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Clinical Sonography & Telecytology
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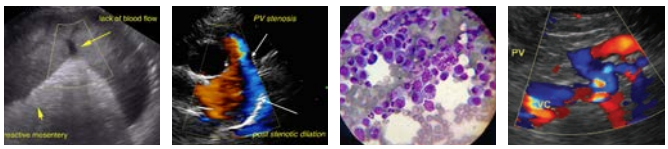


PATIENT

Mica Prieto

SPECIES

Canine

BREED

Boston Terrier

SEX

Female

AGE

8 Months

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

39244

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Chronic weight loss, vomiting and regurgitation Ex-lap performed 5/24/22 Trial with pancreatic enzymes unsuccessful Treatment with Reglan and Dexamethasone started yesterday
Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/5 CBC/chem 05/24/22 = NAF Histopath (stomach) =MICROSCOPIC FINDINGS: Gastritis, lymphoplasmacytic, mild, multifocal to coalescing, chronic, with mild edema, fibrosis and Helicobacter sp.

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 (3.76 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 (3.88 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

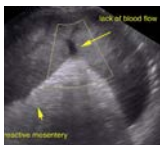
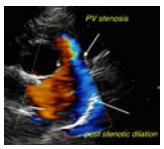
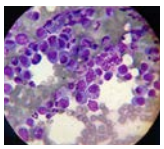
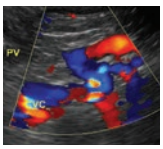
Liver

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

Gastrointestinal

The stomach is mildly distended with fluid. 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. Gas and fluid within the body of stomach somewhat impairs full evaluation of the pyloric region.

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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 0.24 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

- Mild amount of fluid and gas within the gastric lumen – correlate these findings with abdominal radiographs and feeding history. If the patient was adequately fasted, then consider possible delayed gastric emptying or partial outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. There is no evidence of an obstructive pattern and no focal lesions involving the gastrointestinal tract, pancreas, etc.

- Consider possible metabolic causes for weight loss, vomiting, and regurgitation.
- Recommend an ACTH stimulation test, liver function test, etc.

If metabolic disease is ruled out as a possible cause for these symptoms, then consider primary gastrointestinal disease. Try to determine how much of this process is regurgitation. Consider 3-view thoracic radiographs +/- barium esophagram, or even better a fluoroscopic barium swallow. If regurgitation is not a significant part, then consider other primary gastrointestinal disorders such as GI parasitism, dysbiosis, pancreatitis, food allergy, etc.

- Consider novel protein/hydrolyzed protein prescription diet.
- Recommend an ACTH stimulation test and pre- and post-prandial bile acids.
- Consider a promotility medication such as Metoclopramide.
- Consider empirical deworming and testing.

If regurgitation is thought to be a significant component and Addison's is ruled out, then consider a fluoroscopic barium swallow and endoscopy of the esophagus. It is not clear if the biopsies reported were just of stomach, or if they included small intestine. If small intestinal biopsies were not obtained, then this may be necessary to diagnose small intestinal disease (possibly at time of spay?). Additionally, consider treatment for helicobacter, and symptomatic treatment for gastritis. Repeated use of steroids is likely not indicated until a diagnosis is obtained.

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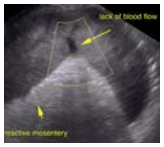
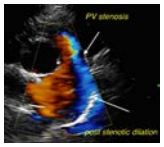
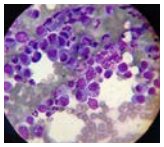
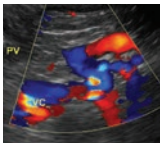

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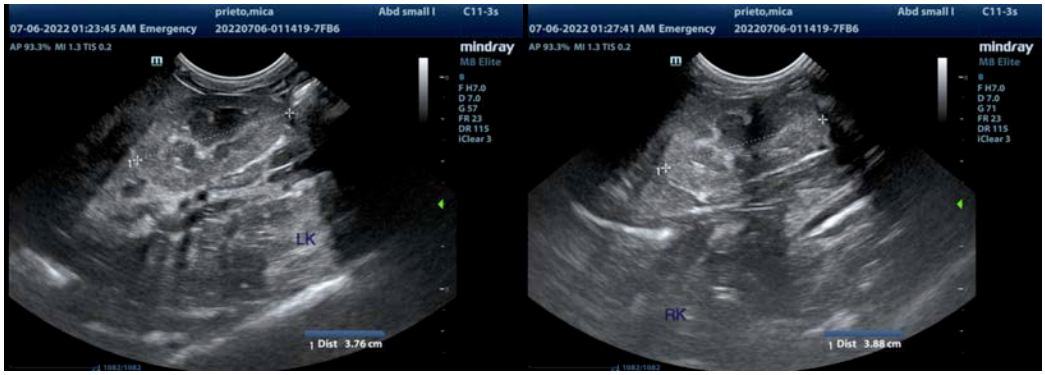

