IMAGING PERFORMED BY

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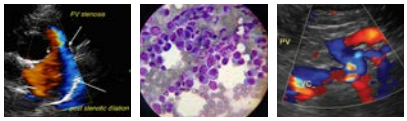

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7/12/22

PATIENT

Hunter Gunnet

SPECIES

Canine

BREED

Boxer X

SEX

Neutered Male

AGE

1/7/17

WEIGHT

68.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Jones

INVOICE

39400

PRESENTING CLINICAL SIGNS

Decreased appetite for past few weeks. Cough/gag/wretching- no production. Prominent LN: Submandibular, prescap, popliteal.

Current Medications: Cerenia 80mg SID starting 7/1 - no improvement
Zeniquin 100mg SID starting 7/7, Entyce 90mg SID starting 7/7.
Lab Results: Hct 56.2, TP 5.5, alb 2.4, SDMA 15, creat 1.8, chol 79, amylase 2232.
Radiographs: possible increased density R caudomedial lung fields, not defined opacity.
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 (5.89 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 (5.85 cm) with a small non-obstructive nephrolith visualized. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/small/"flat" in size measuring 0.28 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 0.73 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 normal/small 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 gallbladder 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 contains minimal luminal contents. The gastric wall appears somewhat prominent and hypoechoic with intact wall layering. It measures at 0.72 cm, which is slightly thickened (normal is <0.70 cm) with some variability due to the presence of rugal folds. There is no impression of reduced peristaltic activity. No focal lesions are 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. Jejunum wall measured 0.27 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. 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 hypoechoic as 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 scant amount of free abdominal fluid. There are prominent, slightly hypoechoic, irregular mesenteric lymph nodes (1.2 cm) visualized in addition to enlarged lymph nodes noted at the iliac trifurcation measuring 1.14 cm and 0.93 cm.

The omentum appears of increased echogenicity in the cranial abdomen around the stomach and pancreas.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Subjectively thickened hypoechoic stomach wall with intact layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be consistent with a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections,etc. A fine needle aspirate with cytology is recommended for further evaluation.

SECONDARY FINDINGS

- Flat left adrenal gland – The significance of a unilaterally small adrenal gland is questionable. Consider measuring cortisol levels.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

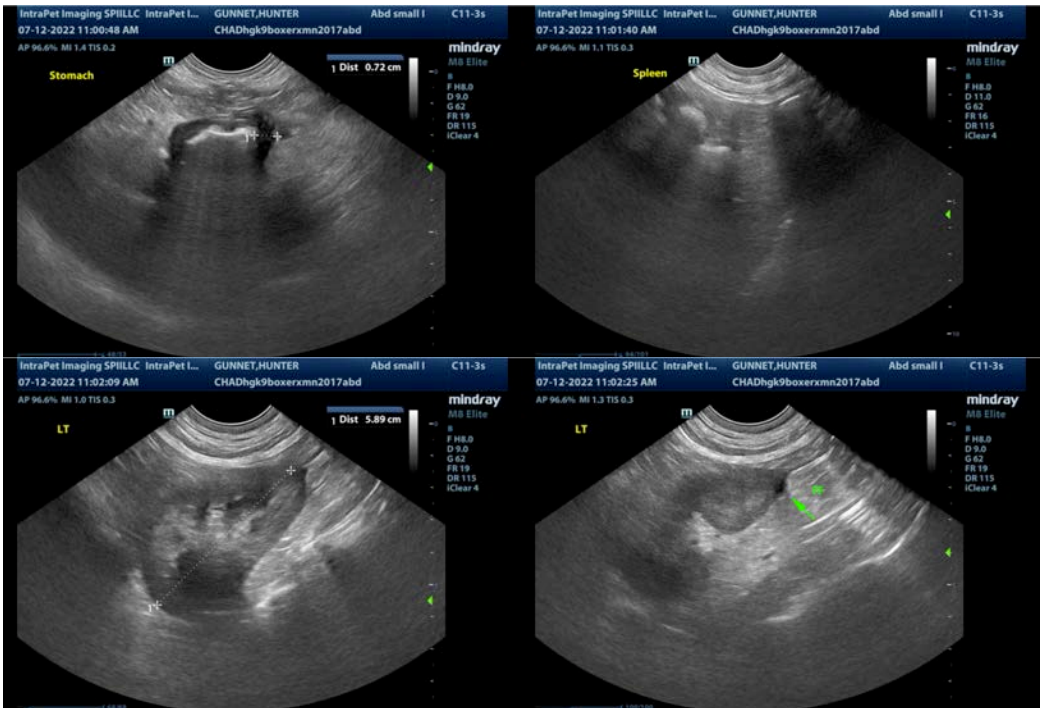
The changes observed on today's scan were somewhat subjective and non-specific.

