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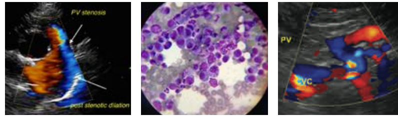

SonoPath
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DATE
6/27/22

PATIENT
Molly Knight

SPECIES
Canine

BREED
Rat Terrier

SEX
Spayed Female

AGE
6/26/16

WEIGHT
12.4 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
31252

PRESENTING CLINICAL SIGNS

Diarrhea, vomiting Diarrhea- with blood- turned black Hx: - Skin issues - Arthritis (on carprofen and dasaquin) - Lick granuloma According to O - Clinical signs started Saturday- initially walked on leash, normal bowel movement, ate, came back inside and had explosive bloody diarrhea large amount. - O called ER in Towson- she was told that was not an emergency and to wait to see rDVM- O called rDVM and couldnt be seen until Tuesday - O worried she couldnt wait that long - Lethargic then periodically perked up - Drinking less - Vomited this am - Ate boiled chicken - Black blood stool - Straining to defecate every hour - O worried the gums are pale – Os goal is AUS Diet: Science diet Derm complete Also gives chicken, apples (is in diet) Adopted from rescue Lives in condo, leash walked- No hx of DI except maybe dried worms, no hx of toxicity, no hx of rat poison Is on carprofen, no hx of medication ingestion Owned 1 yr Hx of lick granuloma 11 months- saw 5 vets ruled out ligament, bone problem, less likely allergy- seeing dermatologist- without carprofen will limp on that leg and licks excessively- needs cone Carprofen- restarted in june 25 mg 1/2 pill am/pm
Current Medications: Proviable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (4.51 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.41 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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 0.52 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. There is a large cystic structure visualized on the right side of the liver measuring 2.98 x 1.83 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 is moderately 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 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The jejunum measured 0.38 cm.

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 fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is prominent and mottled compared to the surrounding isoechoic 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.

Heart
A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:
Prominent, mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

Large, cystic lesion in liver. The findings are most consistent with a benign hepatic cyst. I recommend to continue monitoring.

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

Subjectively thickened small intestine. The mild small intestinal wall changes may be a normal variant in this

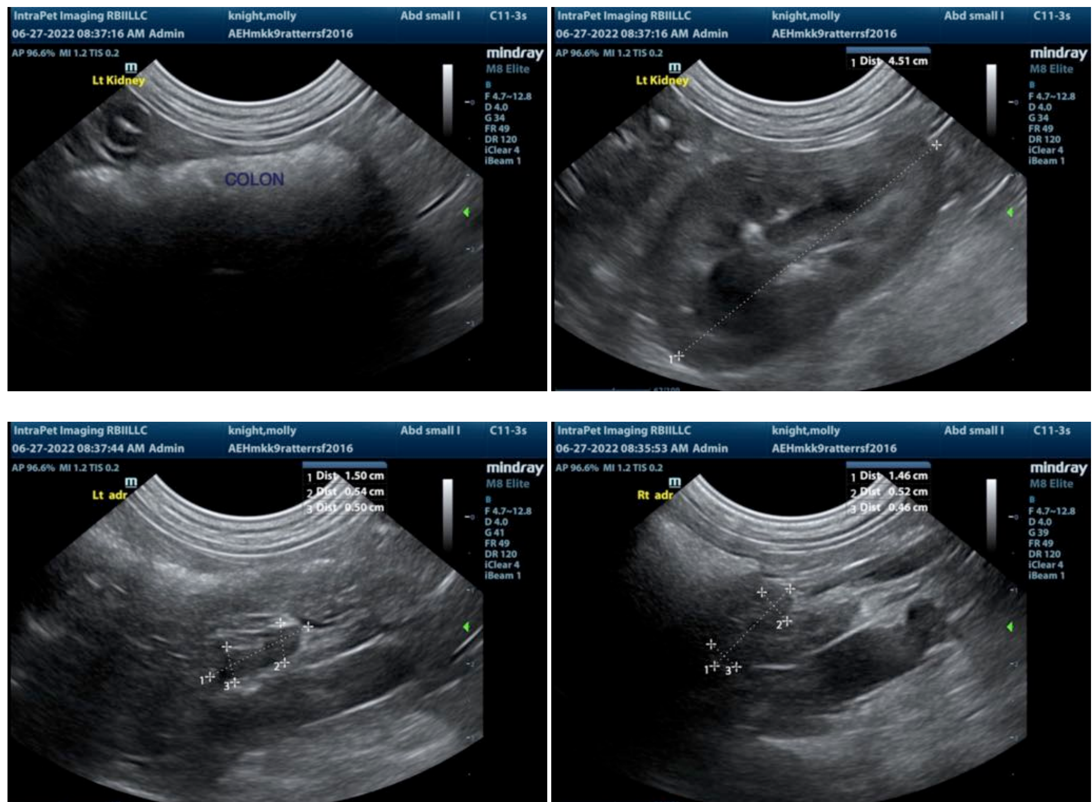
patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

