrasound in 12-24 hours. If the patient gets significantly worse, an exploratory could be considered to evaluate this region. Biopsies of the GI tract should be obtained with or without identification of a focal lesion.

If not already done, consider screening for Addison's disease.



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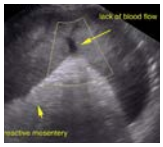
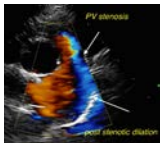
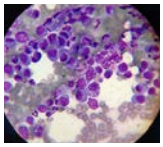
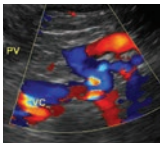

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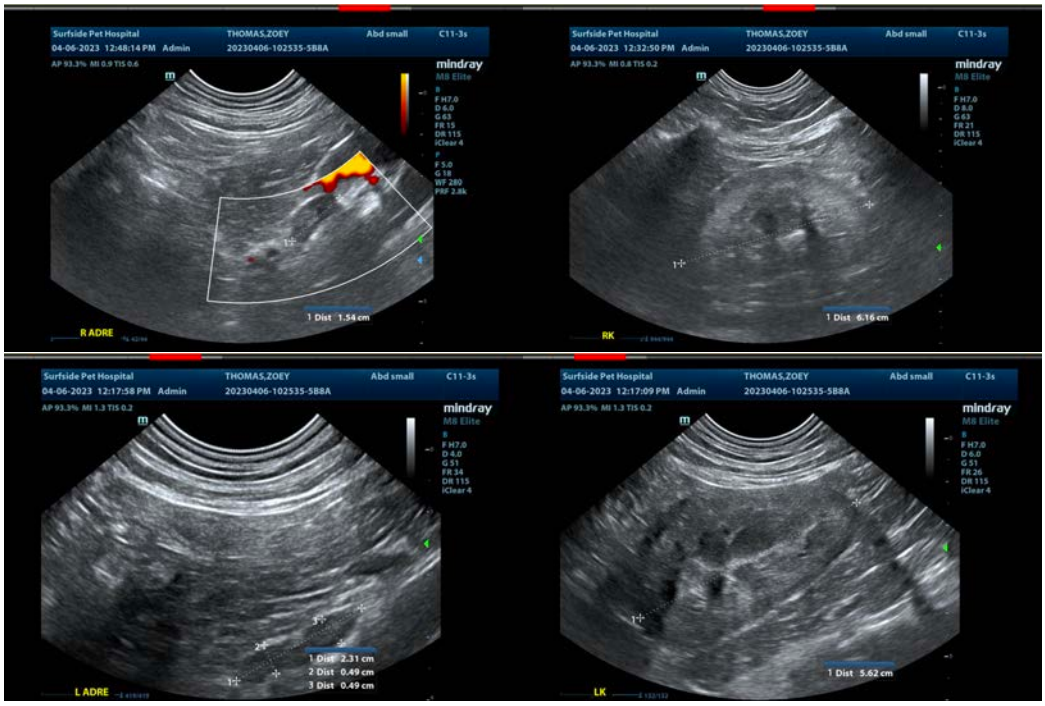

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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