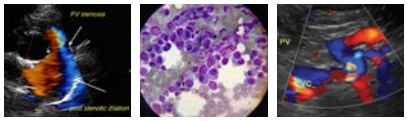
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8/11/22

PATIENT

Elvis Wagner

SPECIES

Canine

BREED

Westie

SEX

Neutered Male

AGE

6/29/20

WEIGHT

16.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Hicks

INVOICE

40353

PRESENTING CLINICAL SIGNS

CC- Bouts of intermittent bloody diarrhea in past and treated in past with Metronidazole; was fine up until ~8 months ago; came in today, BARH, mm pink, CRT ~2 sec; dark blood on glove with rectal, otherwise appears healthy. Many have eaten part of a rawhide leading to hemorrhagic stool

Current Medications: Currently on Iv fluids today; Metronidazole 15mg/kg BID infusion; Cerenia, Diet is Royal Canin HP
Lab Results: Bloodwork pending but initial PCV 60/6 TS. Previous intestinal ag profile.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.38 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 (4.52 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/borderline “flat”, measuring 0.35 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/borderline “flat”, measuring 0.43 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, 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 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. Jejunum wall measured 0.40 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. There is an occasional visible/prominent mesenteric lymph node. One of these lymph nodes measures at 0.55 cm in diameter. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline “flat” adrenal glands – recommend screening for Addison’s disease.
- Occasional prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

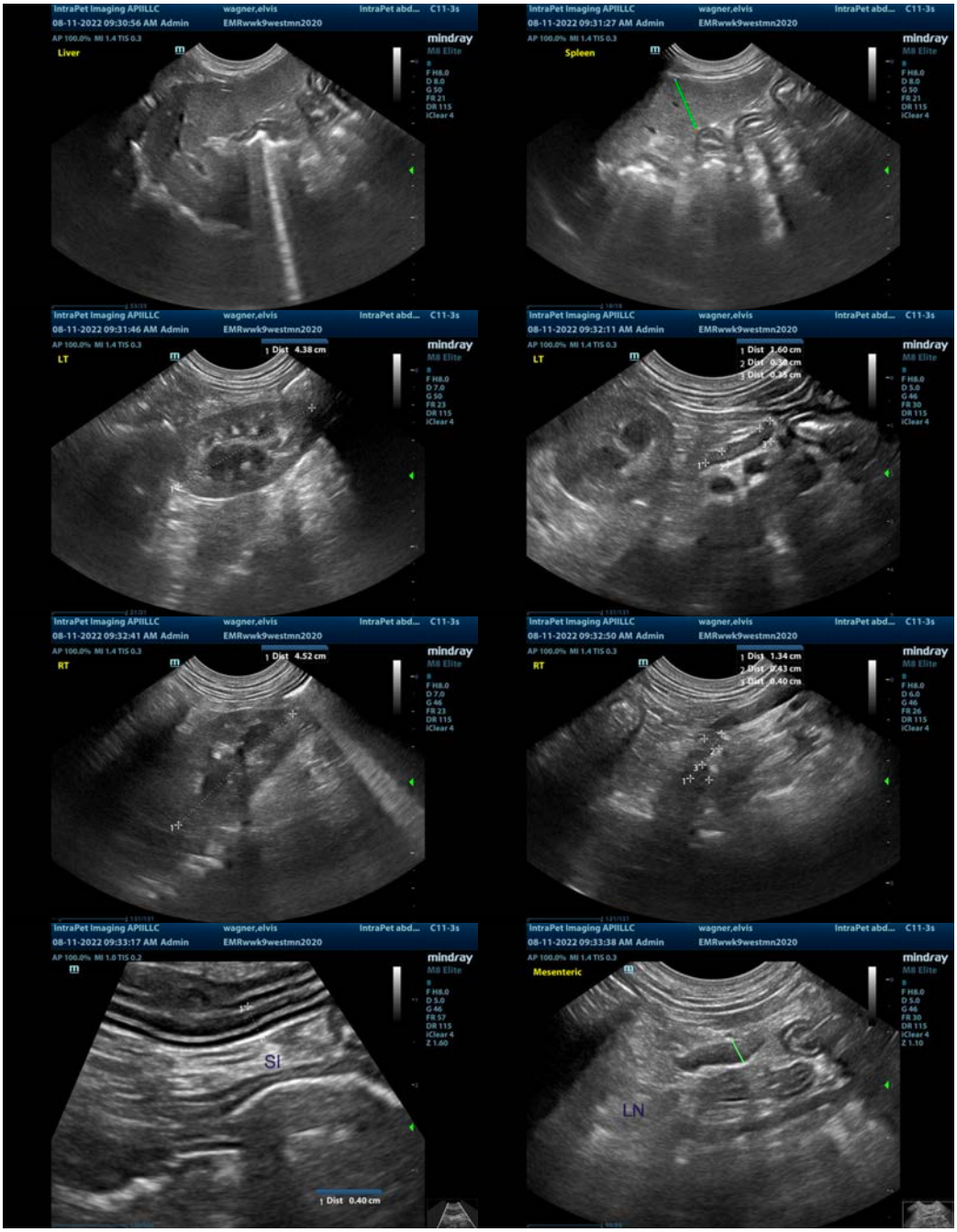
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today’s findings are relatively mild and could be within normal limits for this individual. Consider screening for Addison’s disease, as both adrenals appear somewhat “flat” in appearance. Unfortunately, there are many causes for hematochezia that cannot be definitively diagnosed by ultrasound alone. No mass lesions or foreign material were observed.

Consider food allergy/dietary intolerance, GI parasitism, dysbiosis, infectious colitis, and less likely autoimmune or neoplastic disease.

- Consider dietary therapies. For hematochezia, you could consider a novel protein/hydrolyzed protein prescription diet, a high fiber diet, etc. I would just be diligent and choose one, and monitor therapy for about 6 weeks to see if it is improving before trying an alternate option.
- Consider infectious causes such as clostridium, GI parasites, etc. If not already done, recommend screening for these, and empirical deworming.

- Recommend chronic probiotic therapy.
- If symptoms become more significant and persistent, consider colonoscopy +/- upper GI endoscopy.



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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