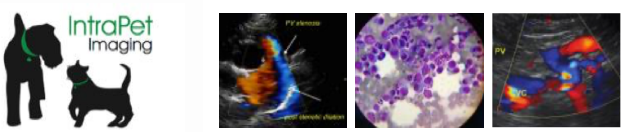
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6.29.2023

PATIENT

Murphy Roussil

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5/5/2016

WEIGHT

77 lbs

INTERPRETED BY

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

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

13532

PRESENTING CLINICAL SIGNS

7-lb weight loss of unknown cause.

Current Medications: None.
Lab Results: T4 <0.5, FT4 6.7, TSH 0.41. Consult with IM at Antech suspected “sick euthyroid” given weight loss and rec AUS to look for other problems.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with dependent sandy debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.34 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 (6.87 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 region of left adrenal (cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size (0.54 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. No focal nodules or cystic lesions are observed. The gall bladder 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 moderately dilated with fluid and irregular shadowing material most consistent with normal fluid 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 relatively uniform diameter with mild-to-moderate 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 duodenum measured as normal and the jejunum measured as normal (0.39 cm) Visualized peristalsis appears appropriate. Much of the small bowel and right cranial abdomen is obscured due to gas visualized within the stomach and the small intestine.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. There are prominent/visible mesenteric lymph nodes (0.62 and 0.63 cm).
The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sandy, shadowing debris/small stones in the dependent portion of the urinary bladder - Recommended a urinalysis and culture. Correlate with abdominal radiographs.

- Moderate fluid and gas visualized within the gastric lumen and small bowel – Findings are most consistent with a non-fasted patient. Additionally, there is significant panting and likely aerophagia. This interferes with visualization of much of the area of the midabdomen and the right cranial abdomen.

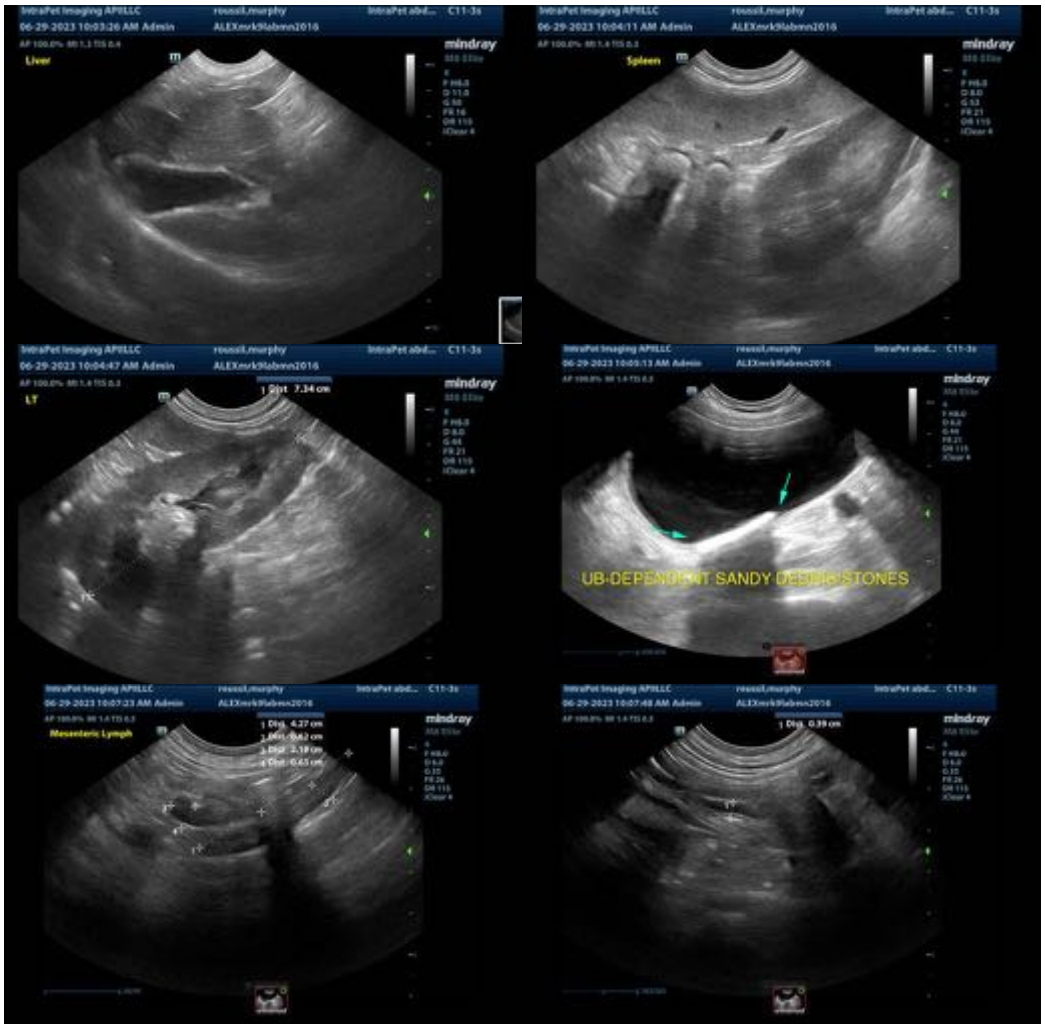
- Prominent mesenteric lymph nodes - The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

