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Clinical Sonography & Telecytology
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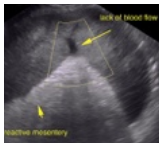
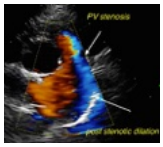
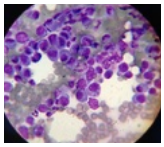
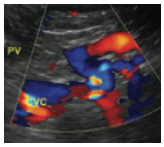





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chloe Costa

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

2-year-old

WEIGHT

48.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional Veterinary Hospital

REFERRING VET

Dr. Hartwick

INVOICE

10284

DATE

6/28/2023

PRESENTING CLINICAL SIGNS

Patient presents after hospitalization for dietary discretion in yard. 623/23 - drooling, vomiting, diarrhea. Induced vomiting - mulch pieces. Elevated of amylase/lipase, borderline renal, ALT and CPLi elevated. Treated with supportive symptomatic care - blood work normalized except amylase (1900), CPLi still elevated. Was sent home and was eating. Re-admitted on 6/27/23 for vomiting despite Cerenia/Omeprazole/Metronidazole. Barium study started at 9:30pm on 6/27/23. Dilated small intestine and colon = R/O FB/ileus, etc.

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 (4.12 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 (5.26 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 normal in size measuring 0.55 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 0.58 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

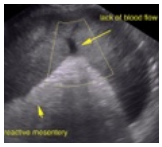
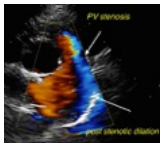
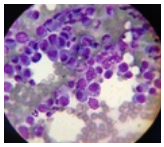
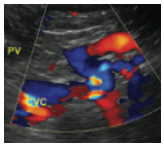
The spleen is subjectively normal in size The spleen echotexture is heterogenous and mildly mottled, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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

Gastrointestinal

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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 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. The jejunum measured as normal (0.29 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. The transverse and descending colon are visualized with intraluminal shadowing material. In some areas this shadowing material appears slightly irregular. This could be consistent with firm stool, passing ingested material, mulch, etc. No wall thickening is observed.

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 of normal uniform echogenicity.

PRIMARY FINDINGS

- Subjectively mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. I suspect this is within normal limits for this individual consider continued monitoring or fine needle aspirate of the spleen.

- Irregular shadowing material visualized within the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is shadowing material visualized within the colon. This is the normal appearance of stool in many individuals and this dog with the given history this irregular material could be passing foreign material/mulch etc. There is no evidence of an obstructive pattern, mass effects, etc., and no evidence of significant pancreatic inflammation. A complete obstruction seems very unlikely, although a partial obstruction or a colonic obstruction is possible (but very rare). I would consider continued hydration. It is possible that the administered barium will help to coat and soothe the bowel wall. In close monitoring of the stool for what is passing, possibly even some very GENTLE LUBRICANT ENEMAS.

If symptoms are persisting consider repeat imaging (radiographs, +/- ultrasound). I'm hopeful that this is just a very stubborn/severe enterocolitis. Additionally, consider the possibility of regurgitation rather than vomiting due to severe esophagitis, etc. Recommend three-view thoracic radiographs to evaluate the esophagus and to look for evidence of aspiration pneumonia.

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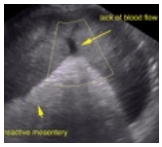
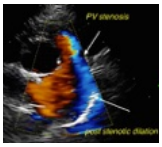
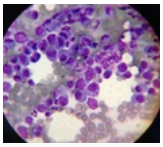
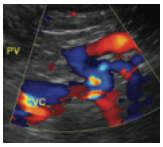

