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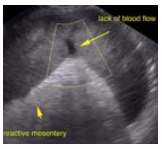
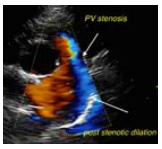
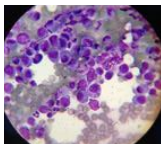
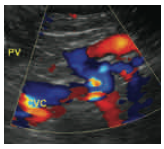

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1-800-838-4268 info@sonopath.com

PATIENT

Jupiter McWilliams

SPECIES

Canine

BREED

Cane Corso

SEX

Neutered male

AGE

7 years

WEIGHT

120 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

91100

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: inappetence, some vomiting
Abnormal PE/Chem/CBC/UA Results: globulin 4.6, lipase 420, bili 0.4 otherwise unremarkable. initial improvement on cerenia then decline despite cerenia and Sucralfate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly irregular and thickened in the apical and dependent portions measuring up to 0.99 cm. The trigone, ureteral papillae and the visible urethra to a depth of 2.0 cm appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal and measured 1.5 cm.

The left kidney has a normal shape and size (6.21 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 (6.3 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 0.74 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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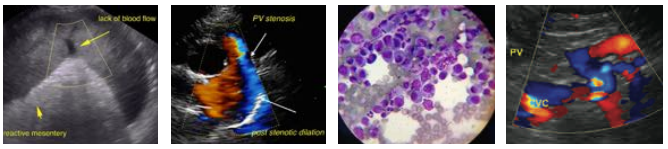

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Gastrointestinal

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 jejunum measured as normal (0.38 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

PRIMARY FINDINGS:

- Mildly irregular urinary bladder. The findings are most consistent with cystitis or lack of distension. Bladder neoplasia cannot be ruled out, but is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the decreased appetite and vomiting was not identified on today's scan. Unfortunately there are many causes for vomiting that cannot be definitively diagnosed by ultrasound alone. If metabolic causes are thought to be unlikely based on normal blood work then negative ACTH stimulation results, etc. I then recommend considering primary gastrointestinal causes such as gastrointestinal parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

1. There is also the possibility that the symptoms reported are not from primary gastrointestinal disease, but with lack of other findings I would consider a diet trial with a novel protein/hydrolyzed prescription diet.
2. A GI panel for evaluation of B12 levels, etc.
3. Close monitoring and rechecks. I recommend abdominal and thoracic radiographs to look for developing/evolving clinical signs.

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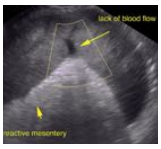
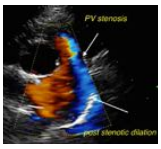
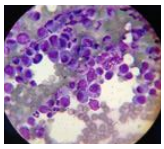
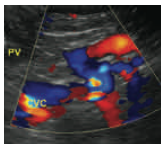