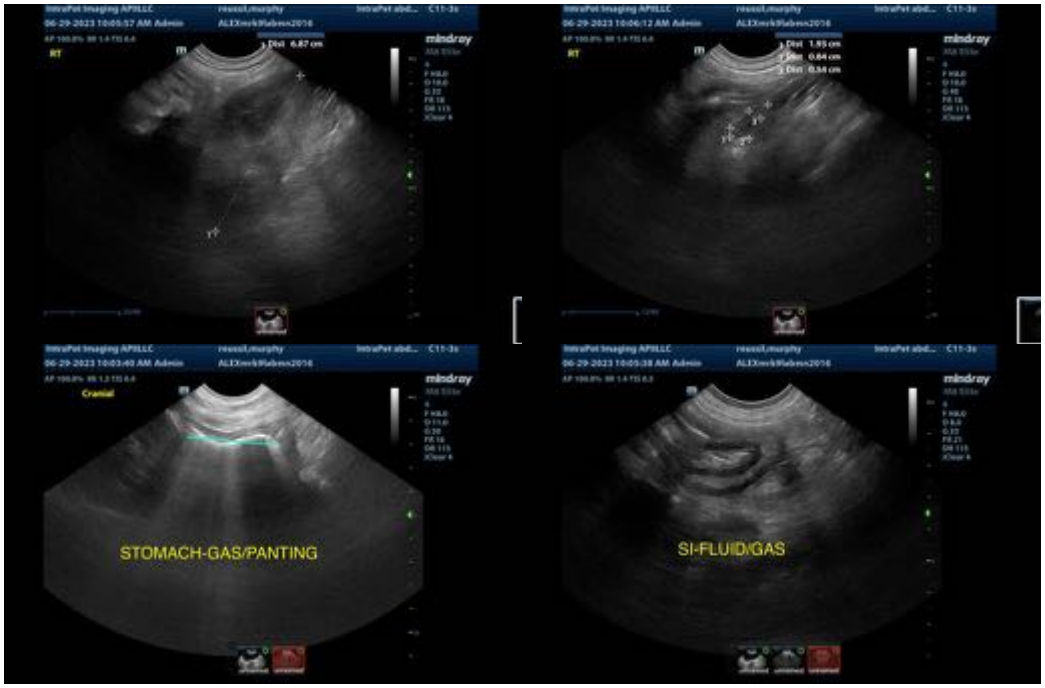
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions or lesions associated with the gastrointestinal tract are visualized on today's examination. There is a moderate amount of gas and fluid visualized in the gastric lumen and in much of the small bowel. This material causes interference, and in addition to the panting, makes visualization of many of the areas of the abdomen challenging. I suspect much of this is due to anxiety, which may be helped by heavier sedation. Additionally, you can sometimes see these changes with generalized ileus or primary gastrointestinal disease. Correlate these findings with the feeding history. If the patient was adequately fasted, then delayed gastric emptying could be a consideration. A GI panel to Texas A&M for a qualitative PLI/TLI, cobalamin and folate could be considered to look for additional evidence for underlying gastrointestinal disease.

There is some sandy debris/small stones visualized in the urinary bladder. Correlate these findings with abdominal radiographs. Recommended urinalysis and culture.

Recommend three-view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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)
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