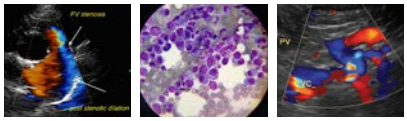
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/13/23

PATIENT

Molly Marsalek

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11/14/11

WEIGHT

60.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Miller

INVOICE

43824

PRESENTING CLINICAL SIGNS

Chronic diarrhea, weight loss, episodic vomiting.

Current Medications: Cerenia 60mg, Metronidazole 500mg, Proviable.
Lab Results: USG 1.018.
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 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 (7.05 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 (6.15 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 0.87 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 0.91 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and generally has a smooth mucosal surface, but there is a focal hyperechoic structure measuring 0.97 cm in diameter, most

consistent with either pedunculated tissue or intraluminal debris. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is significantly dilated with fluid. In the region of the pyloric outflow tract there is a somewhat ill-defined hypoechoic mass effect that appears to be involving the outflow tract/pylorus. This mass effect measures approximately 2.17 cm x 3.2 cm in cross section.

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. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.32 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 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.

ULTRASONOGRAPHIC FINDINGS

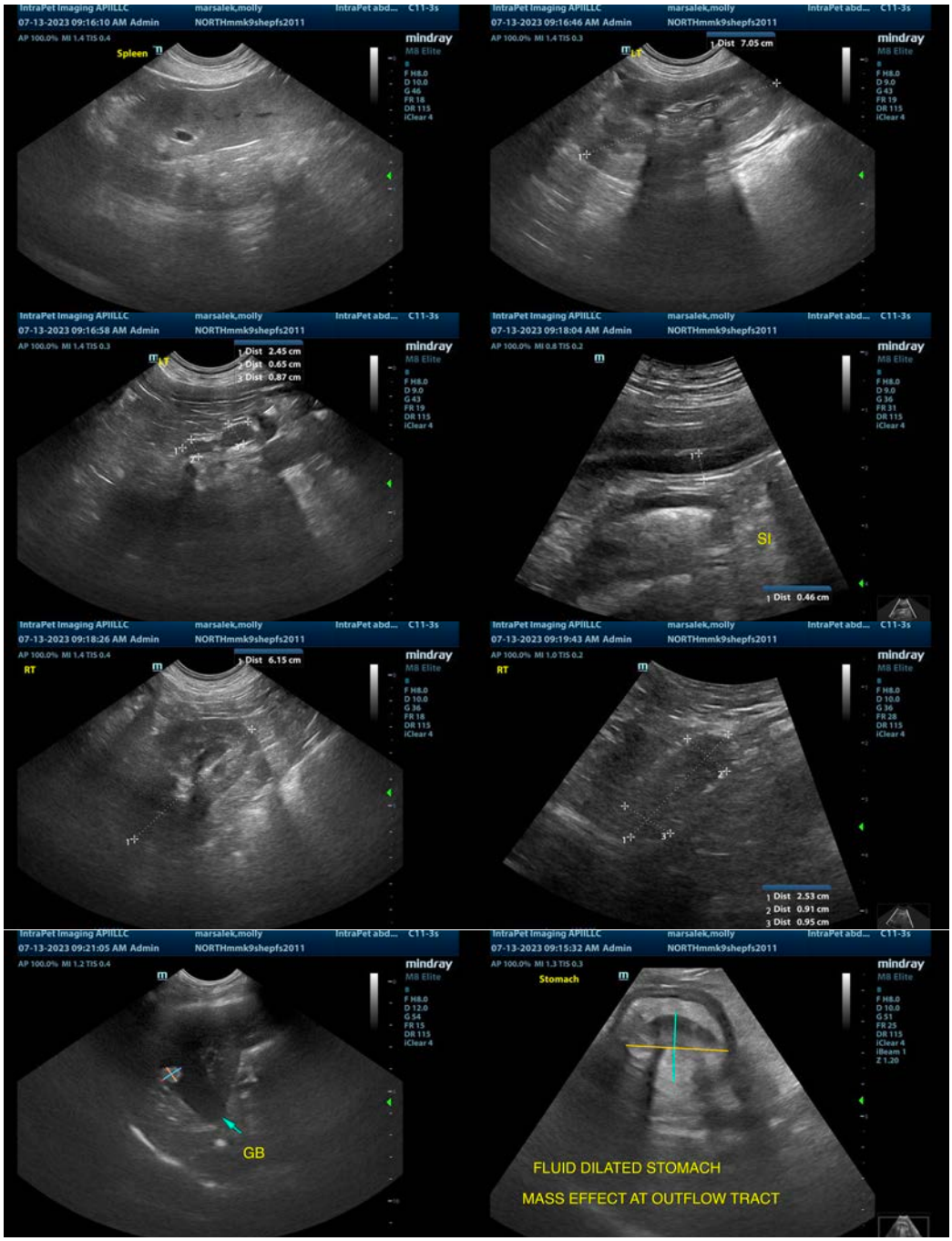
- Focal hyperechoic structure associated with the gallbladder wall – This could be consistent with adhered debris, a pedunculated mass effect (polyp), etc. Recommend continued monitoring with ultrasound.

- Fluid distended stomach with tissue mass effect in the region of the outflow tract - This could represent a benign or neoplastic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is dilated with fluid and there is a hypoechoic non-shadowing structure visualized associated with the pyloric region, possibly causing a partial outflow tract obstruction. Options for further evaluation would include upper GI endoscopy to evaluate the patency of the outflow tract, possibly obtain biopsies, etc. This may need to be combined eventually with either surgery or a contrast CT scan +/- surgery to further evaluate and provide therapeutic intervention. Unfortunately, I'm not sure if this would be associated with the chronic diarrhea reported. No focal small bowel lesions were observed. If surgery is considered, biopsies of the small bowel (duodenum, jejunum and ileum) should also be obtained. Additionally, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate as well as a transition to a novel protein/hydrolyzed protein diet and chronic probiotic therapy.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.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Stomach
FLUID DILATED STOMACH
MASS EFFECT AT OUTFLOW TRACT

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)
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