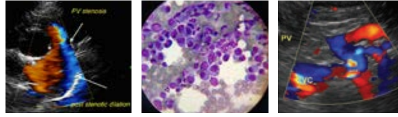
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

7/12/22

PATIENT

Buster Loomis

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

25.5 kg

WEIGHT

7/6/14

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

39406

PRESENTING CLINICAL SIGNS

Protein-losing enteropathy based on lab work (panhypoproteinemia, hypocholesterolemia, no proteinuria) and clinical signs (chronic intermittent vomiting, diarrhea). Does have travel history to FL one year ago.

Current Medications: Proviable Kit, Metronidazole 250mg 3/4 tab BID
Lab Results: Albumin 1.8, globulin 1.4, cholesterol 87, tCa 7.4, Mg 1.2, mild neutrophilia and mild thrombocytosis, unremarkable UA
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 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 (6.43 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 (7.07 cm) with a cortical cyst measuring 1.73 cm x 1.51 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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 0.56 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of fluid with some gas and mildly shadowing ingesta. 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Duodenum wall measured 0.59 cm. Jejunum wall measured 0.46 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Mucosal fogging is present. 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 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

There is a small amount of free abdominal fluid and a mild mesenteric lymphadenopathy noted with mesenteric lymph nodes measuring 1.32 cm and 1.2 cm in diameter. The omentum is generally of increased echogenicity.

PRIMARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Fluid distended stomach with some gas and small shadowing material – correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed).
- Diffusely thickened small intestine with mucosal fogging – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Small amount of free abdominal fluid.
- Mild/moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

