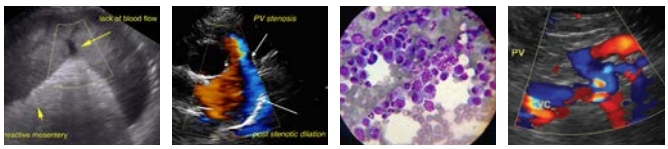
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Poppy Fischer

**SPECIES**
Canine

**BREED**
Yorkie

**SEX**
Spayed Female

**AGE**
8 Years

**WEIGHT**
3.7 kg

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

**IMAGING PERFORMED BY**
Dr. Emi Menzen

**HOSPITAL NAME**
Wilvet Salem

**REFERRING VET**
Dr. Emi Menzen

**INVOICE**
38938

**DATE**
6/22/22

## PRESENTING CLINICAL SIGNS

transfer from Salem ER- presented on 6/19 for vomiting, diarrhea, hematochezia. Started on IVF, metronidazole, unasyn, fortiflora, cerenia, ondansetron.
Abnormal PE/Chem/CBC/UA Results: 6/19 11am: CBC: HCT 62.6% WBC 14.91 Neu 12.49 plts 410 Chem:K 3.4 Cl 108 PCV/TS: 66/8.0 6/20 2am: chem: K 3.7 PCV/TS: 60%/6.6 PE - painful, diarrhea, sl dehydrated Vomiting- resolved Diarrhea/ Hematochezia Bradycardia after entyce hypersalivation and sedation after buprenorphine EPOC: HCT 63 Na 153 K 3.8 Cl 117

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with mildly echogenic 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 (3.88 cm) with 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 (3.96 cm) with pinpoint non-obstructive nephroliths. Additionally, there is a larger nephrolith measuring 0.33 cm, which was visualized in the renal pelvis, with mild renal pelvis dilation surrounding at 0.3 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 infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.43 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

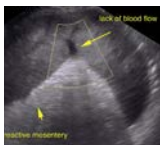
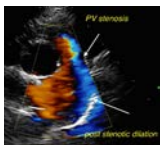
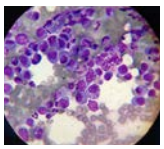
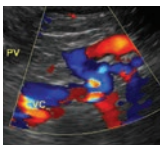
### *Liver*

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 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 is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence

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of rugal folds. The distinction of the gastric wall layering 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. Jejunum wall measured 0.27 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 non-formed liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening (0.18 cm) 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

- Pinpoint non-obstructive nephroliths visualized in both kidneys in addition to a larger nephrolith visualized within the right kidney. The non-obstructive nephroliths are likely incidental findings, but should be monitored for progression. There is mild dilation around the right-sided nephrolith, indicated a possible early partial obstruction. Continued monitoring is warranted in addition to a urinalysis and culture.
- Mildly echogenic debris within the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Small amount of ingesta within the gastric lumen – Correlate with feeding history. If the patient is adequately fasted, this could indicate delayed gastric emptying or foreign material. Correlate with abdominal radiographs.
- Fluid distended colon – Findings are compatible with a history of diarrhea.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with GI tract. Hopefully this is a somewhat idiopathic acute hemorrhagic diarrhea episode, which will resolve with aggressive symptomatic therapy, fluids, etc. If symptoms are persisting, then consider additional diagnostics to look for infectious, parasitic and inflammatory causes of diarrhea. Also consider screening this pet for Addison's disease.

There is a small nephrolith within the renal pelvis of the right kidney. This is likely an incidental finding, but continued monitoring is warranted for progression of an obstruction. Recommend urinalysis and culture.

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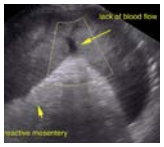
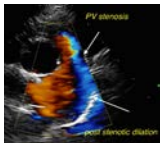
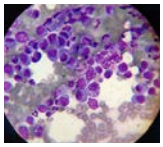
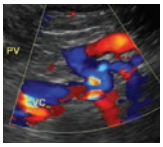

