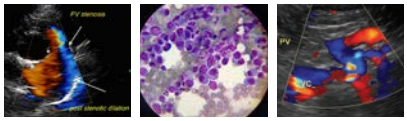
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8/24/22

PATIENT

Petey Theall

SPECIES

Canine

BREED

Whippet

SEX

Neutered Male

AGE

4/13/09

WEIGHT

34.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Advanced Veterinary Complex

REFERRING VET

Dr. Benson

INVOICE

40702

PRESENTING CLINICAL SIGNS

Chronic vomiting and GI issues.

Current Medications: None listed.
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 prostate is normal in size (1.0 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 (6.67 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.

The right kidney has a normal shape and size (6.32 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 0.68 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 0.58 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 normal/borderline large in size. It has a somewhat “full” appearance with a scalloped edge. The parenchyma is slightly mottled with numerous hyperechoic foci, most consistent with benign myelolipomas.

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. On some intercostal views, the pyloric antrum appears slightly prominent, measuring approximately 0.80 cm in thickness.

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. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.36 cm. Mild mucosal speckling is noted. 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Full, scalloped spleen with numerous hyperechoic lesions – The significance of this is unclear. The hyperechoic lesions are most consistent with benign myelolipomas. Consider a fine needle aspirate.

- Questionable thickening of the pyloric wall – This could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to imaging plane, other.

- Mucosal speckling visualized in the small intestine – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

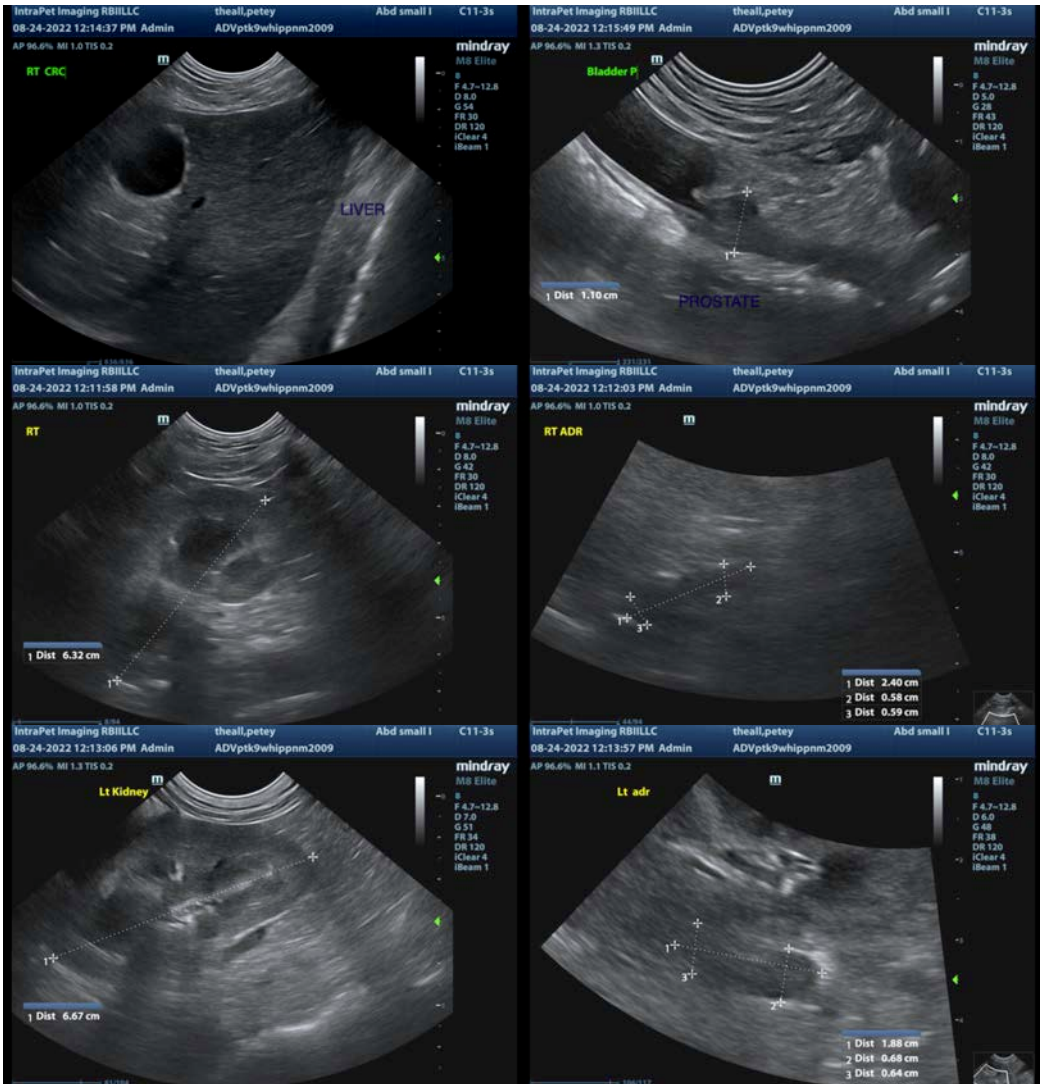
No prominent focal lesions are visualized on today's exam. There is some questionable thickening of the pylorus. This could be artifact due to tangential measurements, or could be consistent with inflammation, infiltration, etc. If vomiting were to persist or progress, consider reevaluation of this area, and/or obtaining biopsies of the pyloric wall.