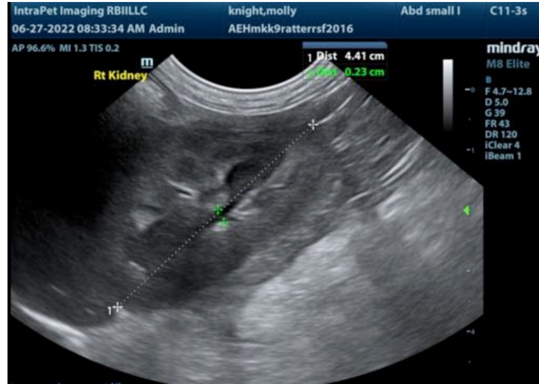
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent and mottled with some hyperechoic mesentery visualized in some areas. These findings can be consistent with mild, pancreatic inflammation or previous inflammation. I recommend symptomatic treatment for pancreatitis in addition to a qualitative PLI to follow over time.

Additionally the small intestine appears subjectively thickened. This could be normal for this individual or can be seen with dietary intolerance/food allergy, acute gastritis, pancreatitis, dysbiosis IBD GI parasitism or less likely intestinal neoplasia. Correlate these findings with blood work and abdominal radiographs as ultrasound can be insensitive when picking up some types of foreign material.

Additionally the liver has a large cystic structure that is most consistent with a benign cyst, but continued monitoring is warranted as well as monitoring of liver values. There is a moderate amount of debris in the gallbladder, but I suspect this is an incidental finding at this time, correlate with liver values. I recommend to continue monitoring.

