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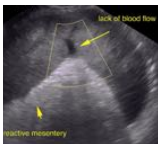

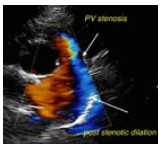

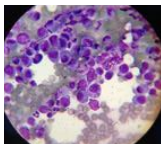
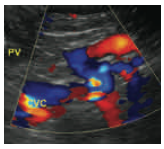

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rambo Amaya

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dallas Reynolds LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. White

INVOICE

91371

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Presented lethargic with hx of regurg/vomiting. Very dehydrated.
HCT: 64% BUN: 128 Creat: 7 Glucose: 152 Potassium: 6.5 TP: 9.1 Phos: 16.6 Amy: 1637

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 right kidney has a normal shape and size (3.9 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1cm). 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. 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 0.7 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 0.64 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, large, in size, and echogenicity with rounded peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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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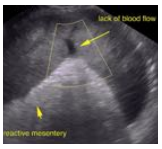

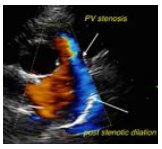

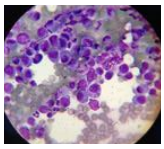
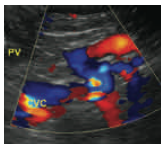

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Gastrointestinal

The stomach is moderately dilated with fluid most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36 cm 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 0.42 cm and jejunum measured 0.5 cm. Visualized peristalsis appears appropriate. While all areas retain normal wall layering some areas appear more thickened and slightly corrugated.

The ileocecal junction was visualized and exhibited normal intact wall layering. The colon is largely dilated with fluid and some areas appear to have increased wall thickness measuring 0.32 cm.

Pancreas

The region 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. There is a mild cranial lymphadenomegaly (lymph node near the stomach measures 0.36 cm) present. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Thickened, irritated small intestine. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mild, gastric fluid distension. Correlate with feeding and drinking history. This can be consistent with delayed gastric emptying or partial gastric obstruction (seems less likely).
- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The liver appears rounded and irregular in shape.

SECONDARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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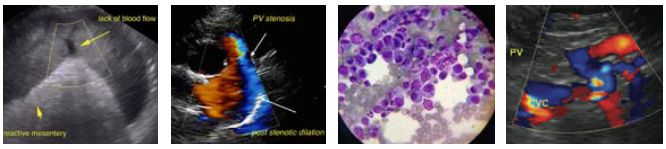

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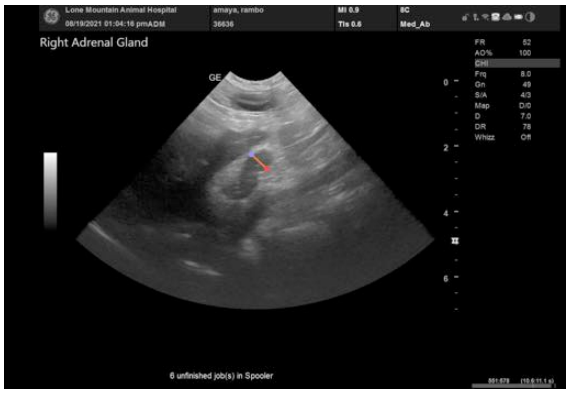
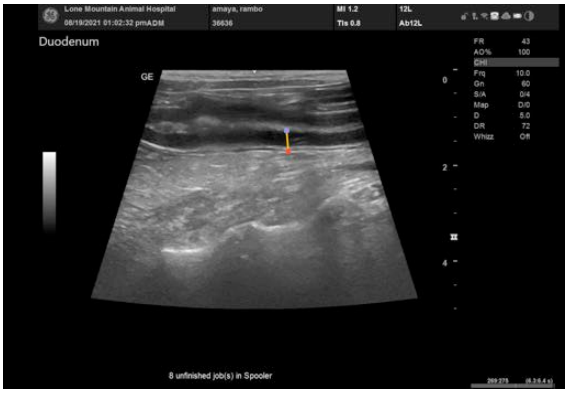
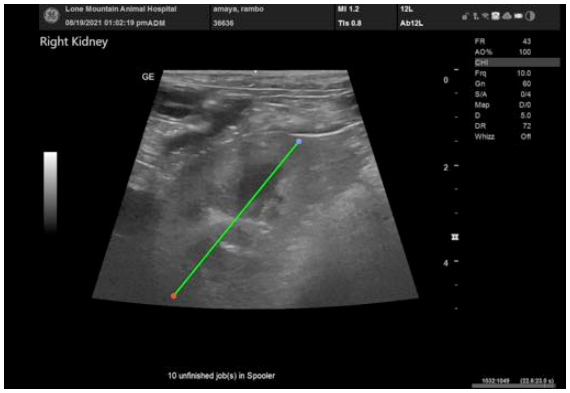
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

