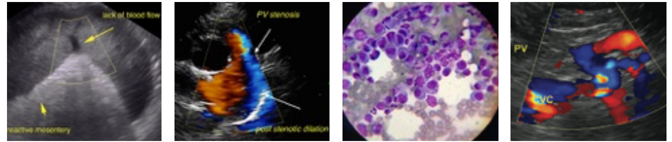
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Striker Koschewski

SPECIES

Canine

BREED

Sharpei X

SEX

Neutered Male

AGE

10 years

WEIGHT

27.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Hamil

INVOICE

10347

DATE

7/18/2023

PRESENTING CLINICAL SIGNS

Hyporexia, diarrhea, vomiting. Weight loss of 5 kg over past weeks.

Abnormal PE/Chem/CBC/UA Results: Mild SDMA elevation, monocytosis, mild low albumin at 26.

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 prostate is normal in size (1.04 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.61 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 (6.5 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 0.7 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

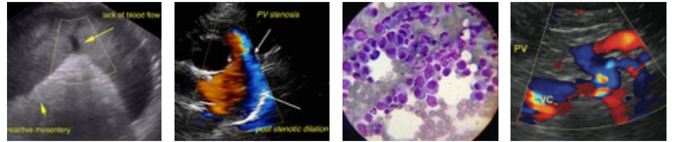
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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 has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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

PATIENT

Striker Koschewski

SPECIES

Canine

BREED

Sharpei X

SEX

Neutered Male

AGE

10 years

WEIGHT

27.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Hamil

INVOICE

10347

DATE

7/18/2023

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum measured 0.41 cm and the jejunum measured 0.35 cm.

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 in right limb compared to the surrounding isoechoic mesentery. Along the region of the right limb of the pancreas there is a large hypoechoic nodule measuring 1.03 cm. I suspect this is consistent with a local lymph node, but a pancreatic nodule cannot be ruled out. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent lymph nodes in the right abdomen they are large and hypoechoic, and one such lymph node measures 1.46 cm in diameter. The other in the region of the right pancreas measures 1.03 cm in diameter. The omentum is mildly hyperechoic in the region of these lymph nodes.

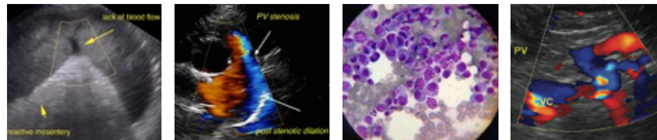
PRIMARY FINDINGS

- Hypoechoic mottled right limb of the pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mild small intestinal thickening. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Large, hypoechoic lymph nodes in the right mid abdomen. The moderate mesenteric lymphadenopathy could be concerning for 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the vomiting and the diarrhea reported. The small intestine does appear subjectively mildly thicken, which could be indicative of a primary enteropathy.

There are two large hypoechoic nodules visualized in the right mid abdomen. These are most consistent with large lymph nodes. Although one of them lies in the region of the right limb of pancreas and a pancreatic nodule cannot be ruled out. Recommend a fine needle aspirate of these



