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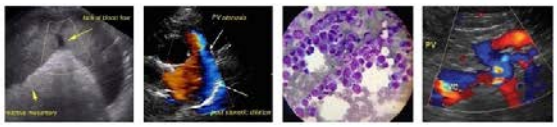


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Abby Cleland

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Westoak AH

REFERRING VET

Dr. Fisher

INVOICE

43223

DATE

6/16/23

PRESENTING CLINICAL SIGNS

Eating a lot less food lately Losing weight (April 28- 7.3 kg, today- 5.9 kg) Not drinking much water during the day Sleeping about 22 hours a day Seems restless when trying to urinate but will use pee pad Heart disease with a murmur that seems louder than previous- previously diagnosed Blood and urine testing sent out tonight Current Medications Metronidazole and a probiotic

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 (4.41 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.5 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.62 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 0.81 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.

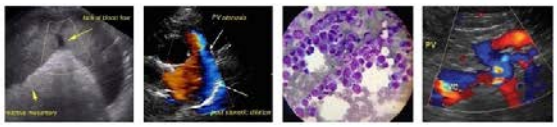
Liver

The liver is large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains moderate/large amount of shadowing ingesta. 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



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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 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 0.33 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is a section of what appears to be small intestine with a double lumen, consistent with an intussusception. The tissue at the base of this lesion appears thickened and irregular, possibly consistent with a mass effect. This area of hypoechoic tissue measures approximately 1.4 cm x 2.05 cm.

A normal ileocecal junction is not clearly visualized. It is possible that the intussusception involves the ileocecal junction, but this cannot be definitively determined. The distal colon appears within normal limits with intact wall layering.

Pancreas

The area 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 hyperechoic around the abnormal bowel.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Large debris visualized within the gallbladder lumen – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Moderate to large shadowing ingesta within the gastric lumen – The shadowing material within the stomach is relatively hard shadowing. This could be consistent with a recent meal, or if appropriately fasted, possibly ingested foreign material. Correlate with abdominal radiographs.
- Area of intussuscepted bowel with irregular thickened tissue – This lesion primarily involves the small intestine with possible hypoechoic, thickened tissue visualized at the base of the lesion. The appearance of this tissue could be consistent with focal severe enteritis or a mass effect.

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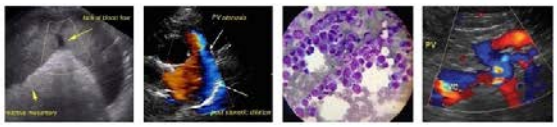

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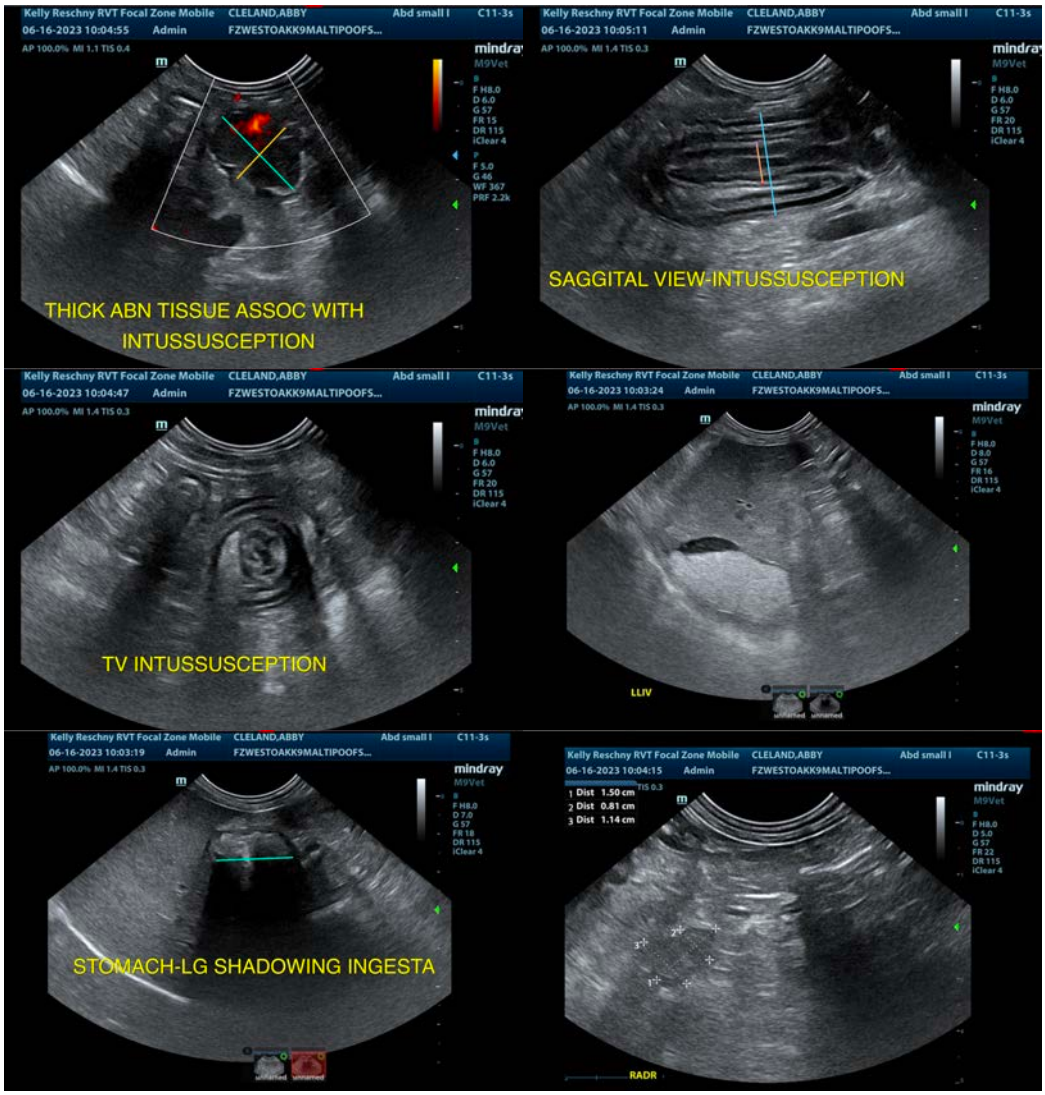
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An intussusception is visualized in the mid abdomen. This appears to largely involve small bowel, but an association with the ileocecal junction cannot be ruled out. There is some atypical hypoechoic tissue visualized near the base of the intussusception. I'm concerned this could represent a mass effect and be a source for the development of the intussusception, but severely thickened irregular tissue is also possible. I suspect this patient would likely require surgery to reduce the intussusception and obtain biopsies.

