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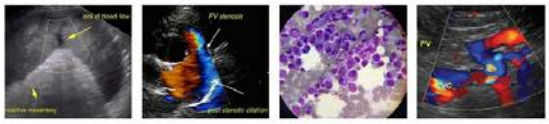


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rio Garcia

SPECIES

Canine

BREED

Lab Retriever

SEX

Neutered Male

AGE

12 Years

WEIGHT

29.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

43404

DATE

6/22/23

PRESENTING CLINICAL SIGNS

Presented 6/1/23 with right head tilt and probable ruptured right TM (significant inflammation and bloody fluid in the ear canal, TNTC neutrophils and scant rods on cytology). Gentle saline flush performed and then started on Prednisone, Gabapentin and Clavamox with plans to recheck the next week. 6/5/23 - px had begun "vomiting" multiple times a day. Radiographic Findings Images of the thorax. There is normal cardiac size and shape identified. The pulmonary vascular pattern is normal. The pulmonary parenchyma appears abnormal with a patchy bronchial pattern present. There is increased density involving the left cranial lung lobe which is primarily interstitial. The esophagus is abnormal with dilation and the esophagus contains granular material gas and fluid. The cervical esophagus is gas dilated. Within the abdomen the liver and spleen are normal and serosal detail is normal. There is a large amount of fecal material within the colon. The gastrointestinal pattern does not appear to be distended. Conclusion Significant abdominal abnormalities are not identified. There does appear to be dilation of the esophagus with a combination of gas, fluid, and foreign material which is partially mineralized within the esophagus. A cause of vomiting is not distinctly appreciated, and the esophagus pattern is concerning for a motility disorder. The left cranial lung lobe infiltrate pattern is most concerning for aspiration pneumonia. Working diagnosis Megaesophagus, primary cause unknown

Abnormal PE/Chem/CBC/UA Results: MEDS- Sidenafil 25 mg 1 T PO BID, Prilosec 40 mg PO SID

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.

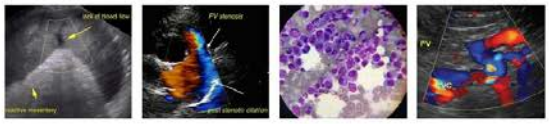
The prostate is normal in size (1.28 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.79 cm). Overall echogenicity is normal with adequate 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 (6.2 cm). Overall echogenicity is normal with adequate 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 borderline large and irregular in appearance, measuring 1.2 cm at the cranial pole, 0.84 cm at the caudal pole, and 3.0 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat atypical in appearance in that there is an ill-defined hyperechoic nodule in the cranial pole measuring 0.95 cm x 1.2 cm with no evidence of vascular invasion.



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The right adrenal gland is normal in size measuring 0.77 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. There are numerous ill-defined hyperechoic foci throughout the parenchyma. One of these lesions is larger and more rounded, creating a nodule measuring 2.0 cm in diameter.

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid/gas. 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 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 0.57 cm. Jejunum wall measures 0.43 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

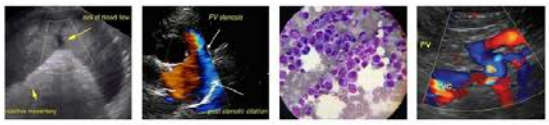
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a scant amount of free abdominal fluid. There is an occasional prominent mesenteric lymph node. One such lymph node measures 0.44 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechioic nodule in the cranial pole of the left adrenal gland – The appearance of this nodule trends towards a benign lesion (hyperplasia, adenoma, other). An early neoplastic lesion cannot be ruled out.
- Hyperechoic lesions visualized in the spleen – Findings are most consistent with benign myelolipomas. Recommend continued monitoring.



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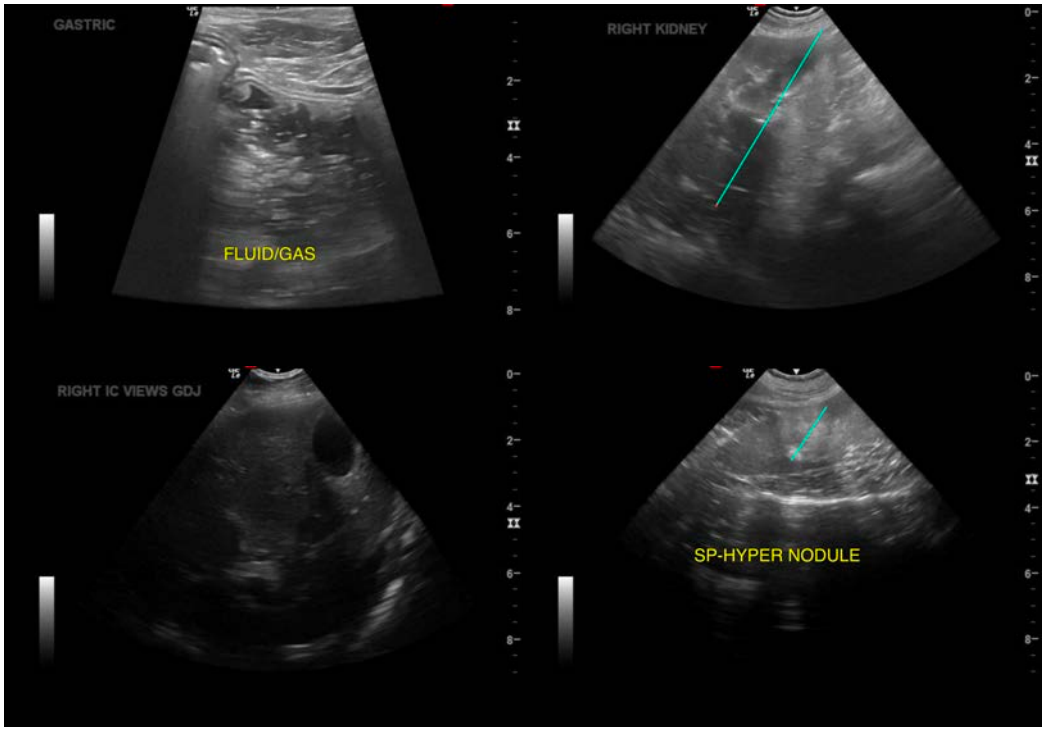
- Moderate fluid/gas dilation of the stomach – Correlate with the feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or partial pyloric outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic nodule in the cranial pole of the left adrenal with minimal deformation of the adrenal. Recommend a blood pressure evaluation and continued monitoring of the left adrenal with ultrasound (recheck in 2-3 months). A cause for the vomiting/regurgitation is not readily identified, although ultrasound is of limited utility for esophageal issues. The gastric dilation is concerning for possible ileus. Correlate with abdominal radiographs. Recommend a promotility medication (Metoclopramide).

