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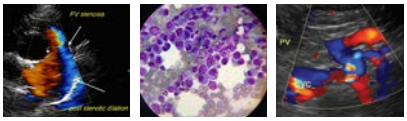
IntraPet.com



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**DATE**

8/23/23

**PATIENT**

Seymour Hardesty

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

3/17/22

**WEIGHT**

21.8 kg

**INTERPRETED BY**

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

**HOSPITAL NAME**

Mount Airy AH

**REFERRING VET**

Dr. Riley

**INVOICE**

44892

## PRESENTING CLINICAL SIGNS

Possible inflammation in the UG system.

Current Medications: None listed.
Lab Results: CBC: mild, non-regenerative anemia (4.6 mill rbc/ul); last labs in March 2023 (rbc = 5.8 mill/ul) low normal overall WBC count, slightly low neutrophils. CHEM10: elevated SDMA @ 19, CREA = 1.3, BUN normal; last labs in March 2023 (SDMA = 13, CREA = 0.9). A: worsening anemia, non-regenerative, worsening but still mild azotemia
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic IM.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## 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 (1.08 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 (4.61 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.41 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 0.50 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*
The stomach contains a large amount of shadowing ingesta. 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. The pylorus appears slightly fluid distended with a small focus of shadowing intraluminal material, which could be consistent with a linear foreign body, plant material, ingesta, etc.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal-mild 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. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Shadowing material visualized within the stomach and pylorus could be consistent with ingesta, ingested foreign material etc…

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*
There is scant free abdominal fluid. There is a mild diffuse mesenteric lymphadenopathy with clusters of mesenteric lymph nodes. Examples measure 1.44 cm x 1.83 cm, 1.18 cm x 1.08 cm, 0.94 cm, and 0.56 cm. The omentum is generally of normal echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Large, shadowing ingesta within the gastric lumen and mild pyloric dilation with a small amount of intraluminal linear appearing shadowing material – The significance of this is uncertain. The patient is reported as fasted, so this could represent ingested foreign material and possibly even extension into the pylorus with linear foreign material. There is no evidence of obvious corrugation or inflammation at this time.

- Mild/moderate mesenteric lymphadenopathy- findings could be consistent with reactive lymph

nodes/infection or less likely early neoplastic change.

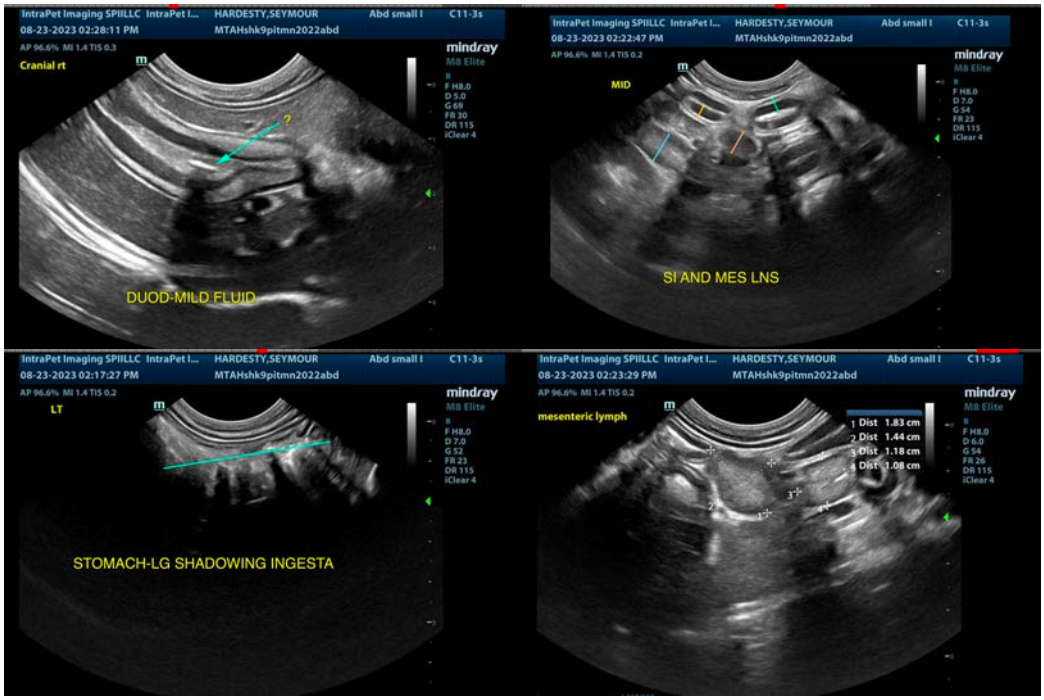
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