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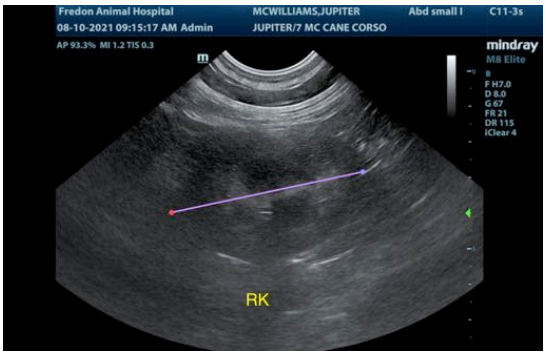
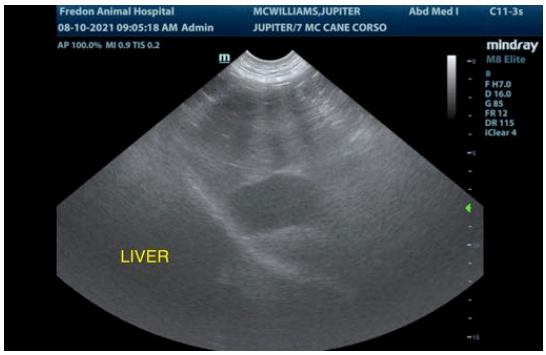
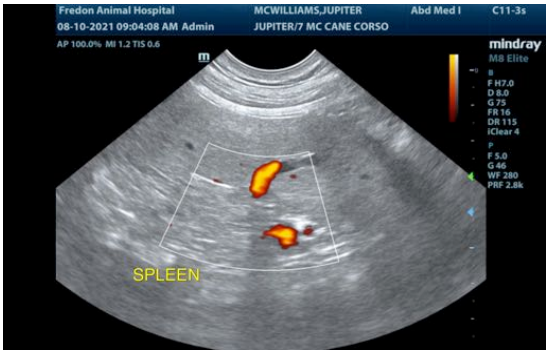
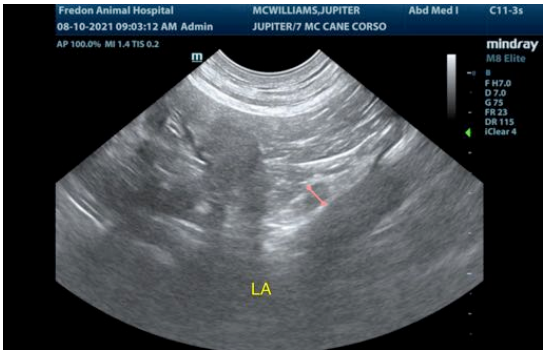
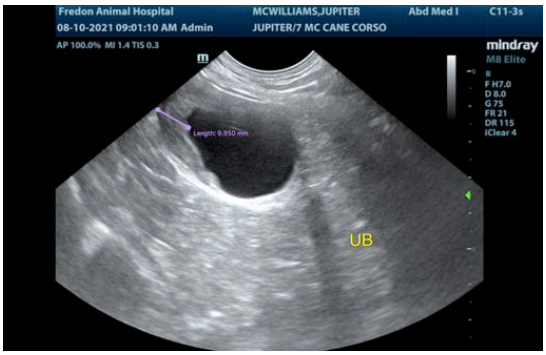
The bladder wall appears somewhat irregular. I recommend urinalysis and culture to look for evidence of cystitis. The prostate was difficult to image likely due the patient's large size. It is likely normal for a dog this big. This should be correlated with rectal exam findings.

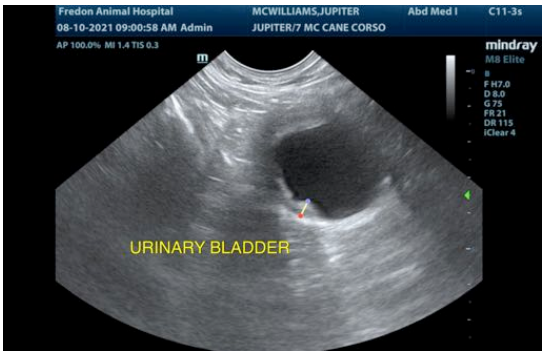


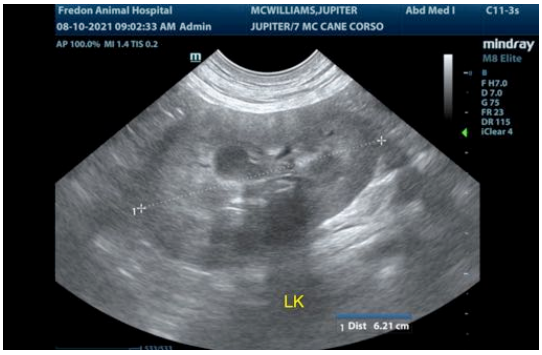












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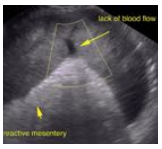

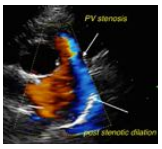

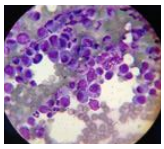
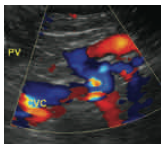

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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