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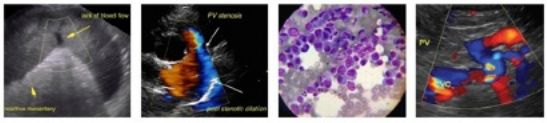

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chase Hopper Robertson

SPECIES

Canine

BREED

Collie Mix

SEX

Neutered Male

AGE

7y

WEIGHT

36kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens Veterinary Hospital

REFERRING VET

Dr. Robin Janesway

INVOICE

10437

DATE

8/24/2023

PRESENTING CLINICAL SIGNS

loose stool

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. In the dependent portion of the urinary bladder there is a local area of shadowing hyperechoic material most consistent with a calculi or a pile of sandy mineralized debris. This area measures 1.29 cm.

The prostate is normal in size 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 (6.27 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 (6.6 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 0.76 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 0.48 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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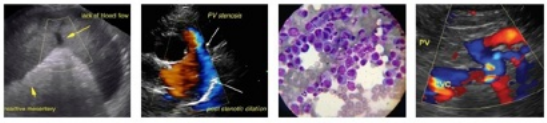

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Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears diffusely thicken and slightly irregular with reduced detail of wall layering but intact wall layering measuring at 1.2 cm. The distinction of the gastric wall layers 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 thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum measured as normal (0.68 cm), and the jejunum measured as normal (0.49 cm)

The area of ileocecal junction is visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The descending colon appears to be slightly thicken with a slightly irregular wall and intact wall layering measuring 0.51 cm.

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 reveal small/moderate amount of free abdominal fluid. There are occasional prominent but not overtly enlarged mesenteric lymph nodes. Examples measure 0.4 cm and 0.76 cm. The omentum is generally of normal u echogenicity.

PRIMARY FINDINGS

- Hyperechoic shadowing material in the dependent portion of the urinary bladder. Findings are most consistent with a bladder stone or small stones/pile of mineralized debris. Correlate with abdominal radiographs, urinalysis, and C/S.
- Diffusely thicken gastric wall with intact but reduced detail wall layering. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Diffusely thicken small intestine with intact wall layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Thicken irregular colon wall. Findings could be consistent with inflammatory, infectious, or infiltrative disease.
- Small/moderate amount of free abdominal fluid. Recommend a fluid analysis and cytology.
- Visible/prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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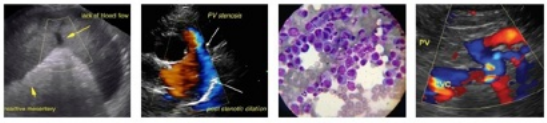

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

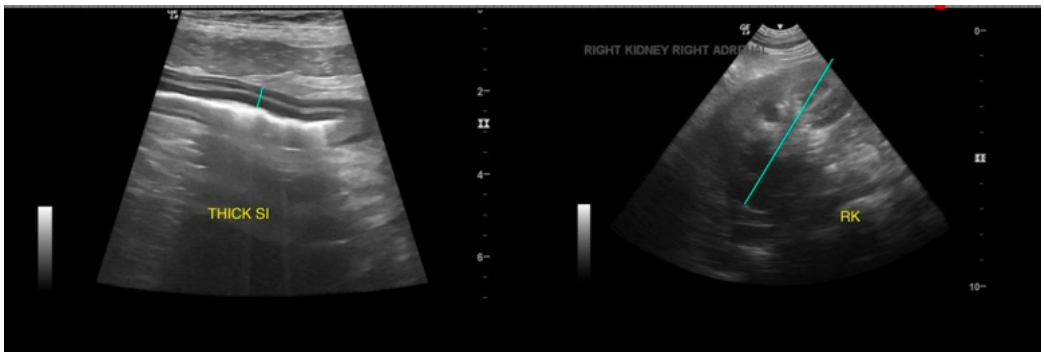
There is a general impression of diffusely thicken small intestine, large intestine, and gastric wall. In general wall layering is intact but, in some areas, it gets slightly less distinct. Given the intact wall layering fine needle aspirates are often less helpful. Although, a fine needle aspirate of the gastric wall could be considered. I suspect that the full thickness surgical biopsies would be the most definitive way to obtain a diagnosis.

Additionally, recommend current blood work if albumin levels are low. Some of the thickening could be associated with wall edema.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Recommend radiographs to further evaluate the mineralization visualized in the urinary bladder and consider a urine analysis and culture.