The significance of the hyperechoic liver is uncertain. Correlate with current lab work. Additionally, there is some shadowing material visualized within the gastric lumen. This could represent ingesta, but ingested foreign material cannot be ruled out.



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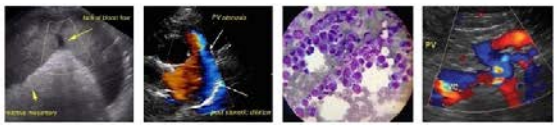

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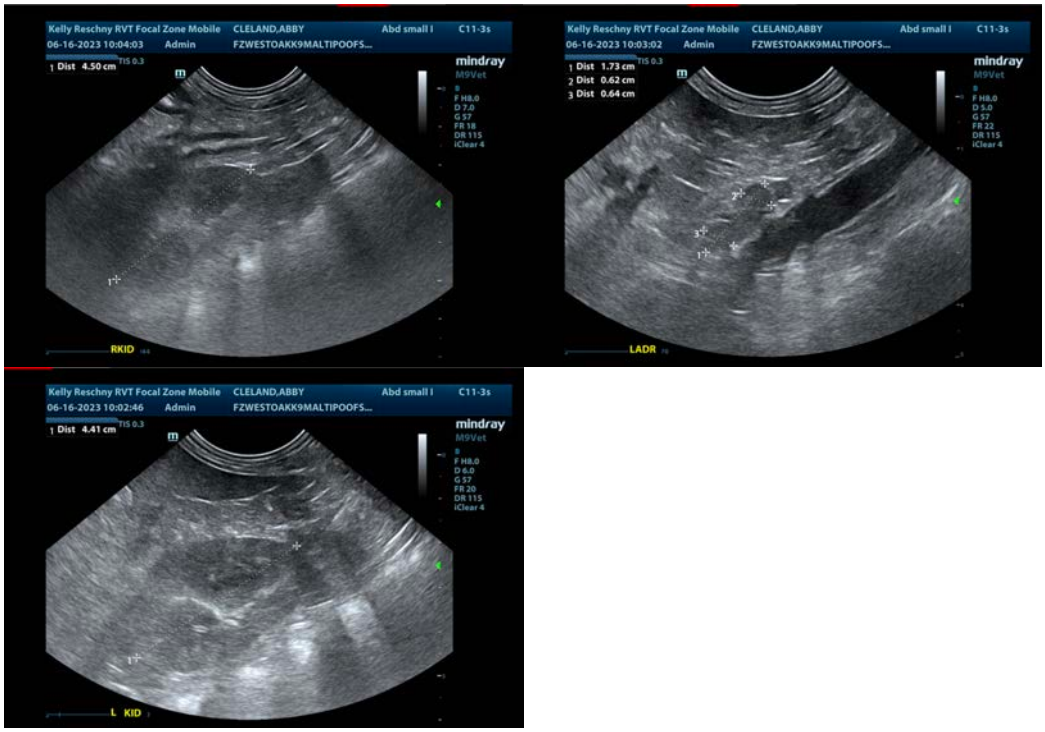

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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