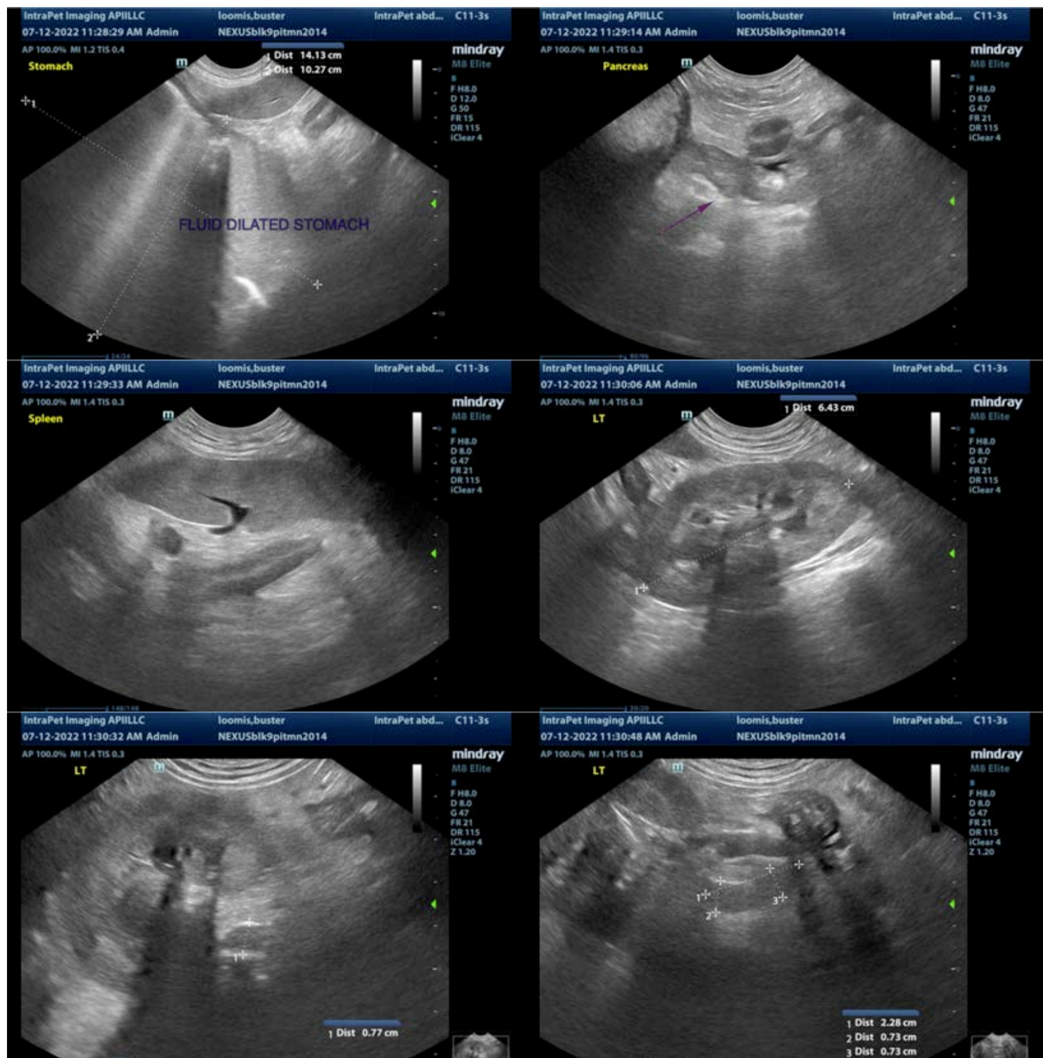
SECONDARY FINDINGS

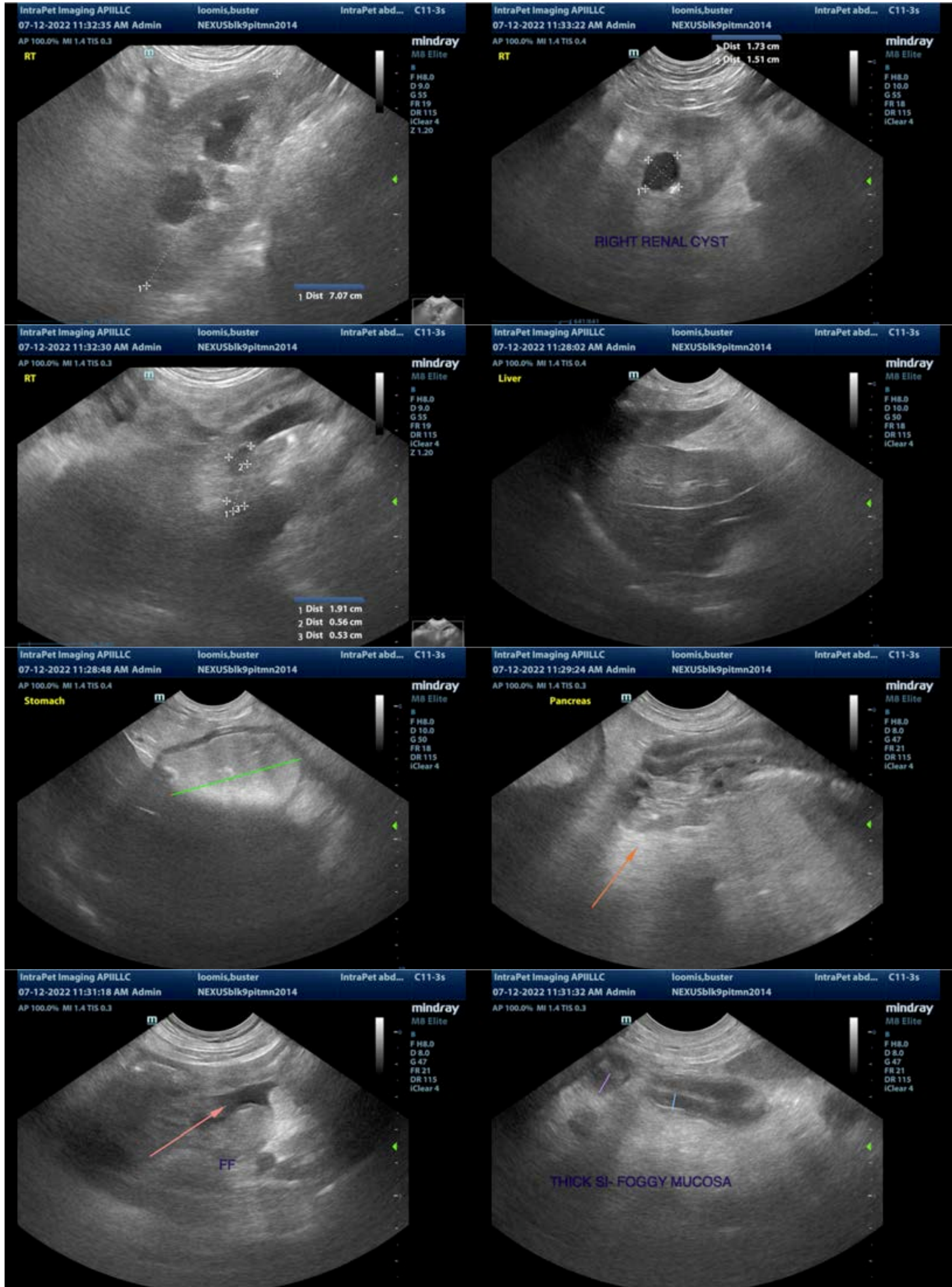
- Small right renal cyst – likely an incidental finding.

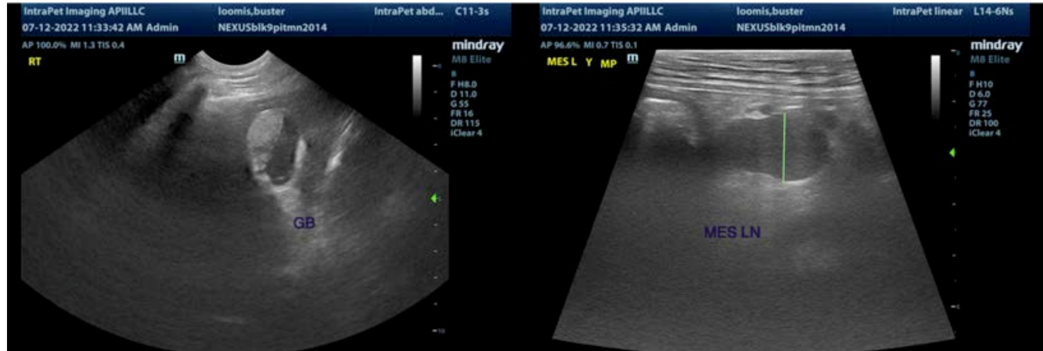
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small amount of free abdominal fluid observed, as well as generalized thickening and edema of the small intestine as well as prominent hypoechoic/mottled pancreas. A mild lymphadenopathy is present, and a small (likely incidental) right-sided renal cyst. Findings are most consistent with a protein losing enteropathy +/- concurrent pancreatitis.

Medical recommendations will be implemented by Dr. Cara Steele.




IntraPet Imaging APIILLC
loomis,buster
NEXUSblk9pitmn2014
mindray
M8 Elite
RT
1 Dist 7.07 cm
Dist 1.73 cm
Dist 1.51 cm
RIGHT RENAL CYST
1 Dist 1.91 cm
2 Dist 0.56 cm
3 Dist 0.53 cm
Liver
Stomach
Pancreas
FF
THICK SI- FOGGY MUCOSA



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