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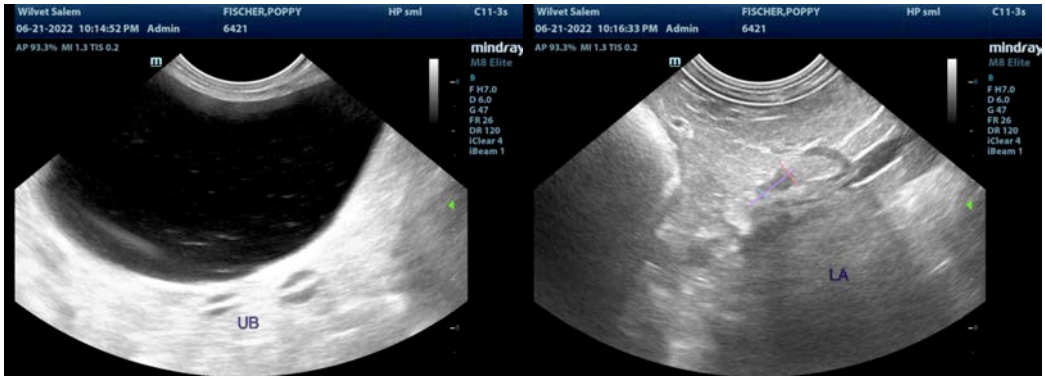


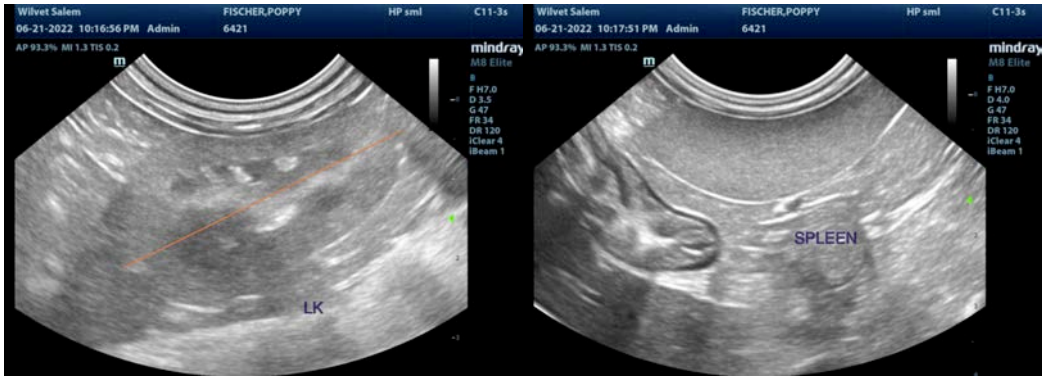


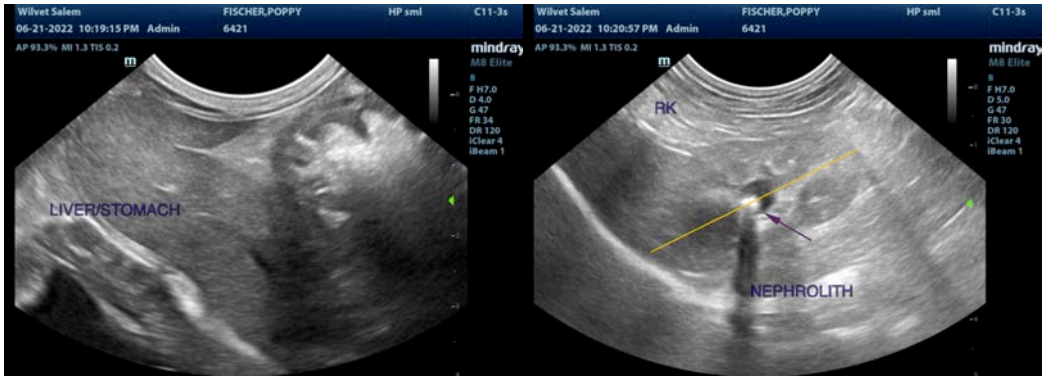


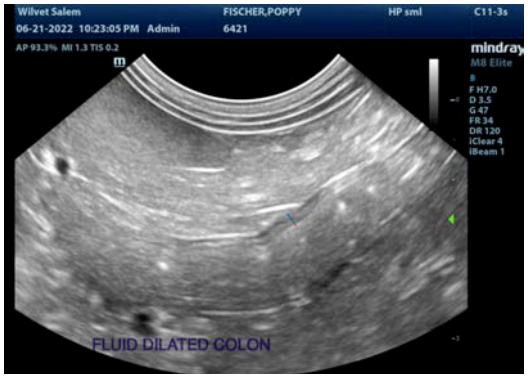

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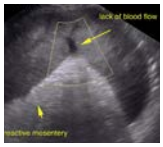
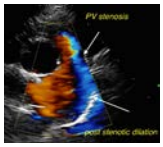
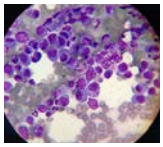
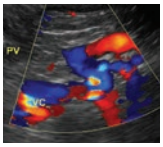

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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