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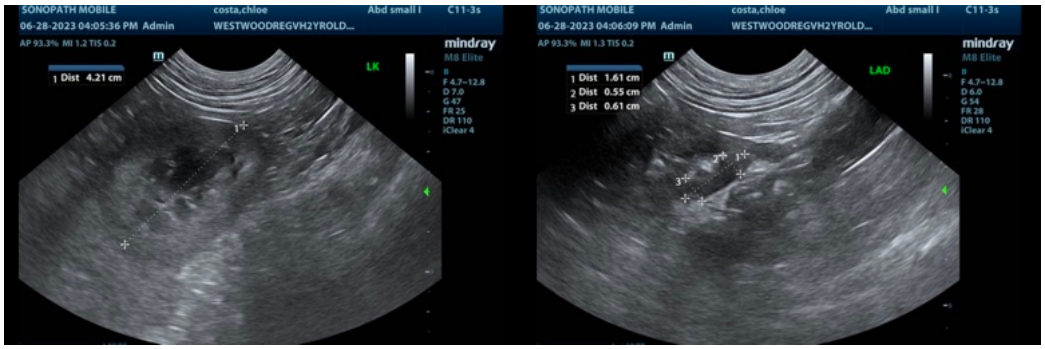

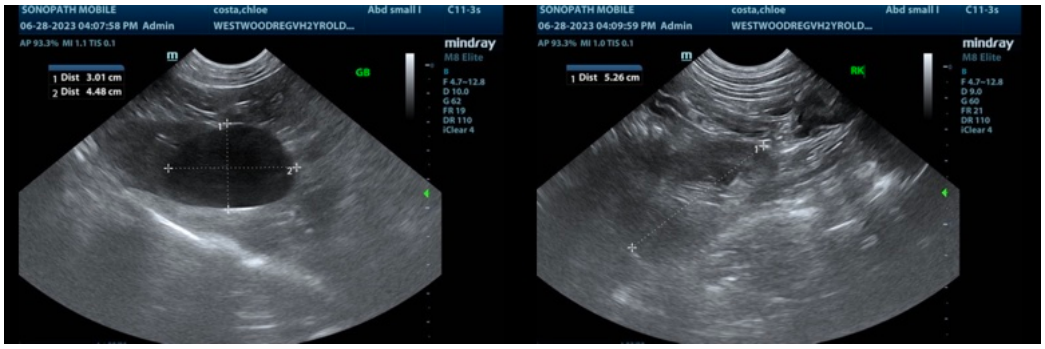

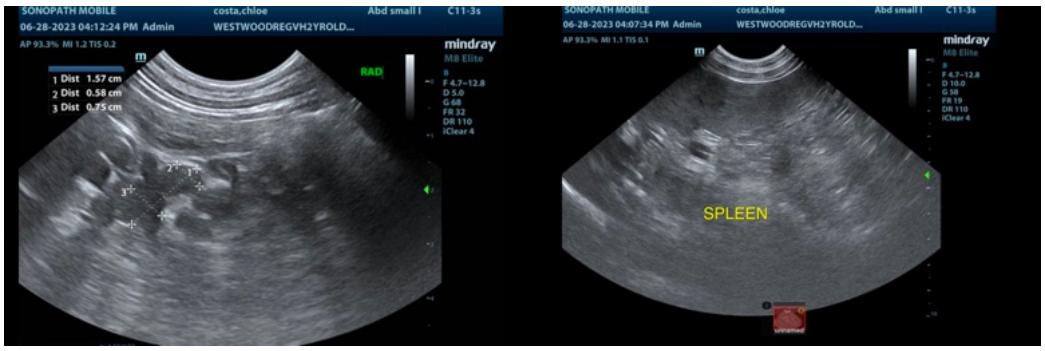

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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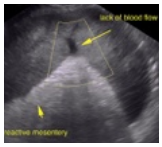
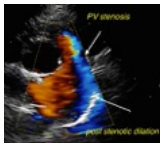
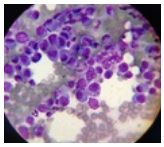
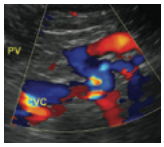

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