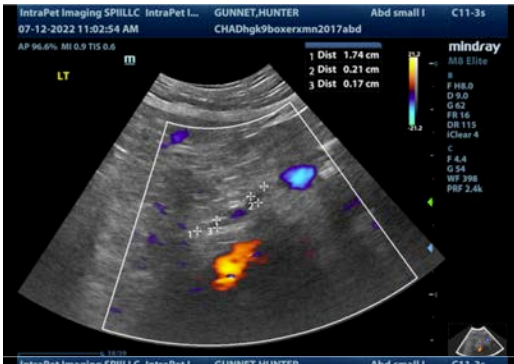
There are prominent mesenteric lymph nodes, primarily at the iliac trifurcation, but generally within the abdomen as well. Based on the history, I suspect a fine needle aspirate will be (should be) performed on a peripheral lymph node. If this not helpful, then a mesenteric aspirate could be considered.

The stomach wall subjectively appears thickened and slightly irregular. This is likely most consistent with gastritis, although infiltrative disease could be a concern. Recommend symptomatic treatment for acute gastroenteritis/pancreatitis. If symptoms are not resolving, then consider further evaluation such as upper GI endoscopy, GI biopsies, etc. Also consider reimaging of this area with ultrasound to see if the thickening is improving over time, as could happen if gastritis or pancreatitis is resolving.

The left adrenal gland appears somewhat small with a relatively normal appearing right adrenal gland. The significance of this is unclear, but consider a baseline cortisol to rule out the possibility of Addison's disease. Additionally, consider evaluation of the esophagus, nasopharynx, pharynx, etc. for the gagging and coughing noted. Also consider salivary disease (sialadenosis or sialadenitis).

A low albumin is reported. In general, this is typically caused by either a protein losing enteropathy, nephropathy, liver disease, Addison's disease, vasculitis, etc. Consider a liver function test and a urine protein/creatinine ratio to look for evidence of renal loss of liver dysfunction. If these are normal, consider underlying gastrointestinal disease as a larger factor. If this is the case, GI biopsies may be indicated.

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LT
1 Dist 1.74 cm
2 Dist 0.21 cm
3 Dist 0.17 cm
mindray
M8 Elite


IntraPet Imaging SPIIILLC IntraPet I... GUNNET,HUNTER Abd small I C11-3s
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CAUDAL TRV
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2 Dist 1.14 cm
3 Dist 0.93 cm
4 Dist 1.66 cm
LNS
mindray
M8 Elite


IntraPet Imaging SPIIILLC IntraPet I... GUNNET,HUNTER Abd small I C11-3s
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RT
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mindray
M8 Elite


IntraPet Imaging SPIIILLC IntraPet I... GUNNET,HUNTER Abd small I C11-3s
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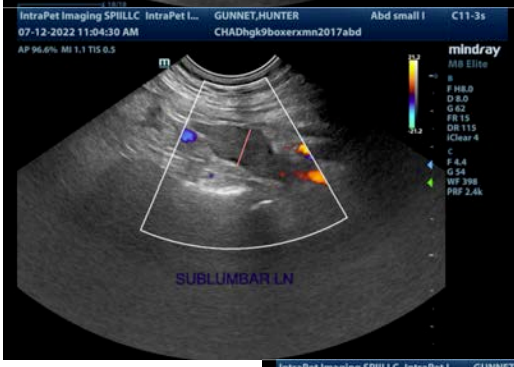
mindray
M8 Elite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SUBLUMBAR LN
mindray
M8 Elite


IntraPet Imaging SPIIILLC IntraPet I... GUNNET,HUNTER Adult ABD C6-2Gs
07-12-2022 11:13:54 AM CHADhgk9boxerxmn2017abd
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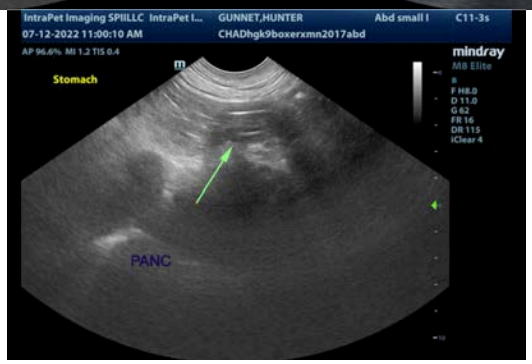
CRANIAL RT
LIVER/GB
mindray
M8 Elite


IntraPet Imaging SPIIILLC IntraPet I... GUNNET,HUNTER Abd small I C11-3s
07-12-2022 11:00:10 AM CHADhgk9boxerxmn2017abd
AP 96.6% MI 1.2 TIS 0.4
Stomach
PANC
mindray
M8 Elite

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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