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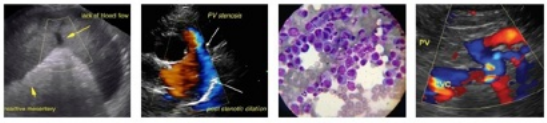

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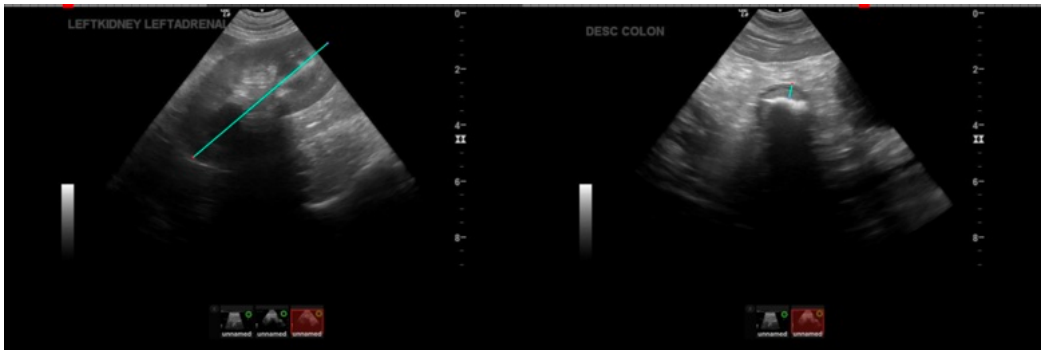

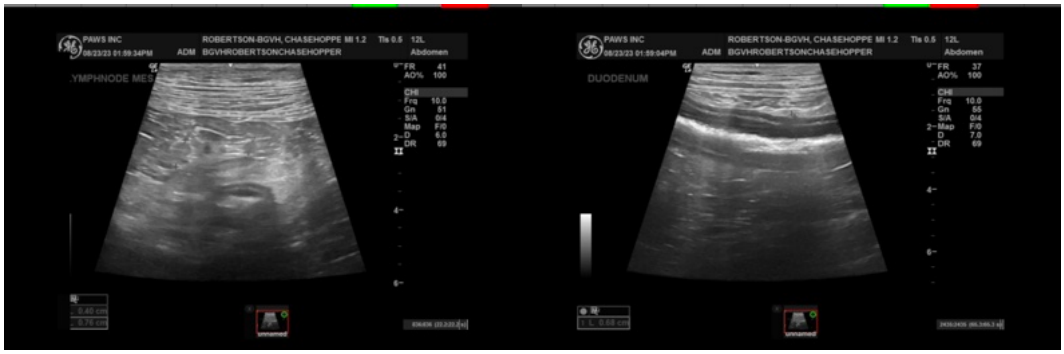

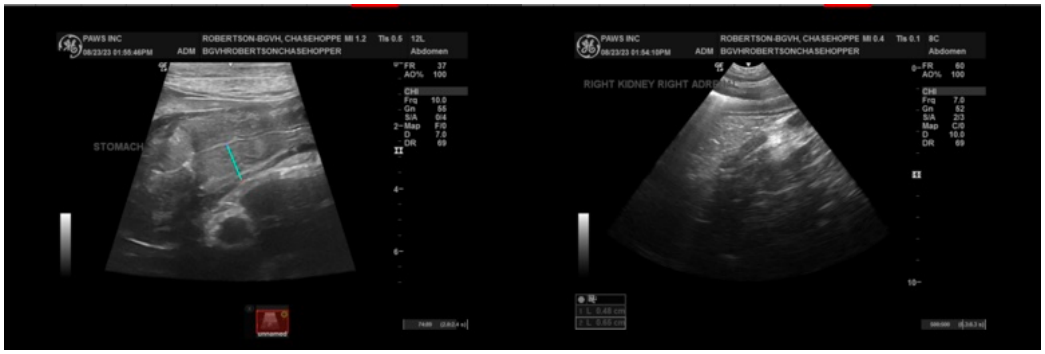

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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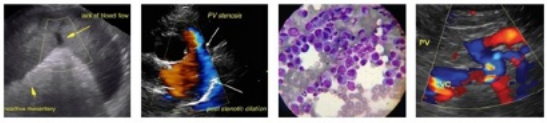

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

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