IMAGING PERFORMED BY

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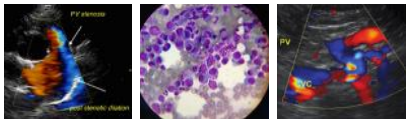

SonoPath
Clinical Sonography & Telecytology
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DATE

5/4/22

PATIENT

Nyla Green

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

12/4/09

WEIGHT

35 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Greenbrier Vet Clinic

REFERRING VET

Dr. Danneberger

INVOICE

37339

PRESENTING CLINICAL SIGNS

ADR, vomiting and not eating for 5 days. 8lb weight loss in 1 month. Possible FB ingestion.

Current Medications: None.
Lab Results: Significant leukocytosis with elevated lyms, neus, and monos. Elevated BUN, PHOS, ALP.
Radiographs: Chest rads normal. Abdominal rads show empty stomach with possible gas-fill small intestines cranially
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.

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 (6.09 cm) with mild pyelectasia at 0.48 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.5 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.

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 0.58 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 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Some of the material within the gallbladder is hyperechoic and shadowing, consistent with small stones. There is no evidence of bile duct dilation. These changes can be consistent with an early gall bladder mucocele.

Gastrointestinal

The stomach is mildly fluid distended. 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.

Much of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid distension. Wall thickness is largely normal, but there are some areas with intraluminal shadowing material, which appear thickened, measuring up to 0.41 cm. Wall layering is largely intact. These findings are most consistent with intraluminal shadowing material causing partial to full obstructions. This hard shadowing material is also evident within the colon. Visualized peristalsis appears appropriate.

The ileocecal junction is visualized and exhibits normal intact wall layering and is subjectively of normal thickness. In the more distal sections of colon, there is a moderate amount of hard shadowing debris, most consistent with fecal material, gas, and likely foreign material. There is no observed loss of wall 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

There is a scant amount of free abdominal fluid. No lymphadenopathy noted. The mesentery is hyperechoic surrounding the areas of small intestine with intraluminal material.