If the GI signs are new since starting the Clavamox, it is possible that this could have caused gastric upset and secondary esophagitis. Recommend treatment for esophagitis with sucralfate and antacid medication. If symptoms are persistent, consider a fluoroscopic exam looking for motility issues, and possibly an endoscopic evaluation of the esophagus, lower esophageal sphincter, etc. Additionally, biopsies of the stomach could be obtained. Recommend treatment for aspiration pneumonia in the meantime. Additionally, you could consider acetylcholine receptor antibody testing for myasthenia gravis.



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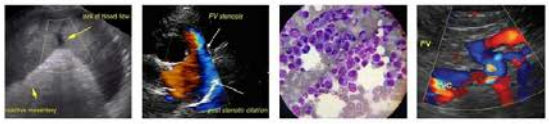

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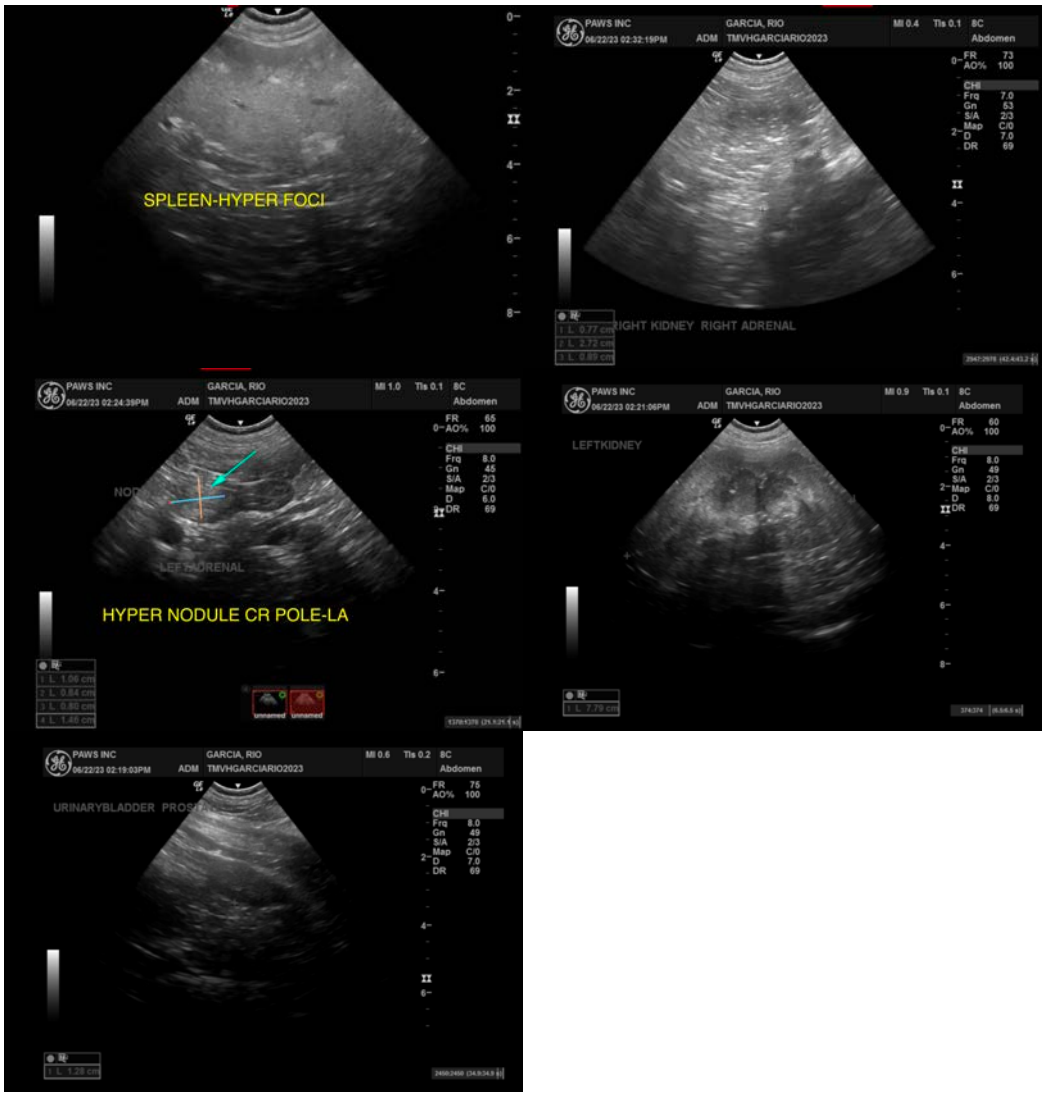

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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