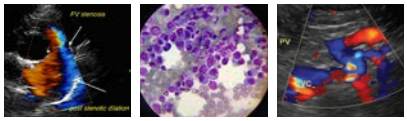
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

8/17/21

PATIENT

Mack Puleio

SPECIES

Canine

BREED

Bloodhound

SEX

Male

AGE

2018

WEIGHT

103.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

24764

PRESENTING CLINICAL SIGNS

Vomiting With Blood, Vocalisation.
History: Date: 08-17-2021 Notes: PC: vomiting no vomiting with blood total 5-6 times, vocalizing. History of ear infection being treated, possible
heart murmur. Current medications: - 20 mg prednisone --> on tapering dose- currently on 1/2 tab EOD - 200mg Ketoconazole ATO- Was
normal until 7pm; vomit started as food, tried to eat it again at 10pm and 12pm turned to blood, howled at 3am. Unsure defecation lets
them out outside. Digs in the trash but no history recently, only eats food no DI of things other than food, no bones recently. No toxins no medications.

Lab Results & Radiographs: Pending
Date of Previous IntraPet Ultrasound: No previous
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 large in size (4.09 cm x 4.07 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.62 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 (7.67 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 0.37 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 0.55 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 is difficult to visualize primarily intercostal due to this patient's deep chest. Wall thickness appears increased, measuring approximately 1.0 cm (normal typically <0.7 cm) with some variability due to the presence of rugal folds. The distinction of gastric wall layers appears somewhat decreased. No focal lesions are observed. Omentum in the cranial abdomen appears hyperechoic surrounding the stomach.

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 0.37 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 area of 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.

Other
Both testicles are imaged and appear normal.

PRIMARY FINDINGS

- Large, hyperechoic prostate (intact male dog) – most consistent with BPH. Urinalysis and culture are recommended to rule out prostatitis.

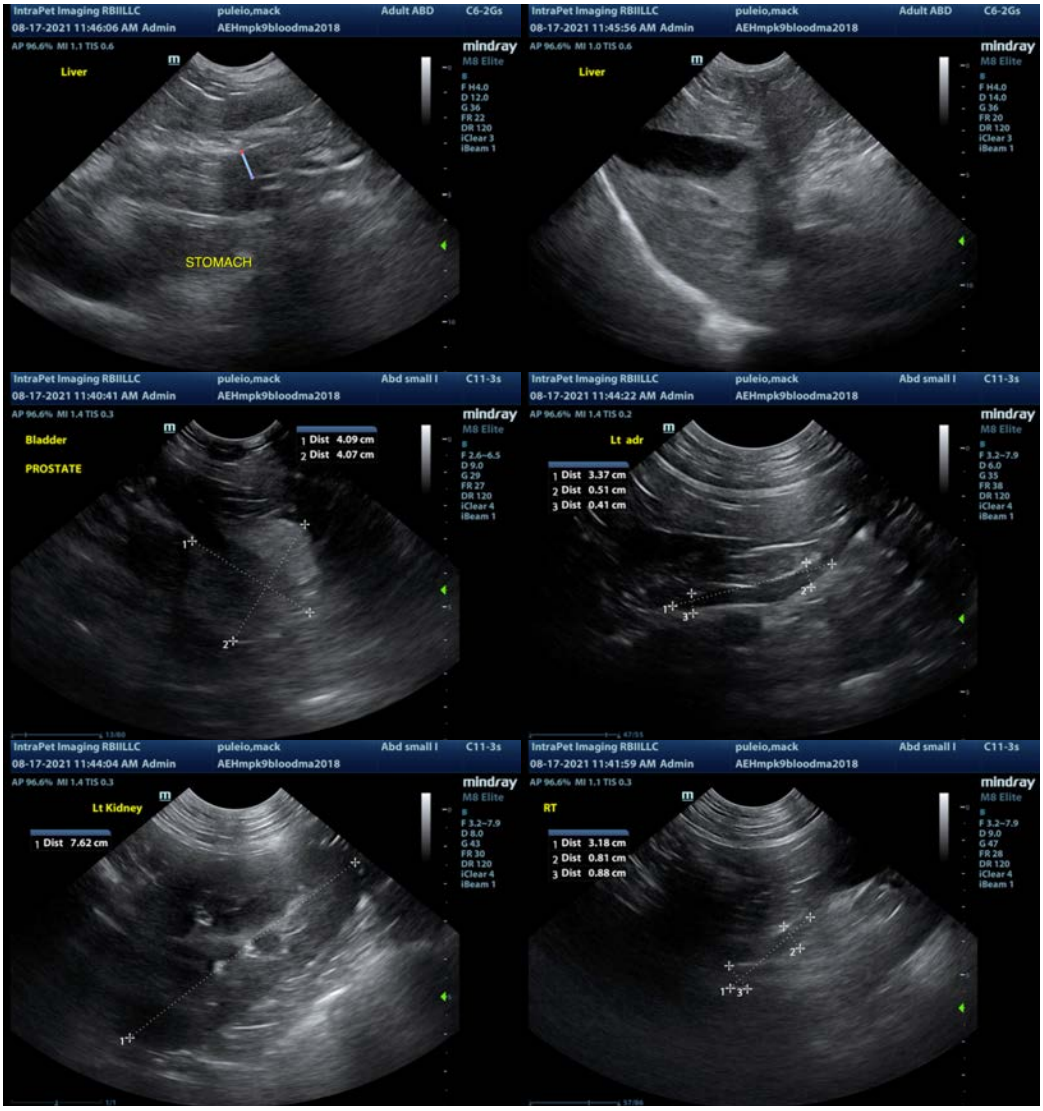
- Suspect gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

SECONDARY FINDINGS

- Subjectively small adrenal glands – likely due to current Prednisone therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal lesion responsible for the reported vomiting and hematemesis/melena is not visualized. It is very difficult to fully evaluate the stomach, but images are suggestive of wall thickening and possibly some inflammation surrounding the stomach. An inflamed pancreas was not visualized, but consider a quantitative PLI, B12 and folate (GI panel) to further evaluate for possible pancreatic inflammation/small intestinal disease. Recommend tapering Prednisone to a physiologic dose (0.5 mg/kg per day) and starting anti-ulcer therapy, fecal for GI parasites, etc. If symptoms are persisting, consider upp GI endoscopy or even advanced imaging (CT scan) to better evaluate for a source of ulceration/hemorrhage. Correlate these findings with abdominal radiographs. Recommend 3-view thoracic radiographs and clotting times to ensure normal coagulation parameters. Hopefully this is just a case of severe HGE, but without labs and full imaging it is difficult to definitively determine this.



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