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mindray
M8 Elite
Rt Kidney
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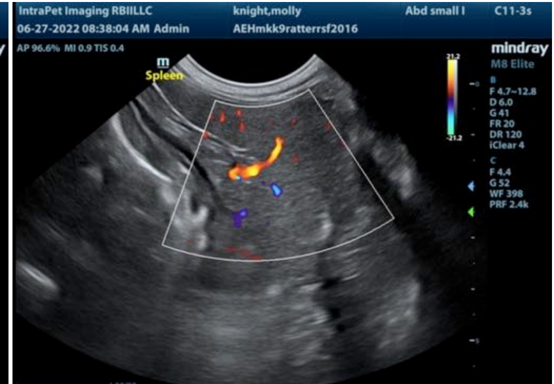
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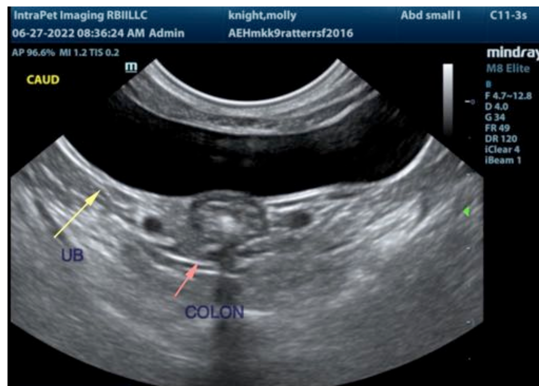
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mindray
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CAUD
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D 4.0
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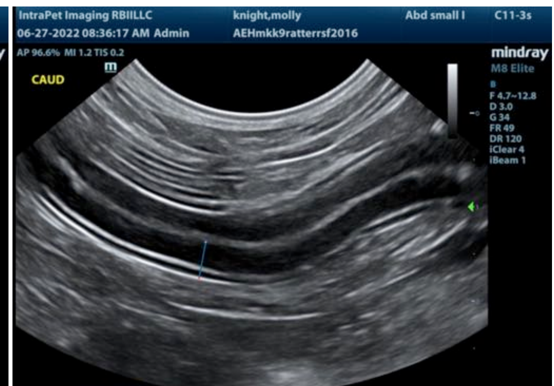
iBeam 1
UB
COLON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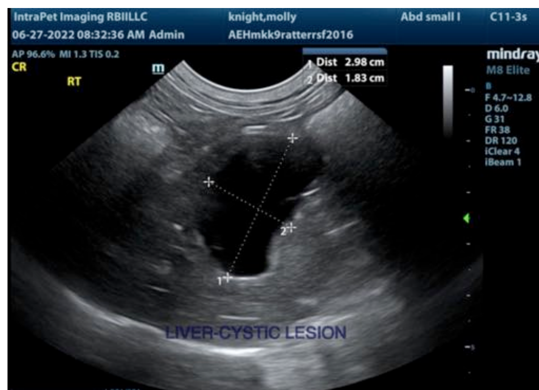
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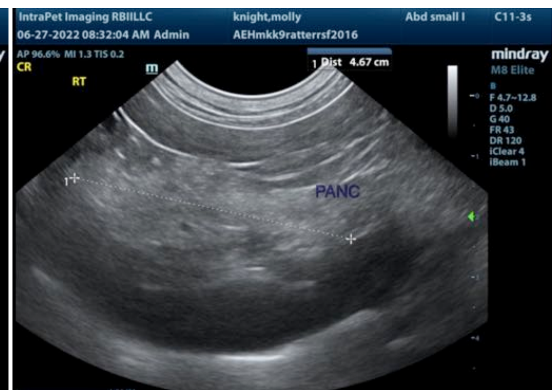
AP 96.6% MI 1.3 TIS 0.2
CR
RT
1 Dist 2.98 cm
2 Dist 1.83 cm
mindray
M8 Elite
B
F 4.7~12.8
D 6.0
G 31
FR 38
DR 120
iClear 4
iBeam 1
LIVER-CYSTIC LESION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RT
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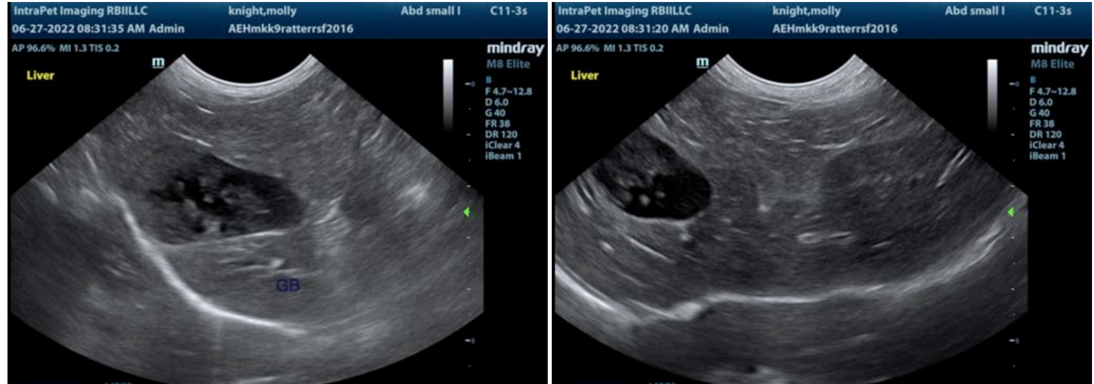
PANC



The information and recommendations provided are based on the images presented by the referring veterinarian. 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