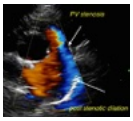
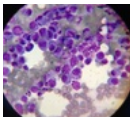
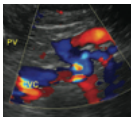
IMAGING PERFORMED BY

IntraPet.com







SonoPath
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DATE

7/17/23

PATIENT

Mabel Felts

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

3/21/17

WEIGHT

30 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Zulty

INVOICE

10337

PRESENTING CLINICAL SIGNS

No current clinical signs, repeat ultrasound to mainly assess splenic mass.

Current Medications: None.
Lab Results: Recent LDDS was negative; dog is positive for Leishmaniasis.
Date of Previous IntraPet Ultrasound: 4/24/23. See attached.
Sedation: Patient sedated with Dexdomitor, Katamine and Torbugesic.
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 severely echogenic urine. The dependent apical portion of the urinary bladder appears severely irregular and thicken measuring up to 1 cm in thickness. The region of the trigone, ureteral papillae, and proximal urethra (to a depth of 2cm) appear normal with no evidence of lesions, masses, or cystic calculi.

The left kidney has a normal shape and size (6.02cm) with non-obstructive nephroliths the largest of which measures 0.63 cm and some small cortical cyst. Overall echogenicity is slightly hyperechoic with poor 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, infarcts, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.4 cm) with nonobstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.77 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 0.94 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. There is a hypoechoic mixed echogenicity intraparenchymal mass visualized measuring 2.15 cm x 1.56 cm. (appears stable from previous measurement from 4/24/2023 at 2 cm x 1.5 cm)

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 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.

Heart

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Severely thicken/irregular apical ventral region of the urinary bladder with severely echogenic debris. Findings are most consistent with severe cystitis. Correlate with urine analysis and culture. Recommend reevaluation post treatment to ensure this does not represent a neoplastic process.

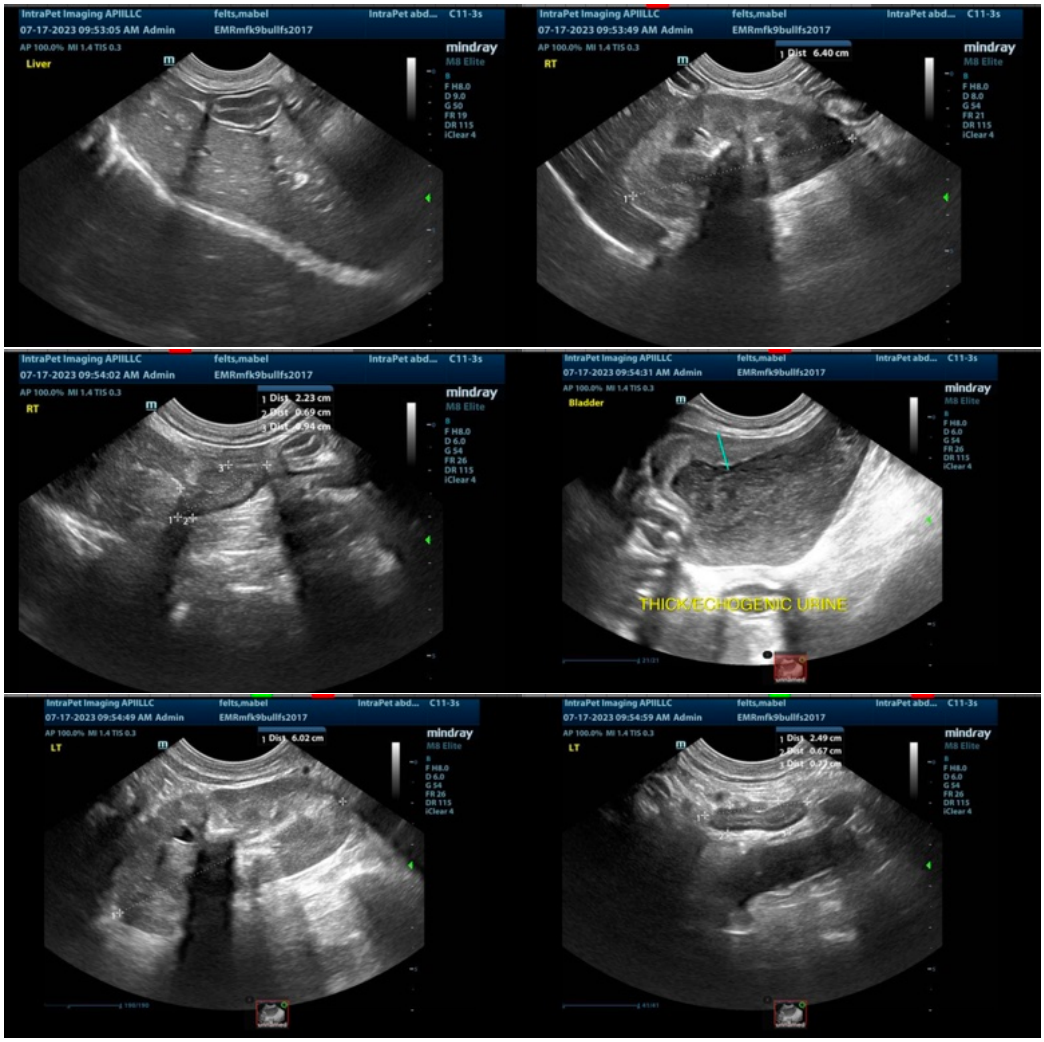
- Decreased corticomedullary distinction in both kidneys with bilateral non obstructive nephrolithiasis. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- Hypoechoic nodule in the spleen. 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. The splenic nodule appears stable from previous scan.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively similar to the previous scan 4/24/2023. There has not been a significant increase in the size of the splenic nodule described, although this does not rule out a neoplastic process. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

The most significant change is the severe apical ventral thickening of the urinary bladder with a large amount of echogenic debris. Recommend a urine analysis and culture. If an infection is not present, then consider a traumatic catheterization to obtain cytology from the urinary bladder wall. If culture is present recommend reevaluation of the urinary bladder wall with ultrasound 2 weeks into therapy (while on appropriate antibiotic therapy) to ensure that the bladder wall changes have resolved prior to discontinuing antibiotics.



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)
info@sonopath.com