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DATE PRESENTING CLINICAL SIGNS

7/12/22

Had mast cell tumor removed -- left ear pinna -- good margins, a couple years ago. Last year was diagnosed with chemodectoma (heart based mass) and has received radiation for it; has shrank about 50%. About a month ago she had diarrhea; went to ER at home (owner from Michigan; is in town here visiting family); Ella also had UTI at the time so was treated with Augmentin and Meloxicam; also got Fortiflora. She recovered fairly quickly but recently got diarrhea again and today has been vomiting frequently. Diarrhea has gotten bloody.

PATIENT

Ella Ramsey

SPECIES

Canine

Current Medications: Metronidazole, Buprenorphine, Cerenia, Ondansetron.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Pit Bull X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

9/6/11

The left kidney has a normal shape and size (6.46 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.

WEIGHT

53.3 Pounds

The right kidney has a normal shape and size (6.74 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 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.

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Andi Parkinson RDMS

The right adrenal gland is normal in size measuring 0.69 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.

HOSPITAL NAME

Animal Emergency
Hospital

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 is a small discrete hypoechoic nodule visualized measuring 1.46 cm x 1.44 cm.

REFERRING VET

Dr. Martinoli

Liver

The liver is borderline large in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. Prominent distended vasculature noted. focal nodules or cystic lesions are observed.

INVOICE

39402

The gallbladder lumen is moderately distended. The wall of the gall bladder appears somewhat thickened and hypoechoic, measuring at 0.35 cm. Additionally, there is some free fluid surrounding the gallbladder. Luminal

contents are primarily anechoic. The cystic and common bile ducts are normal/not visible. Findings are most consistent with gallbladder edema.

Gastrointestinal

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 duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 nonformed 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 small amount of free abdominal fluid. Occasional prominent mesenteric lymph nodes are visualized measuring 0.64 and 0.84 cm. The omentum is generally of normal echogenicity.

Other

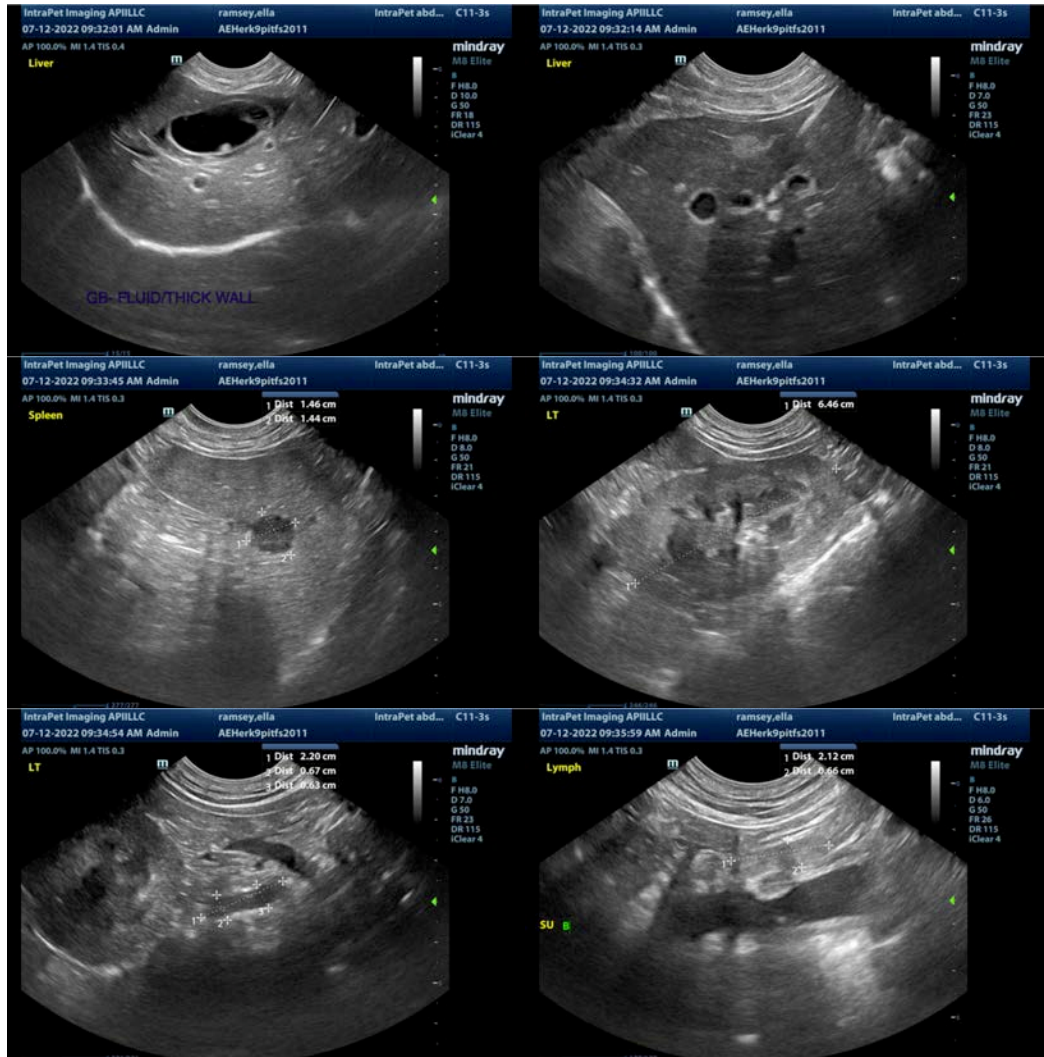
A suspected heart base mass is visualized measuring approximately 3.75 cm x 0.56 cm. No obvious pericardial effusion seen.

