

**DATE**

8/11/21

PRESENTING CLINICAL SIGNS

History: Not himself. Tires easily when outside. Has become a very picky eater. No weight loss.

Current Medications: "Very bad at taking medicine". No current medications.

Lab Results: All WNL.

PATIENT

Moose David

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Pomeranian

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly diffusely thickened and measures 0.44 cm. The mucosal surface is smooth and regular. The trigone ureteral papilla and visible urethra (to a depth of 2cm) appears normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Neutered male

The prostate is normal in size (0.77 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.

AGE

4/13/08

The left kidney has a normal shape and size (3.77 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12 lbs

The right kidney has a normal shape and size (2.93 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly irregular in appearance with a larger caudal pole than cranial pole, but is uniformly hypoechoic with no evidence of a mass effect.

HOSPITAL NAME

Harborside Mobile VC

The right adrenal gland is normal in size measuring 0.38 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.

REFERRING VET

Dr. Hawkins

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

INVOICE

91174

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 moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. The duodenum measured 0.4 cm and the jejunum measured 0.25 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

PRIMARY FINDINGS:

- Mildly thickened urinary bladder wall. The bladder wall changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent hypoechoic pancreas with mildly hyperechoic mesentery. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Subjectively thickened small intestine. 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).

SECONDARY FINDINGS:

- Mildly decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Prominent caudal pole of the left adrenal gland. This does not appear to be a discrete mass effect, but if symptoms of Cushing's develop it should continue to be monitored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

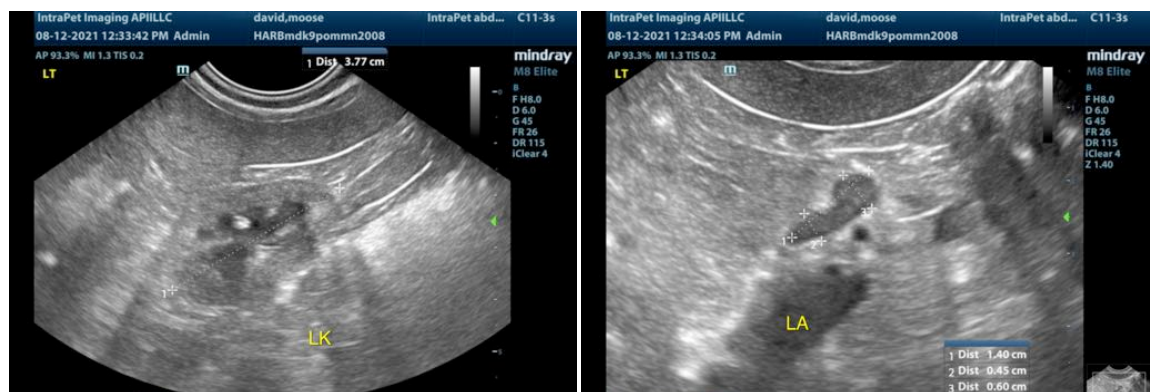
The ultrasonographic changes observed are relatively mild and many can be considered age related changes. In the absence of blood work abnormalities consider GI disease as the most likely source of the weight loss and inappetence. Unfortunately many causes of GI signs cannot be definitively diagnosed by ultrasound alone. If metabolic disease is thought to be unlikely based on normal initial evaluation consider primary causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

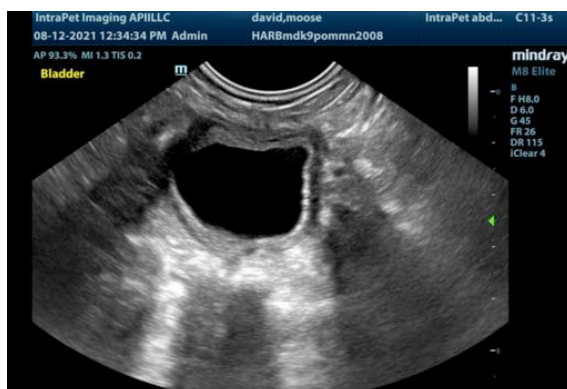
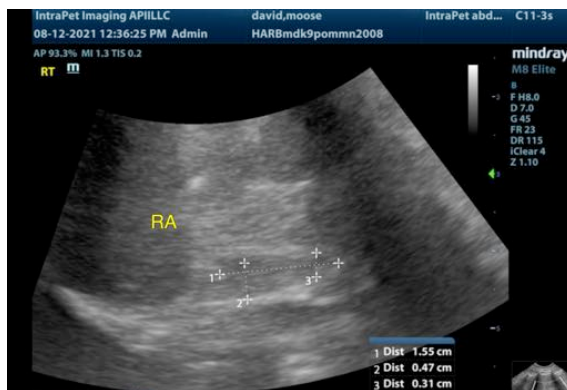
In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

- -Recommend diet trial with a novel protein/hydrolyzed prescription diet
- -Recommend GI panel for evaluation of B12 levels etc.. (start empirical B12 while waiting for results)
- -If symptoms are progressing consider obtaining GI biopsies

The changes observed in the urinary bladder may be due to lack of distension.

Consider urinalysis and culture. I recommend thoracic radiographs.





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