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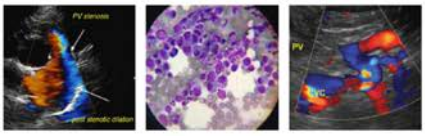

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PATIENT

Zoey Harden

SPECIES

Canine

BREED

Setter X

SEX

Spayed Female

AGE

12 Years

WEIGHT

49.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet Practice

INVOICE

39684

DATE

7/20/22

PRESENTING CLINICAL SIGNS

2 week history of vomiting whole kibble 8-10 hours after eating. E/D normally. Normal energy levels for her. History of diabetes (on Vetsulin). Hx of anal gland mass past 3 years (stable). No diarrhea. Abnormal PE/Chem/CBC/UA Results: Last BW performed Sept 2021. Elevated ALKP and Glucose at that time.

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 (6.99 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 (6.98 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.

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 0.49 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. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined area towards the head of the spleen where the parenchyma is focally hypoechoic, creating somewhat of a “bulge” and mass effect measuring 2.35 cm x 2.87 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 appears moderately distended with gas and possibly some ingesta. The visible areas measure at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The

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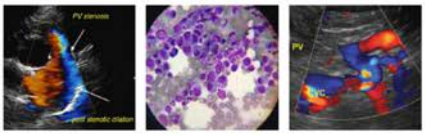

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large amount of intraluminal gas creates an artifact that impairs visualization of the pyloric region and the entirety of the stomach. In the areas visualized, the distinction of the gastric wall layers is adequate and there is no impression of reduced 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. Duodenum wall measured 0.54 cm. Jejunum wall measured 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 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

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

- Abnormal area near the head of the spleen – There is a “bulge” in the spleen with a somewhat hypoechoic/mixed echogenic parenchyma, creating a very subtle lesion. Consider fine needle aspirate.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This is likely consistent with a diabetic hepatopathy.
- Large amount of intraluminal gas in the stomach with some ingesta – Visualization is impaired by gas in the stomach and pylorus (likely due to panting and aerophagia?). No overt lesions visualized.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an irregular area near the head of the spleen. It is subtle, but repeatable, creating a very ill-defined mass effect. Consider a fine needle aspirate of this region.

The stomach appears somewhat dilated, and there is a large amount of intraluminal gas. It is difficult to adequately visualize the pylorus and the entirety of the stomach. No overt obstruction is visualized, but with the reported history, I would be concerned about an esophageal lesion, a lesion at the gastroesophageal junction, or a pyloric outflow tract obstruction/ileus. Correlate these findings with chest and abdominal radiographs, and correlate with feeding history. If this patient was not fasted for imaging, this could be within normal limits. Additionally, you could consider combining a small amount of

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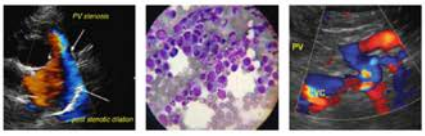

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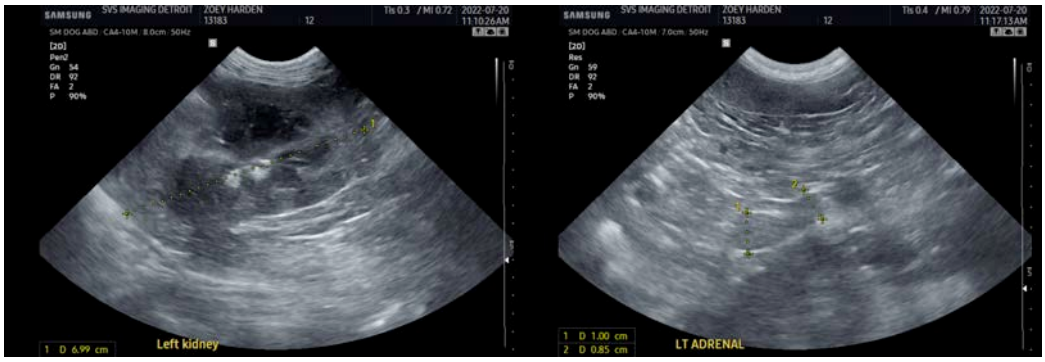
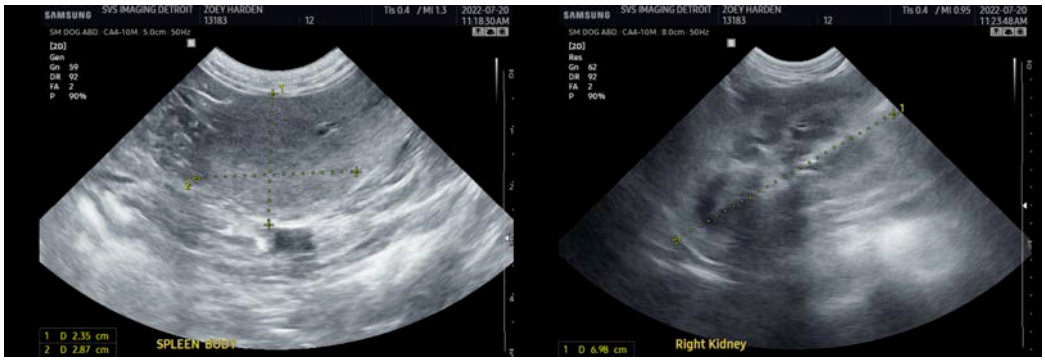
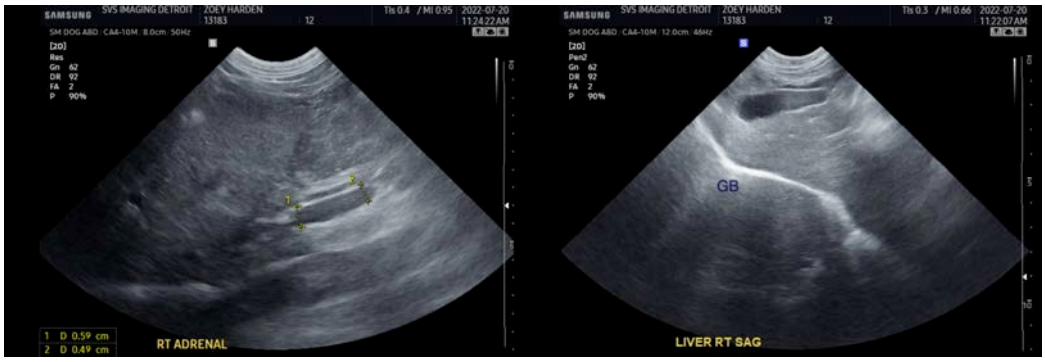
pureed food with contrast material, and performing serial radiographs (thorax and abdomen) to determine if material is passing through the esophagus and stomach normally.