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

PATIENT

Striker Koschewski

SPECIES

Canine

BREED

Sharpei X

SEX

Neutered Male

AGE

10 years

WEIGHT

27.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Hamil

INVOICE

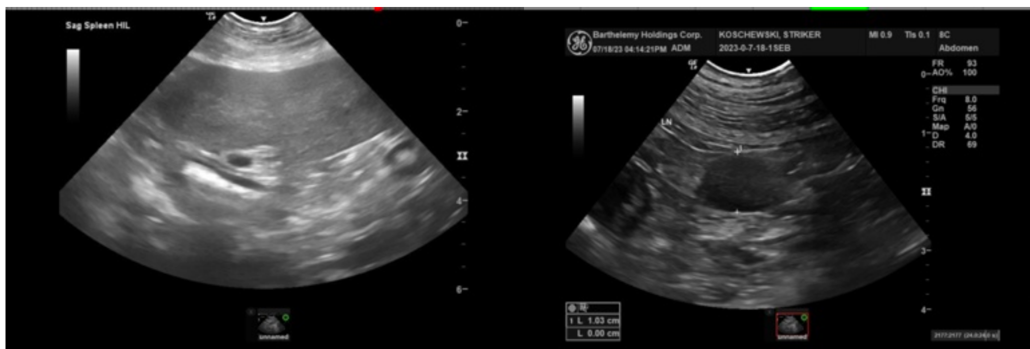
10347

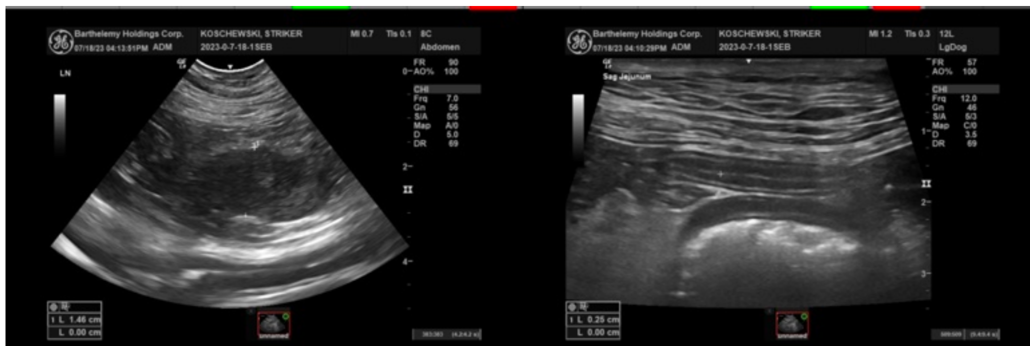
DATE

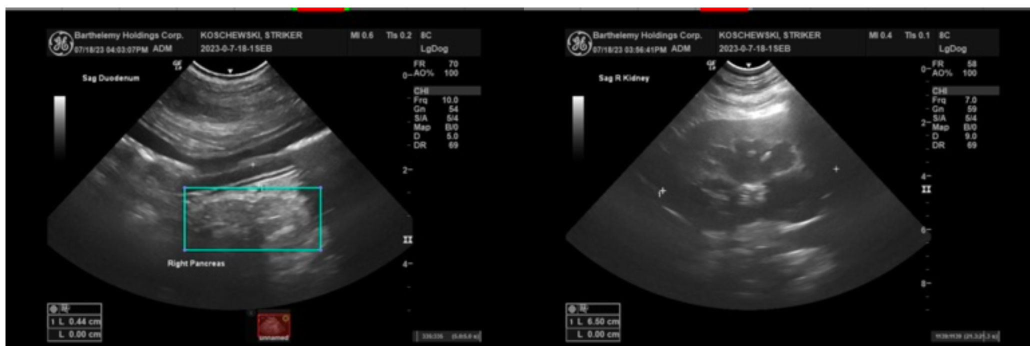
7/18/2023

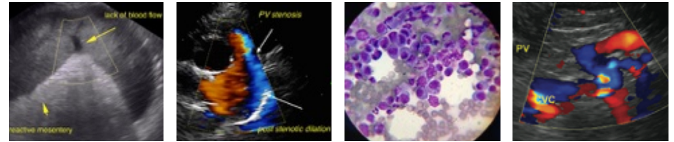
lesions and three view thoracic radiographs. Although not definitive the appearance of these lymph nodes is concerning for a possible neoplastic process.

The low albumin levels are supportive of a likely underlying enteropathy. Consider a liver function test and a urine protein/creatinine ratio to rule out the possibility of concurrent hepatic or renal disease contributing to hyperalbuminemia.









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

PATIENT

Striker Koschewski

SPECIES

Canine

BREED

Sharpei X

SEX

Neutered Male

AGE

10 years

WEIGHT

27.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

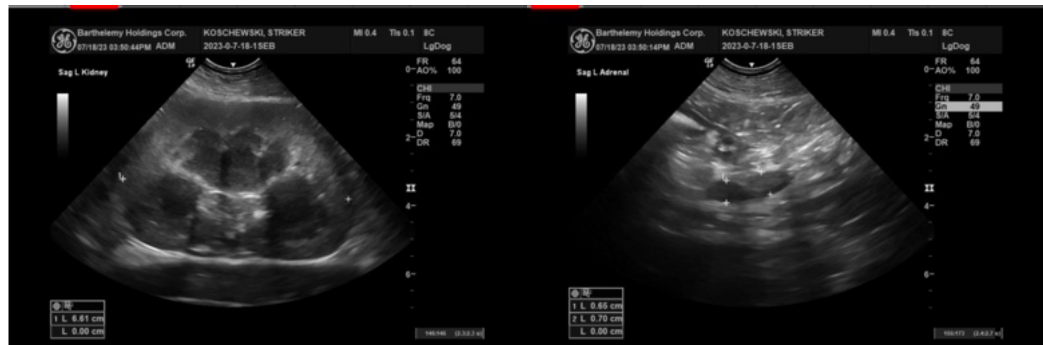
Dr. Hamil

INVOICE

10347

DATE

7/18/2023



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