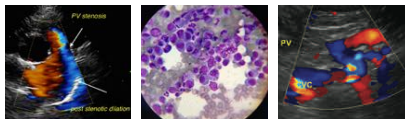
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/13/21

PATIENT
Pete Thomas

SPECIES
Canine

BREED
Brittany Spaniel

SEX
Neutered male

AGE
11/12/10

WEIGHT
55.2

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

HOSPITAL NAME
Hickory VH

REFERRING VET
Dr, Silcox

INVOICE
91209

PRESENTING CLINICAL SIGNS

History: Seen at Animal Emergency Hospital for diarrhea 8/7/2021. Diagnosed IMHA. Seen for follow up 8/10/2021 at Hickory Veterinary Hospital. PCV improving from 17% to 24%. Palpable firm tennis ball sized mass in mid-abdomen.
Current Medications: Prednisone 25mg BID, Mycophenolate 250mg QD, Doxycycline 200mg QD
Lab Results: PCV = 24%, TS = 5.2 on 8/10/2021; PCV = 18% , TS = 7.2 on 8/9/2021.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
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 prostate is normal in size (0.99 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.

The left kidney has a normal shape and size (7.22 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. Pinpoint non-obstructive nephroliths and mild pyelectasia at 0.17 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.65 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. Pinpoint, non-nephroliths. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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 0.9cm 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 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.

Most of 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 duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. A focal, midabdominal, likely jejunal mass is visualized and measures 3.8 cm. It is relative small and of echogenicity. It appears intraluminal and I suspect a relatively narrow point of attachment. The external diameter of the effected bowel loop is 5.1=414 cm. There is no evidence of complete obstruction. I suspect mild, partial obstruction.

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 lymphadenomegally. 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

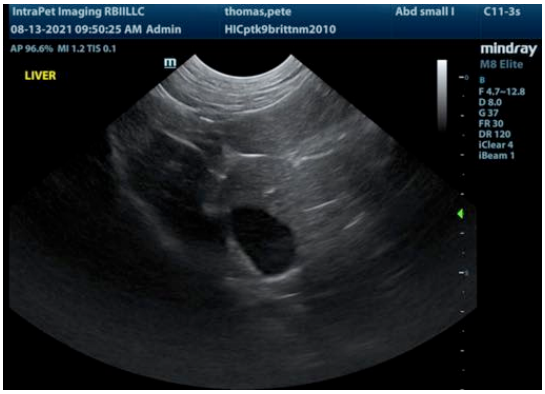
PRIMARY FINDINGS:

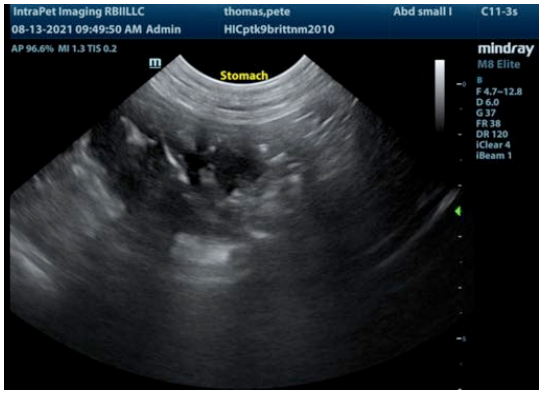
Focal, intraluminal intestine mass. Differentials include round cell neoplasia, carcinoma, adenoma, poly , rtc. This lesion appears relatively focal and possibly pedunculated.
Mild decrease in corticomedullary distinction of the both kidney with non-obstructive .
Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

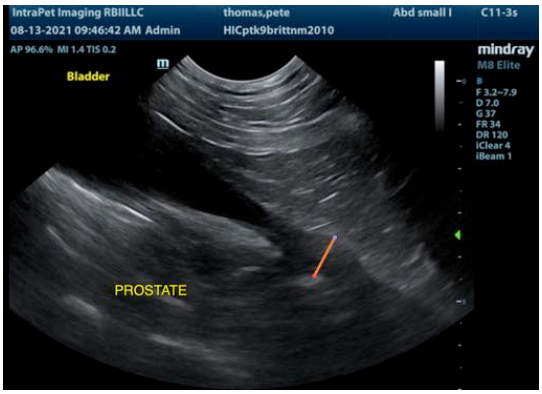
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

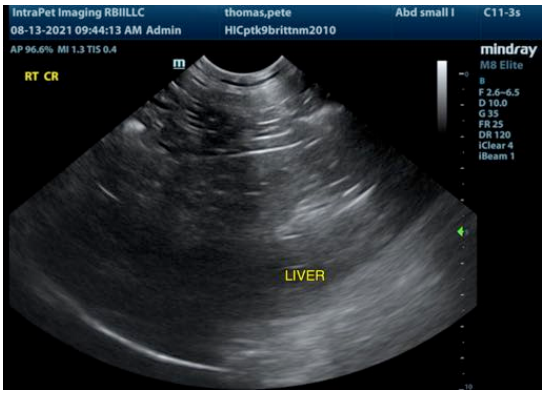
A focal bowel mass is visualized. It appears relatively isolated causing a likely partial obstruction. I recommend surgical removal. Reassess IMHA in light of current findings. It is common for intestinal blood loss and iron deficiency and anemia to mimic IMHA in some ways. So if this not a classic case consider tapering immunosuppression in hopes that removal of the intestinal mass be helped. I recommend measuring iron levels to assess for iron deficiency, anemia and possible need for supplementation. Alternatively, if there is clear evidence of autoagglutination and hemolysis, Secondary IMHA may be present and removal of the mass may be helpful. Consider a pretty significant Prednisone taper prior to surgery as this will slow healing. Increase risk for post operative infection, emboli, etc. If this is a benign mass or has not yet metastasized the