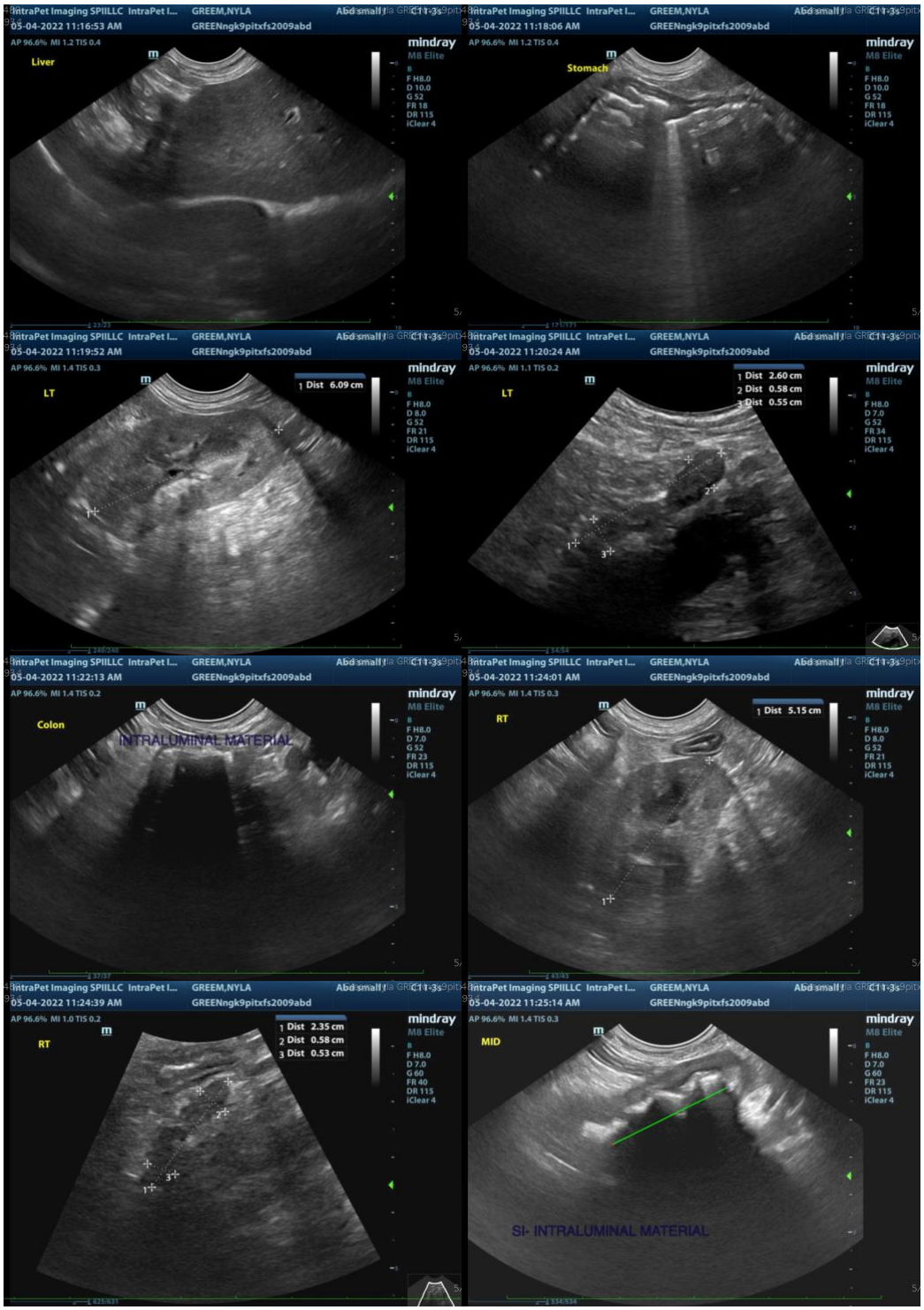
ULTRASONOGRAPHIC FINDINGS

- Moderate generalized small bowel fluid dilation with shadowing intraluminal material and inflamed mesentery – most consistent with intraluminal foreign material causing a complete or partial obstruction.
- Hard shadowing material within the colonic lumen – findings are consistent with passing foreign material.
- Large gallbladder sludge adhering to the gallbladder wall with calculi – most consistent with cholecystitis and gallstones. Consider Ursodiol and a course of antibiotics with monitoring of liver enzymes and the gallbladder.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Much of the small intestine is moderately fluid distended and the surrounding mesentery appears inflamed. In some specific areas, there is intraluminal shadowing material, most consistent with ingested foreign material, which is causing either a complete or partial obstruction. Additionally, similar appearing material is evident within the colonic lumen. Based on the duration of this illness, there is concern that this material may not be able to pass, and surgical intervention may be necessary.

The gallbladder wall appears thick with adhered sludge and there are gallbladder stones evident. This could be contributing to the ALP elevation and could be consistent with cholecystitis. Consider culturing bile at the time of surgery for the foreign material, and medical management with Ursodiol and antibiotics. Continued monitoring of the gallbladder is recommended, as removal of the gallbladder might be necessary if this lesion progresses significantly.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Liver
mindray M8 Elite
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Stomach
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AP 96.6% MI 1.4 TIS 0.3
LT
1 Dist 6.09 cm
mindray M8 Elite
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LT
1 Dist 2.60 cm
2 Dist 0.58 cm
3 Dist 0.55 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... GREEM,NYLA Abd small / C11-3s
05-04-2022 11:22:13 AM GREENngk9pitxfs2009abd
AP 96.6% MI 1.4 TIS 0.2
Colon
INTRALUMINAL MATERIAL
mindray M8 Elite
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05-04-2022 11:24:01 AM GREENngk9pitxfs2009abd
AP 96.6% MI 1.4 TIS 0.3
RT
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mindray M8 Elite
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RT
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2 Dist 0.58 cm
3 Dist 0.53 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... GREEM,NYLA Abd small / C11-3s
05-04-2022 11:25:14 AM GREENngk9pitxfs2009abd
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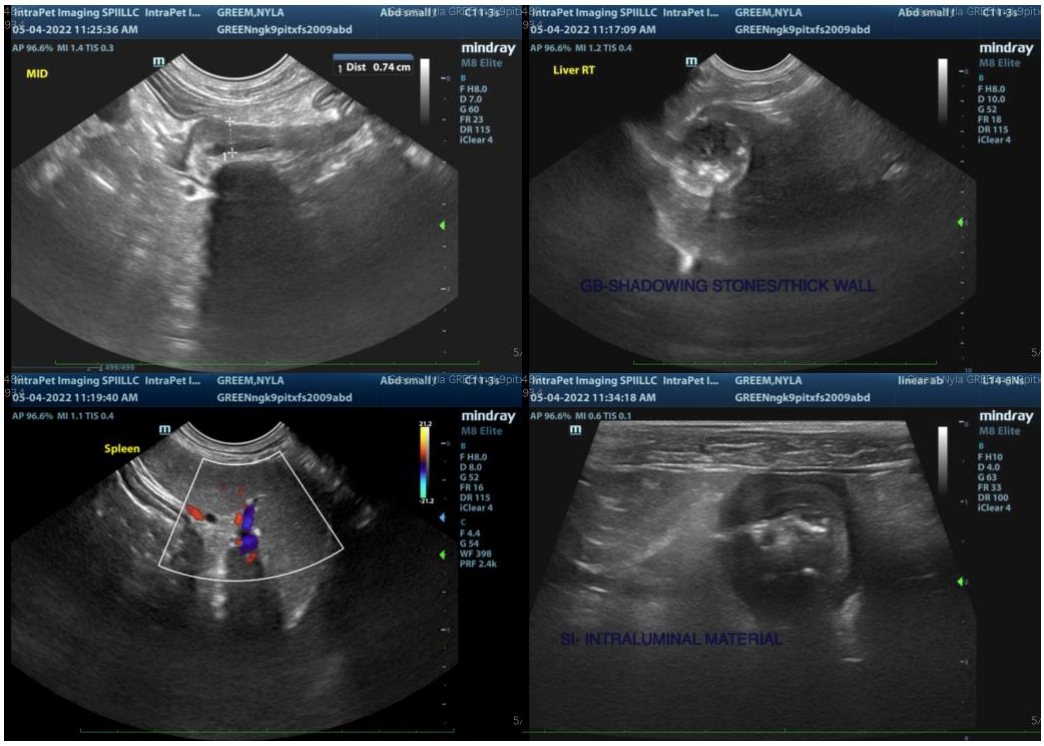
MID
SI- INTRALUMINAL MATERIAL
mindray M8 Elite



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