IMAGING PERFORMED BY

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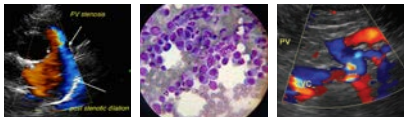

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DATE

6/10/22

PATIENT

Wilson Loveless

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

4/18/14

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Fountain Green VC

REFERRING VET

Dr. Lerner

INVOICE

38663

PRESENTING CLINICAL SIGNS

Patient activity level has decreased in the past month. The bloodwork shows borderline anemia, liver appears small on radiograph, could be small area of spleen on VD radiograph that looks fatter.

Current Medications: None.
Lab Results: borderline anemia: PCV= 31, TS= 5.5.
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 prostate is normal in size (0.91 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.94 cm) with rare pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.67 cm) with occasional pinpoint non-obstructive nephroliths. 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 0.46 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 0.32 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 normal/borderline small 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. There is a moderate amount of non-organized echogenic debris. 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 0.26 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. There are occasional prominent mesenteric lymph nodes visualized. Two such lymph nodes measure 0.62 cm and 0.59 cm. Additionally, there are prominent, slightly irregular lymph nodes at the aortic trifurcation measuring 0.83 cm and 0.63 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Borderline small liver – The significance of this is unclear. No focal lesions are visualized, and no clear evidence of a portosystemic shunt is seen. Advanced imaging may be necessary for some smaller lesions.

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

SECONDARY FINDINGS

- Occasional pinpoint non-obstructive nephroliths – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Prominent, irregular lymph nodes at the aortic trifurcation – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

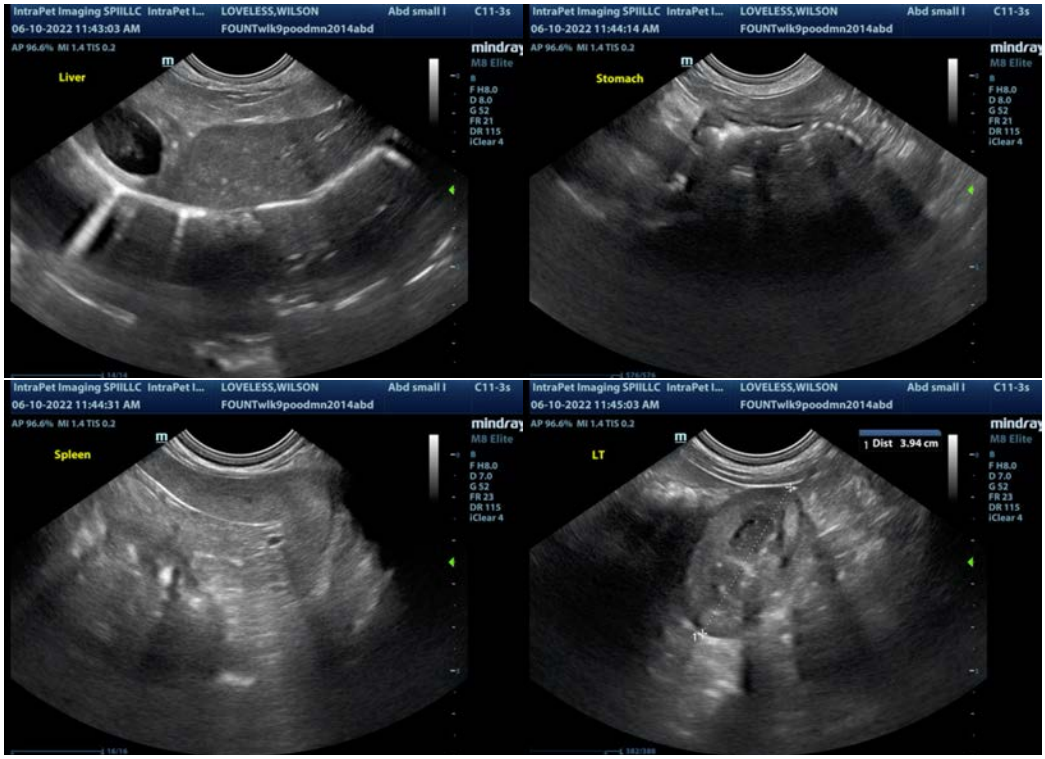
No significant focal lesions are visualized on today's exam. The liver appears subjectively small, but no obvious lesions are observed. Additionally, the small bowel is slightly prominent, and there are prominent lymph nodes at the aortic trifurcation.

