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Clinical Sonography & Telecytology
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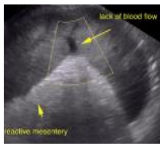
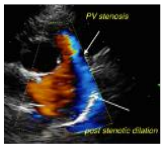
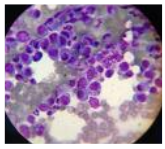
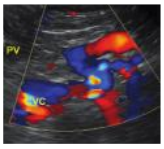





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kayce Shirley

SPECIES

Canine

BREED

Spanish Water Dog

SEX

Spayed Female

AGE

12 Years

WEIGHT

32 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Elaina Petrone

INVOICE

14689

DATE

4/9/22

PRESENTING CLINICAL SIGNS

History: 12 yo FS Spanish water dog, history of chronic bacteriuria, pyuria, and urinary incontinence treated with incurin. Recently-vomiting, weight loss, and decreased appetite.

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 left kidney has a normal shape and size (6.05 cm). Overall echogenicity is normal with adequate 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 (6.89 cm). Overall echogenicity is normal with adequate 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 left adrenal gland is normal in size measuring 0.7 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 0.42 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

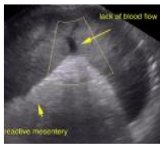
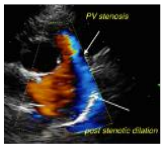
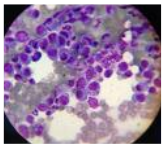
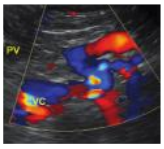
The spleen is subjectively large in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is 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. 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is moderately to severely increased (The duodenum measures 0.42 cm, the jejunum measures 0.35 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. There is a focal section of jejunum that appears thickened, measuring at 0.44 cm. This section of bowel appears corrugated and has a very prominent muscularis layer.

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/region 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 hypoechoic around the thickened abnormal bowel loop.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris within the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Large, mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate focal thickening of the small intestine. There is intact wall layering in this area, making an underlying neoplastic process less likely. Consider focal irritation, inflammatory disease and less likely neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal area of bowel is visualized, which appears thickened, corrugated and somewhat irregular with surrounding hyperechoic mesentery. There is no discreet mass effect visualized, but this section of bowel is abnormal and ideally, surgical biopsy would help to determine the cause of this abnormality. Additionally, the pancreas is large and mottled. Consider a fine needle aspirate of the spleen.

There is some echogenic debris floating in the urinary bladder. This correlates with the history provided of recurrent urinary tract infections.

- I recommend urinalysis and culture.
- I recommend external vaginal exam, looking for a juvenile vulva, excessive vulva folds, etc. Additional work up could be considered, such as cystoscopy to look for an underlying cause.
- I recommend chronic probiotic therapy.

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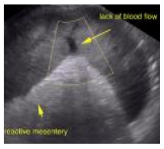
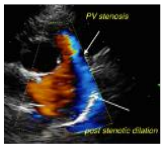
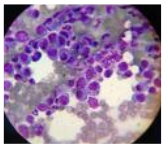
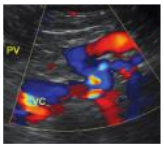

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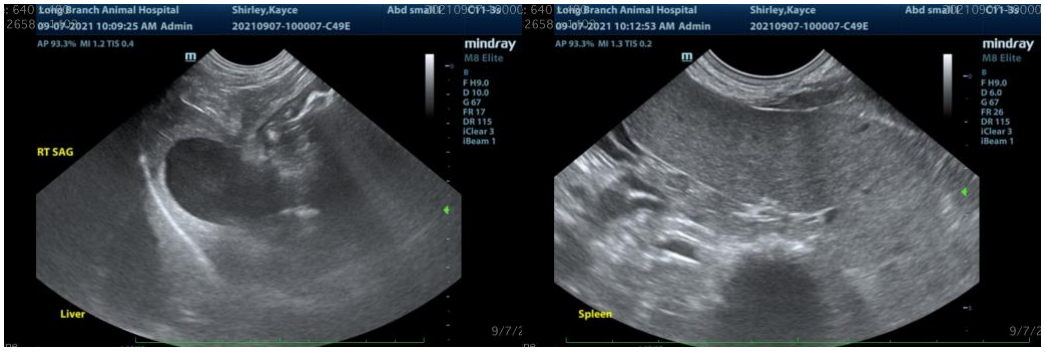