The pancreas is hypoechoic and somewhat prominent in the right limb. Correlate these findings with a quantitative PLI level, as they could be consistent with mild pancreatitis or pancreatic remodeling.

The changes in the liver are likely associated with a diabetic hepatopathy. If there is concern for a more significant liver disease, consider a liver function test and a fine needle aspirate.







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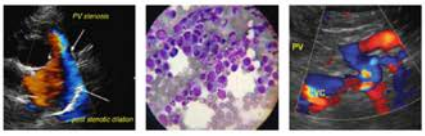

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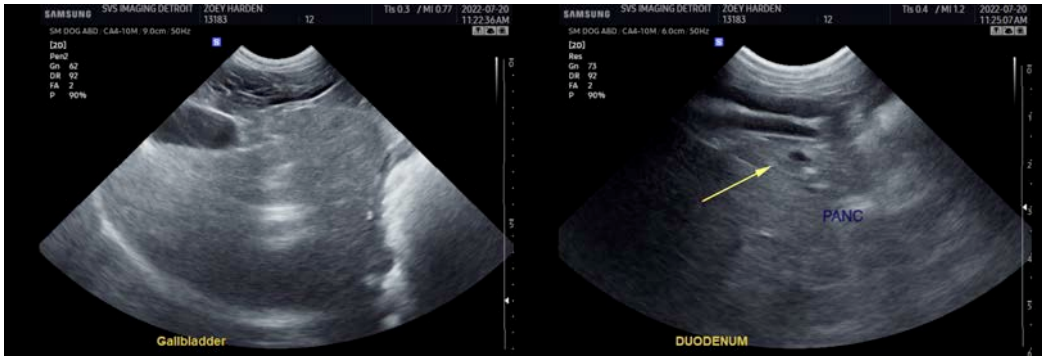

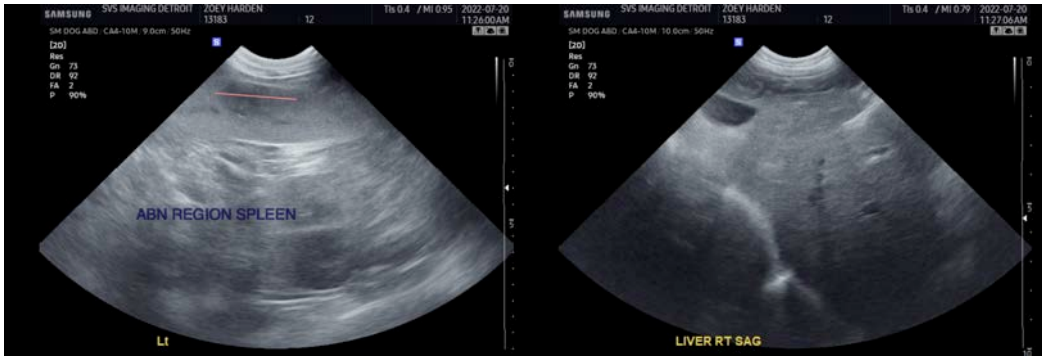

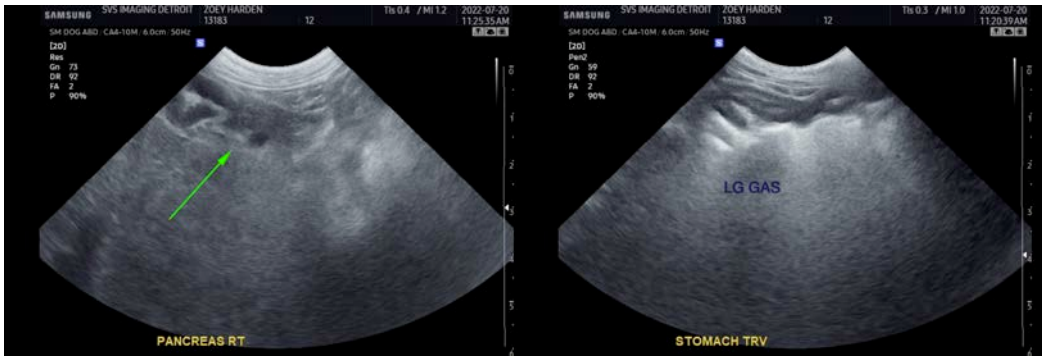

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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