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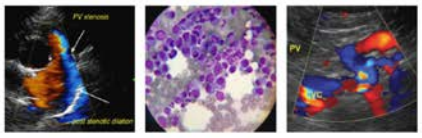

SonoPath
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PATIENT

Briclan Baker

SPECIES

Canine

BREED

Dalmation

SEX

Spayed Female

AGE

13 Years

WEIGHT

48.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Larry Fischer

INVOICE

40774

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Rapid heart rate, coughing/gagging. Murmur has been detected in history. Placed on Lasix and Vetmedin approx. 3 weeks ago. Has since discontinued Lasix due to dehydration per O (staff member). Developed Ataxia several days ago and then falls. Could possibly be due to arthritis, or old injury, but seems to be getting weaker, and could not stand day of scan.

Abnormal PE/Chem/CBC/UA Results: ALT, ALKP, Chol, Na, Cl slightly elevated. RBC/HCT low 4.59. Chronic anemia, 34.2%, MCV 74.6 (H), MCH 31.4 (H), PLT 582 (H). Labs taken 8-22.

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 left kidney has a normal shape and size (5.82 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.51 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 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 0.88 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. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined hyperechoic region visualized measuring 0.66 cm x 1.19 cm. Additionally, there is an ill-defined hypoechoic region near the tip of the tail of the spleen measuring 0.39 cm x 0.69 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth 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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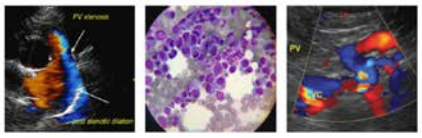

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Gastrointestinal

The stomach contains moderate fluid. 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. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness in these areas is normal. There are other bowel loops that appear moderately fluid dilated, and some focal areas of corrugation, most consistent with focal inflammation/enteritis. An obvious obstructive pattern is not noted. Duodenum wall measures normal between 0.3-0.5 cm. Jejunum wall measures 0.37 cm. No focal lesions consistent with 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

- Mildly mottled spleen with ill-defined hyperechoic area and hypoechoic region towards the tip of the spleen – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous 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.
- Moderately fluid dilated stomach – Consider the possibility of delayed gastric empty or partial outflow tract obstruction (none observed).
- Moderate fluid distention of some areas of the small intestine as well as areas of corrugation – I suspect these findings are most consistent with enteritis. A partial obstruction cannot be excluded as a possibility. Correlate with abdominal radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized on today's exam to explain the ataxia and anemia reported. The changes in the spleen are non-specific. The hyperechoic region trends towards a more benign appearance. The hypoechoic region at the tail could continue to be monitored, or a fine needle aspirate could be considered. A small infarcted area of spleen would be an additional differential, but blood flow through the body of the spleen appears normal.

The changes observed in the liver are non-specific. If significant liver enzyme elevations are present, then consider a liver function test and a fine needle aspirate of the liver, provided coagulation

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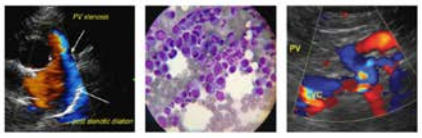

