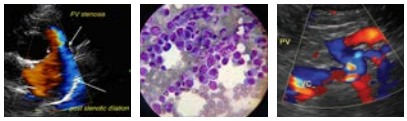
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

5/25/22

PATIENT

Molly Mitchell

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

6/16/09

WEIGHT

9.64 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Taylorsville Vet Clinic

REFERRING VET

Dr. Bray

INVOICE

37954

PRESENTING CLINICAL SIGNS

GI upset and weight loss.

Current Medications: None listed.
Lab Results: CBC: WNL, hemoconcentration related to hydration
Chem: Mild hypophosphatemia likely not significant but could be related to intestinal disease, Hypochloremia likely related to gastritis and vomiting, Slight increase in CK likely related to hemolysis and blood draw
TT4: WNL.
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 left kidney has a normal shape and size (3.68 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 (3.97 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 0.58 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 0.52 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, but somewhat irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small cystic lesion measuring 0.81 cm. Additionally, the right caudal aspect of the liver appears somewhat rounded, but is isoechoic to the remaining liver, most consistent with an isoechoic “bulge” or subtle mass effect.

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.38 cm. There is some mild mucosal speckling visualized. 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

- Small cystic region on the liver with an isoechoic “bulge”/mass effect – The significance of this rounded portion of liver is unclear. Recommend continued monitoring or a fine needle aspirate.

- Mild small intestinal thickening with mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

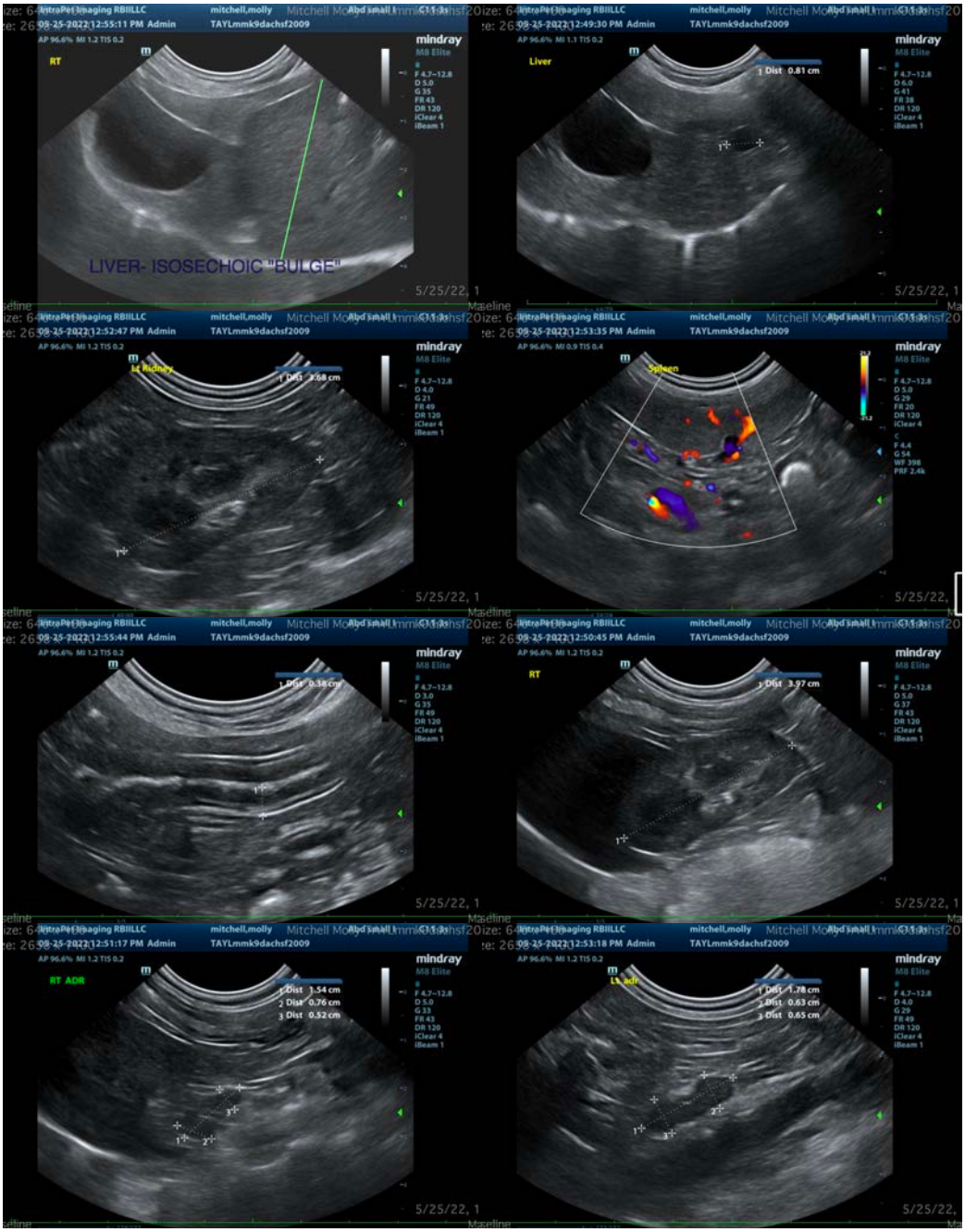
The lesions observed on today’s scan are relatively mild. There is a small, rounded region of the liver, which is isoechoic to the rest of the liver. In some views, this creates a mass effect, but this could just be normal “bulge” of the liver. Recommend continued monitoring with ultrasound +/- a fine needle aspirate of this region. Correlate with abdominal radiographs.

The small intestine appears subjectively prominent with occasional mucosal speckling. This could be an indicator of underlying small intestinal disease. No focal small intestinal lesions were observed.

- Consider a novel protein/hydrolyzed protein prescription diet.

- Consider a GI panel to Texaa A&M for a qualitative PLI, TLI, cobalamin and folate to get further information regarding the small intestine and pancreas.

- Recommend chronic probiotic therapy.
- If there is no response to symptomatic therapy and dietary change, consider obtaining GI biopsies.



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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