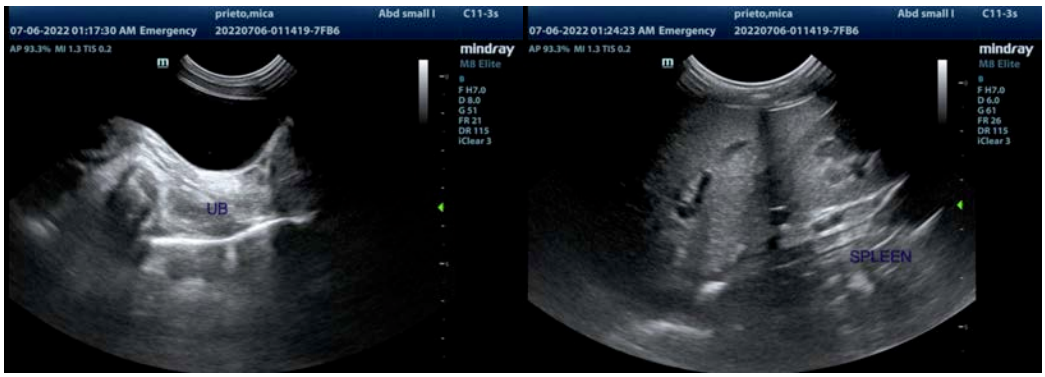

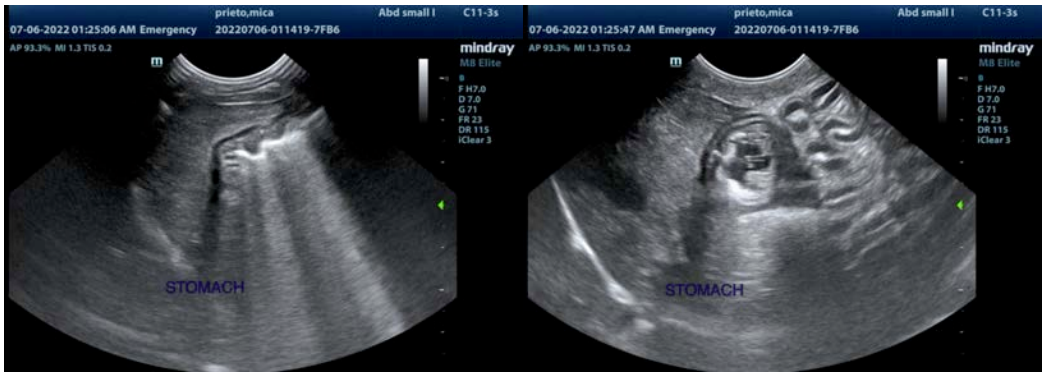

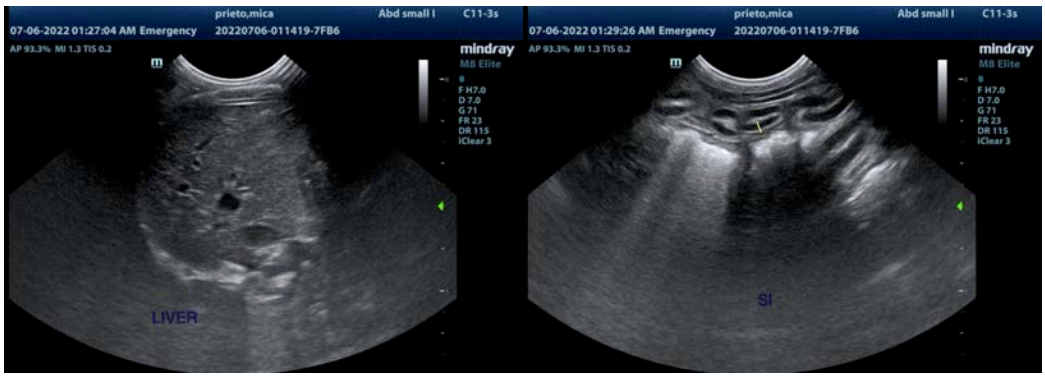

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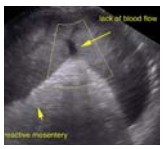
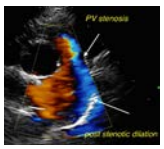
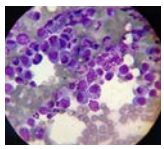
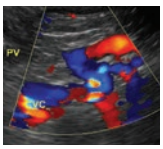

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com