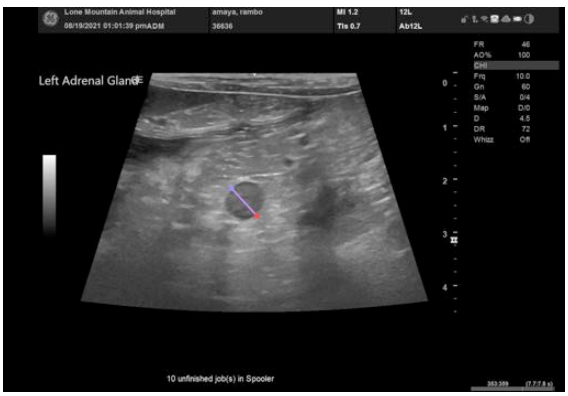
I suspect the vomiting/regurgitation and lethargy are due to a primary gastrointestinal problem. Although pre fluid urinalysis to help determine if the kidneys are function well would be helpful in differentiating from pre renal or renal azotemia. I recommend to consider urinalysis, culture and blood pressure. I recommend chest radiographs to evaluate the esophagus due to the reported regurgitation. No focal mass lesion or obstruction was visualized, but correlate these findings with radiographs as ultrasound cannot always identify foreign material.

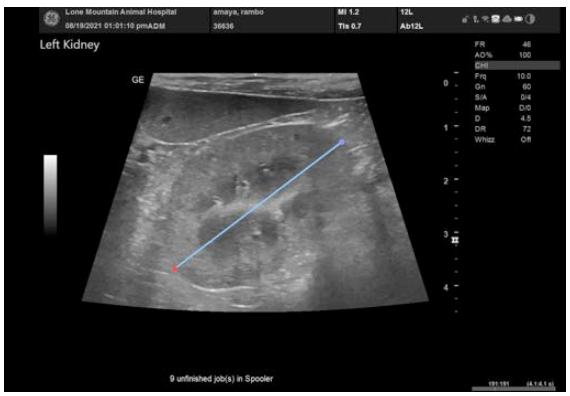
My strongest suspicion would be that of a diffuse, gastroenterocolitis. I recommend fluid therapy, anti-nausea medications, Metronidazole, probiotics, etc. with serial monitoring of radiographs. If azotemia is not improving the GI signs could be secondary to primary renal disease and uremic gastritis.











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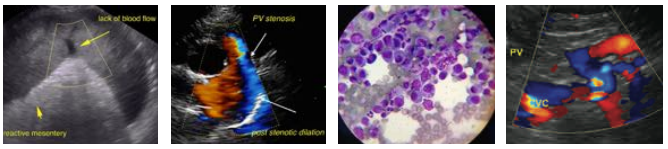

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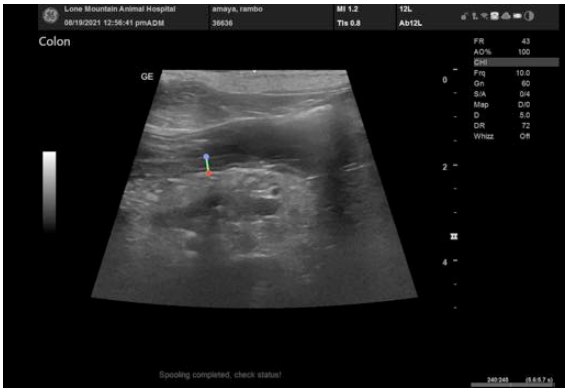

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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