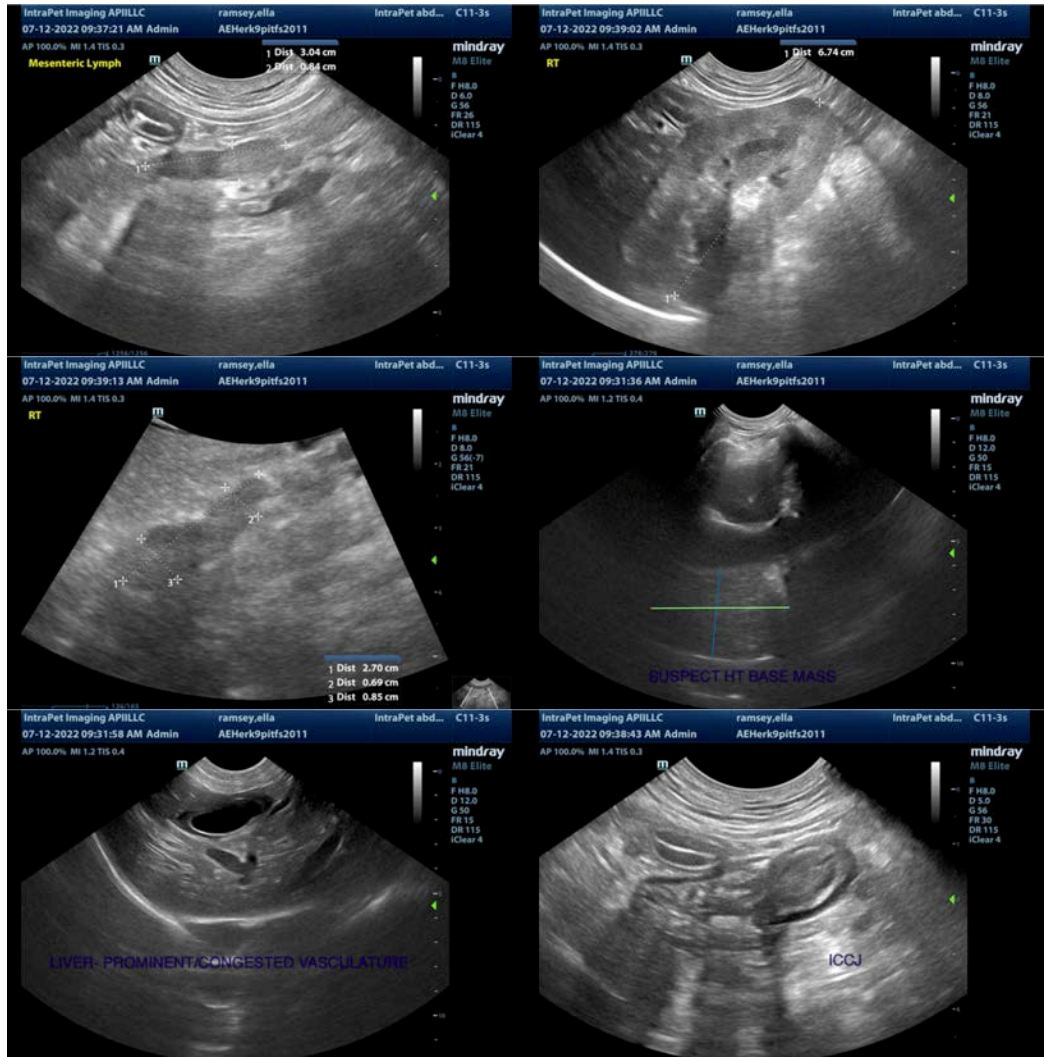
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Borderline large liver with prominent vasculature – concerning for possible congestion secondary to the heart base mass.
- Hypoechoic, thickened gallbladder wall – This is most consistent with gallbladder edema secondary to congestion.
- Nonformed fecal material within the colon – consistent with the reported diarrhea.
- Small volume free abdominal fluid.
- Mild lymphadenopathy – 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 primary focal lesions are visualized within the abdomen. There is evidence of the reported diarrhea, and a small hypoechoic nodule within the spleen, which I suspect is incidental at this time. I'm concerned that some of the symptoms could be secondary to the heart base mass causing congestion, stomach upset, etc. Alternately, this could be a bout of acute hemorrhagic gastroenteritis. Recommend cardiac ultrasound and symptomatic treatment for acute diarrhea.





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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