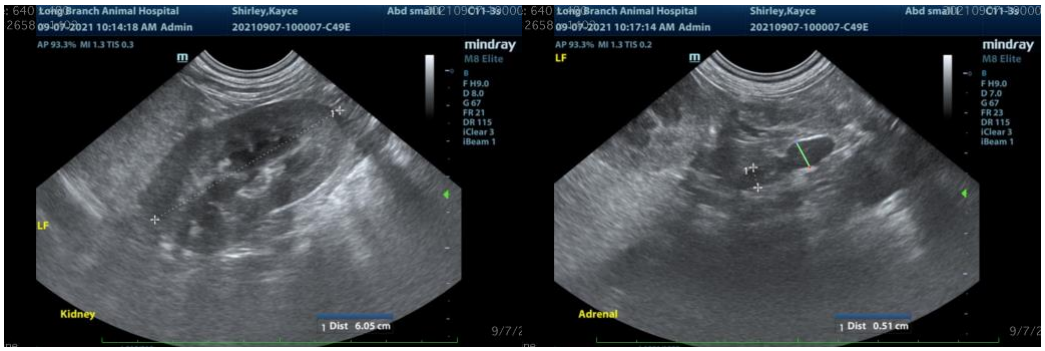

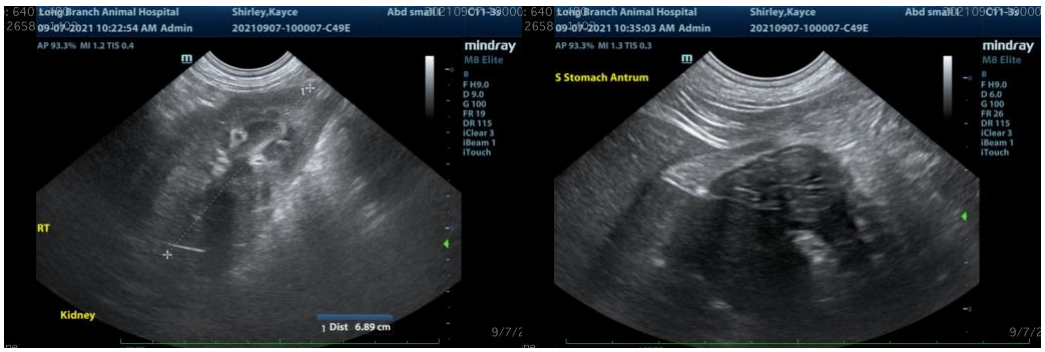

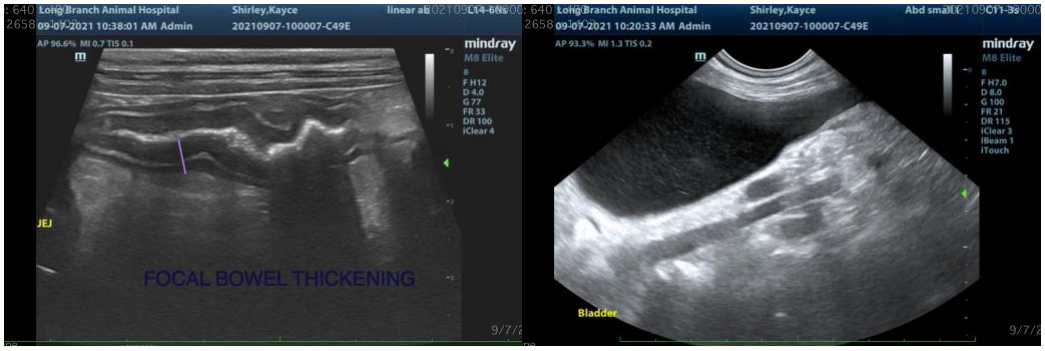

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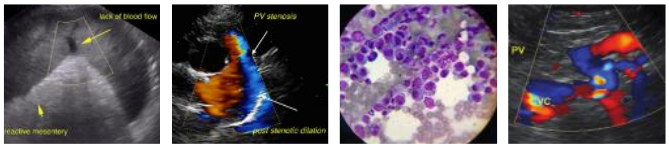

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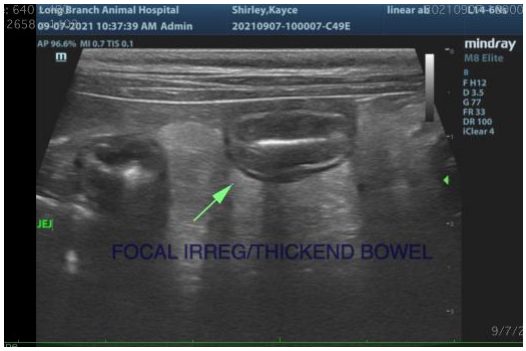

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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