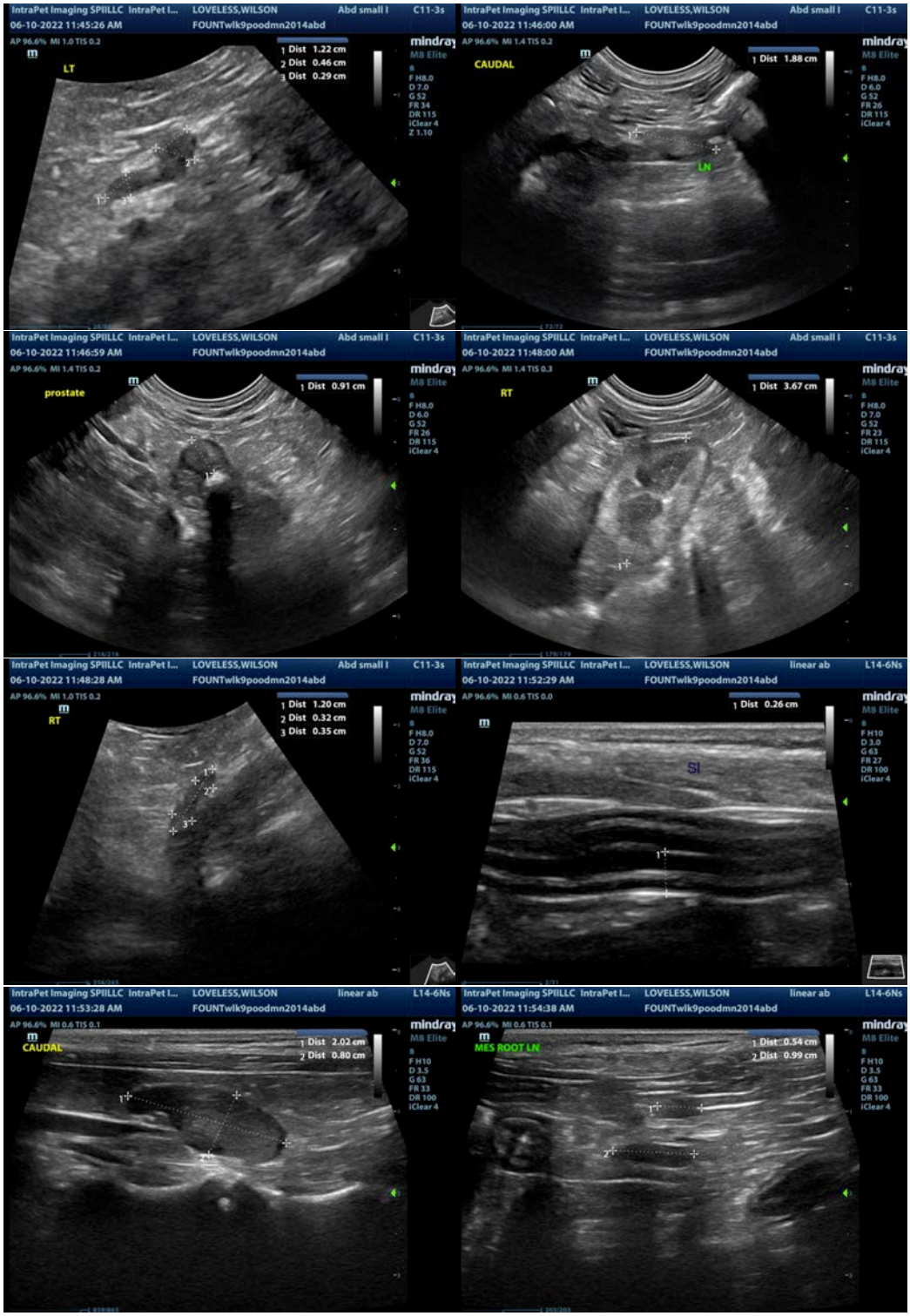
In the bloodwork provided, this patient has a low albumin level. Recommend further evaluation of this to try and determine the source:

- Recommend pre- and post-prandial bile acids to evaluate liver function.
- Recommend urine protein to creatinine ratio to look for evidence of significant proteinuria.
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for possible small intestinal disease.

Hopefully based on these test results you can either exclude or include liver disease or renal disease as possible causes. If both of these tests are normal, then I would suspect a protein losing enteropathy, and consider a baseline cortisol to rule out Addison's disease +/- GI biopsies.

The lymph nodes at the aortic trifurcation are prominent. These tend to drain the pelvis and pelvis limbs. Recommend a good digital rectal exam to palpate the anal glands, prostate, and peripheral lymph nodes to look for a source of possible inflammation, less likely metastatic change, etc.

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3 Dist 0.29 cm
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CAUDAL
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LN
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MES ROOT LN
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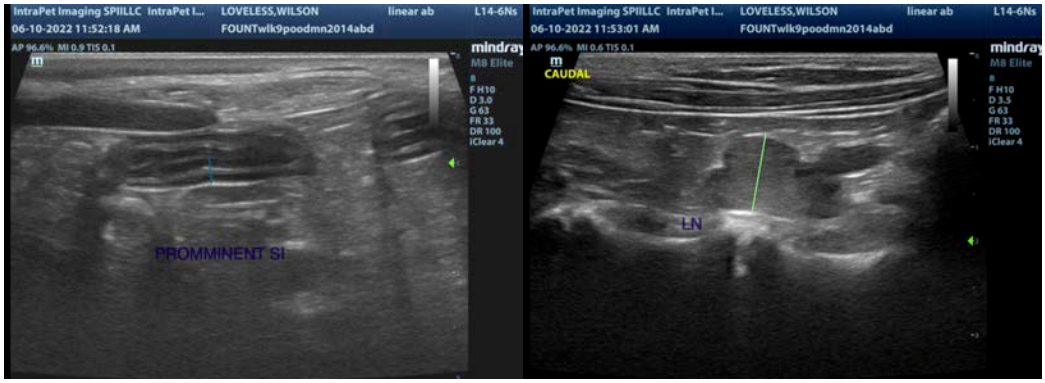

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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