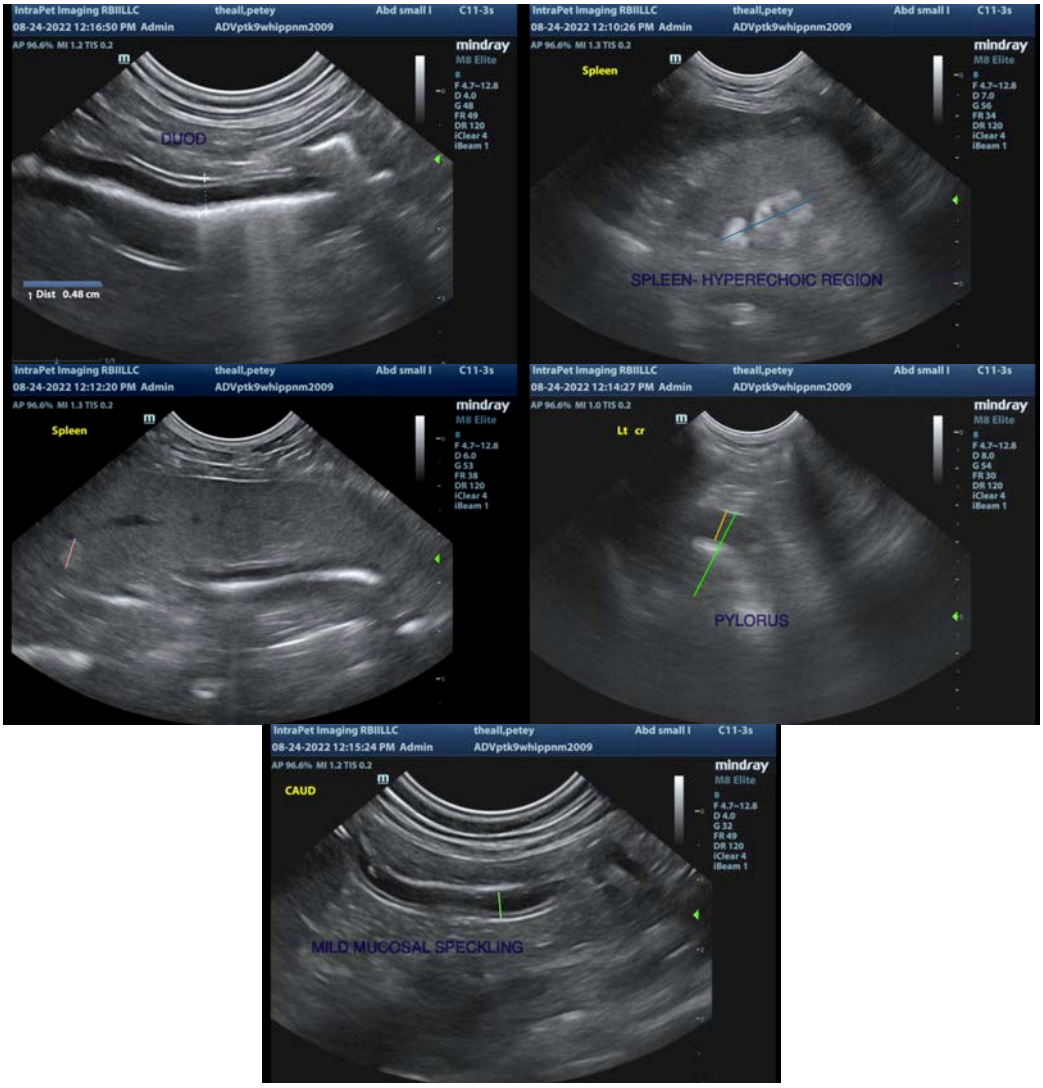
The spleen appears somewhat "full" with a scalloped edge and numerous hyperechoic lesions. In general, hyperechoic lesions trend towards more benign disease process, and these appear consistent with benign myelolipomas, but unfortunately underlying neoplastic change cannot be ruled out. Consider either continued monitoring or fine needle aspirate.

There is mild mucosal speckling of the small intestinal wall, which can be an indicator of underlying small intestinal disease. Provided bloodwork is normal and there is no evidence of underlying metabolic issues, then consider the possibility of primary GI disease such as food allergy/dietary intolerance, GI parasitism,

dysbiosis, pancreatitis, IBD, and less likely intestinal neoplasia.

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- If symptoms persist, consider obtaining GI biopsies.





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.

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