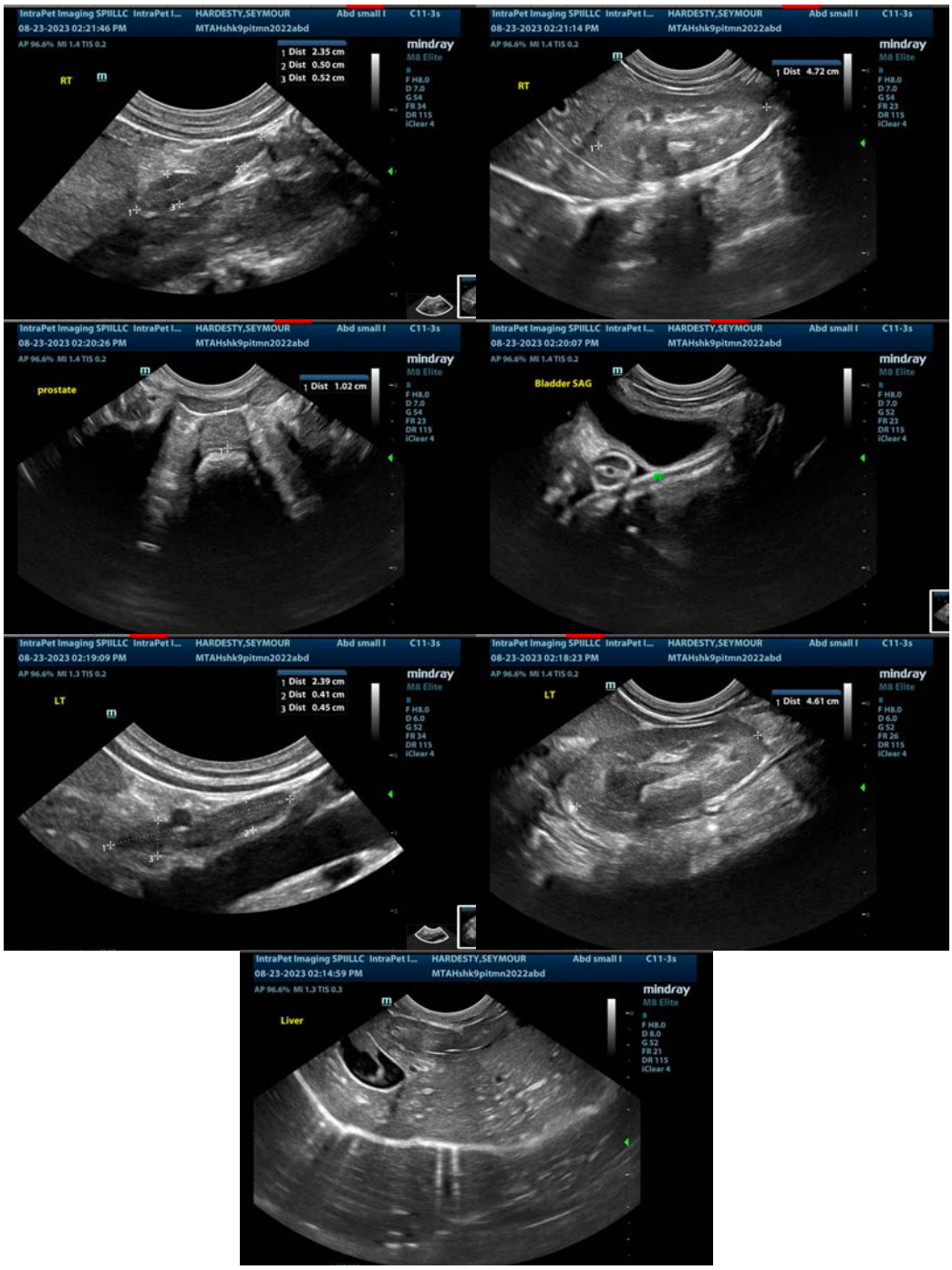
Correlate the gastric findings with abdominal radiographs. Consider hospitalization to NPO and reevaluation of the stomach with radiographs +/- ultrasound in approximately 24-48 hours. If an obstructive pattern is developing or the material is persistent, then you could consider upper GI endoscopy or surgical evaluation, keeping in mind that this could represent delayed gastric emptying and non-obstructive material.

Further evaluation for the non-regenerative anemia would include a pathologist review of the blood smear, possible screening for vector borne disease, iron levels (if indices are suspicous) and/or a bone marrow evaluation. These types of changes could be seen with chronic GI blood loss secondary to a chronic gastric foreign body, but typically you would see low albumin levels and regenerative anemia, etc.

The mesenteric lymph nodes are large and prominent, this can be normal finding in some younger dogs. If no other source for disease is evident and these changes are persistent, a fine needle aspirate of a mesenteric lymph node could be considered.

No severe changes are visualized associated with the kidneys or the urinary bladder. If true azotemia is reported (not prerenal, etc.), consider a urinalysis, culture and screening for Leptospirosis. Additionally, I would recommend a baseline cortisol screening for Addison's disease. Unfortunately, relatively normal appearing kidneys on ultrasound does not definitively rule out underlying renal damage/disease.






**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)
info@sonopath.com