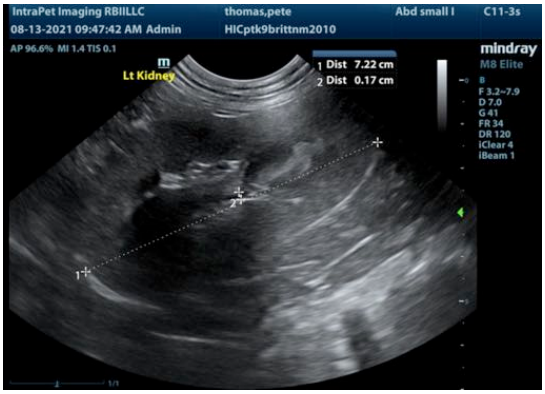
prognosis can be favorable with resection. I recommend three view radiogram.

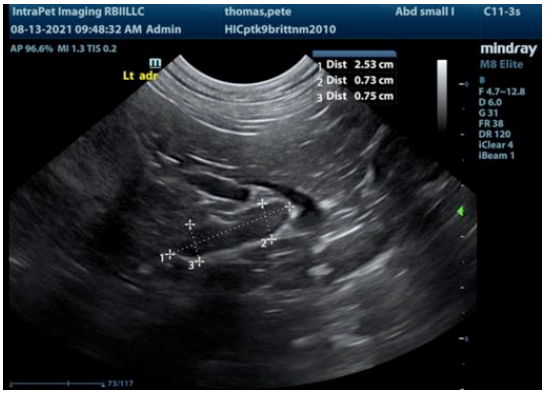


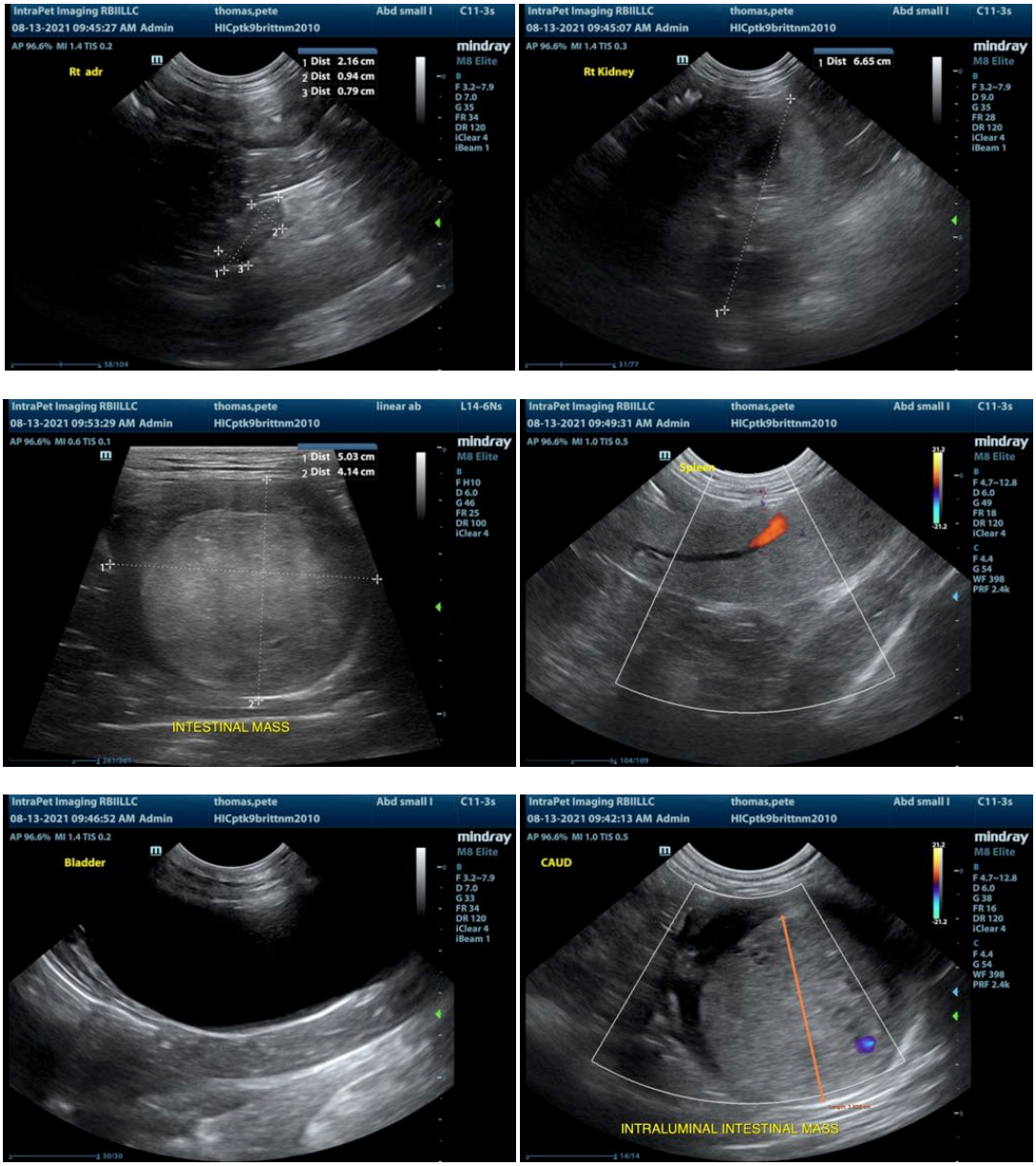












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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