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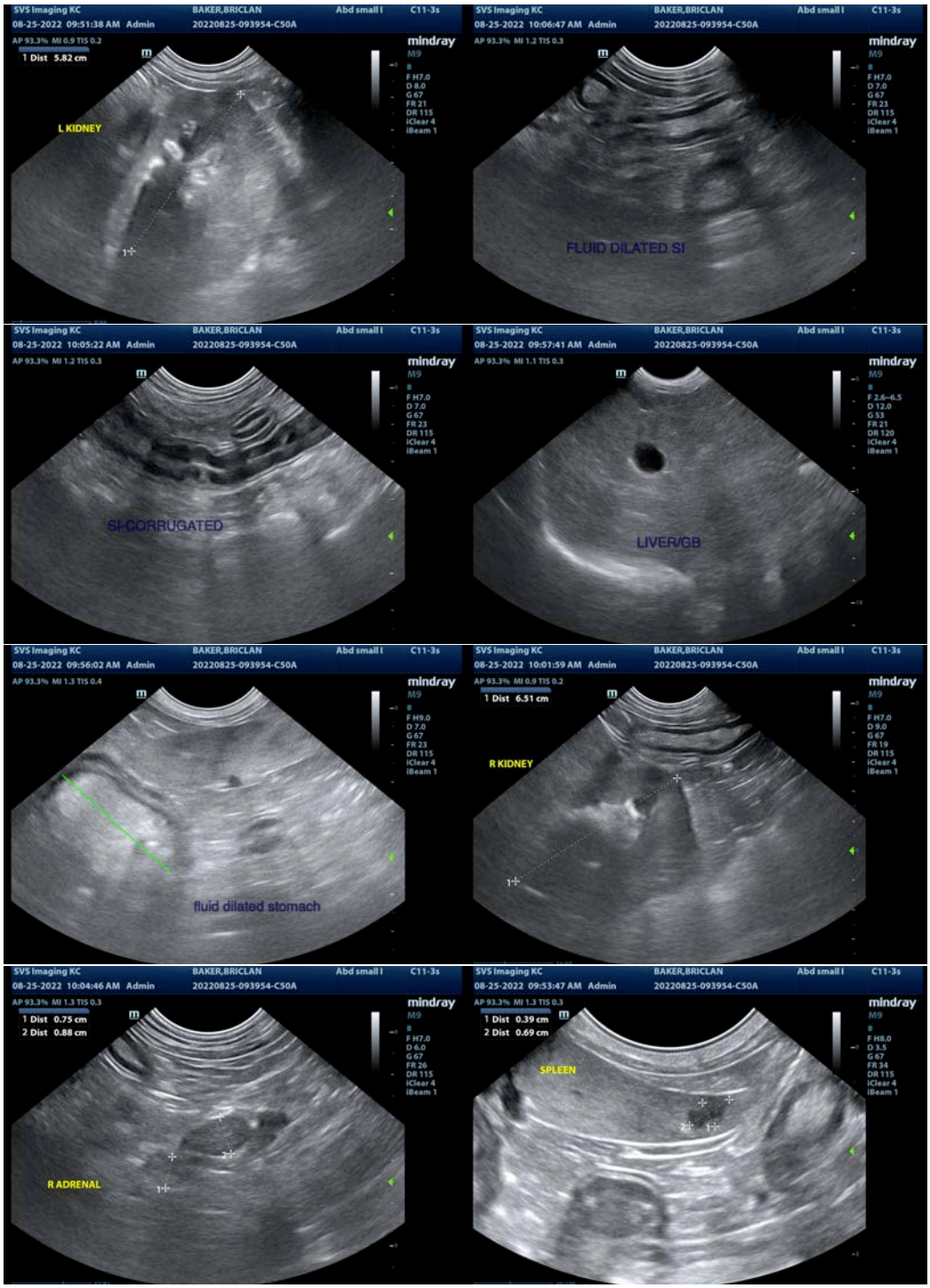
parameters are normal. Additionally, you could consider screening for Leptospirosis.

Some areas of small intestine appear moderately fluid distended with some corrugation. These findings are most consistent with ileus and enteritis, but correlate findings with abdominal radiographs and possible serial imaging, as ingested foreign material cannot be excluded as a possibility.



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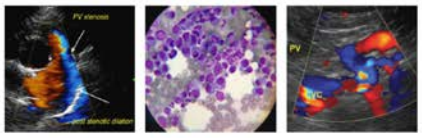

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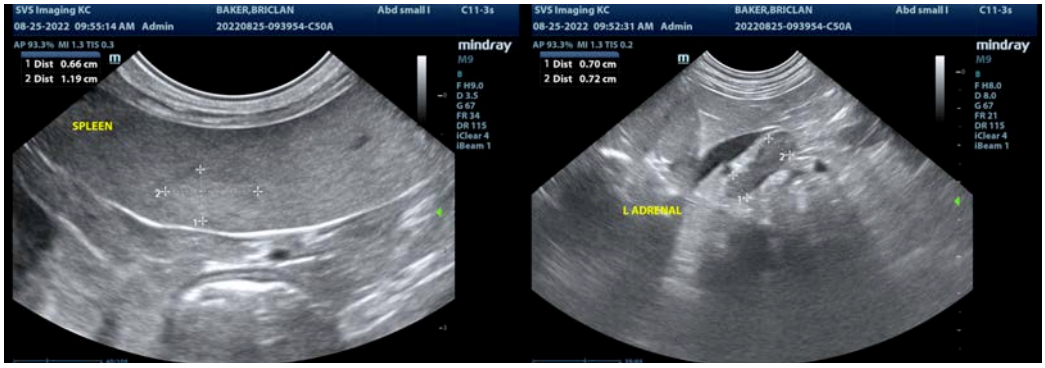

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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