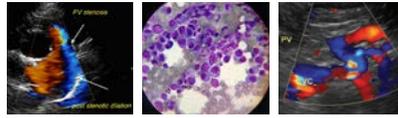


IMAGING PERFORMED BY

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SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

8/26/22 Acute onset diarrhea, lethargy and anorexia. Typically a healthy dog. Temp 103.8-102.8 on IVF and meds. Abdomen tense on palpation, rest of PE is WNL.

PATIENT

Lilly O'Neill Current Medications: IVF x 2 days, Doxy, Metronidazole, Buprenorphine, Cerenia.
Lab Results: Elevated ALT, AST, CPL. Lepto titer pending.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pomeranian

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.

SEX

Spayed Female

The left kidney has a normal shape and size (6.7 cm) with mild pyelectasia at 0.28 cm and perinephric inflammation. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

2/1/17

WEIGHT

17 Pounds

The right kidney has a normal shape and size (4.68 cm) with mild perinephric effusion and inflammation. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right adrenal gland is normal in size measuring 0.54 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.

HOSPITAL NAME

Stay Pet Veterinary

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.

REFERRING VET

Dr. Klimovitz

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.

INVOICE

40773

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 is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 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 relatively uniform diameter with minimal 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. Jejunum wall measured 0.29 cm. 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

There is scant free abdominal fluid. There are enlarged rounded hypoechoic lymph nodes in the sublumbar region measuring 0.98 cm x 0.78 cm and 0.58 cm and 0.66 cm diameter. There is focal inflammation in the sublumbar region, and there is a mesenteric lymph node visualized measuring 0.82 cm.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

Ringdown artifact is visualized at the level of the diaphragm. Recommend 3-view thoracic radiographs.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with perinephric inflammation and scant effusion. There is mild left-sided pyelectasia - Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Possible differentials for perinephric fluid include acute kidney injury, toxicities, Leptospirosis, etc.
- Sublumbar lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Scant free abdominal fluid

ULTRASONOGRAPHIC FINDINGS

- Ringdown artifact is visualized – Recommend 3-view thoracic radiographs.
- Mild fluid/ingesta in the gastric lumen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

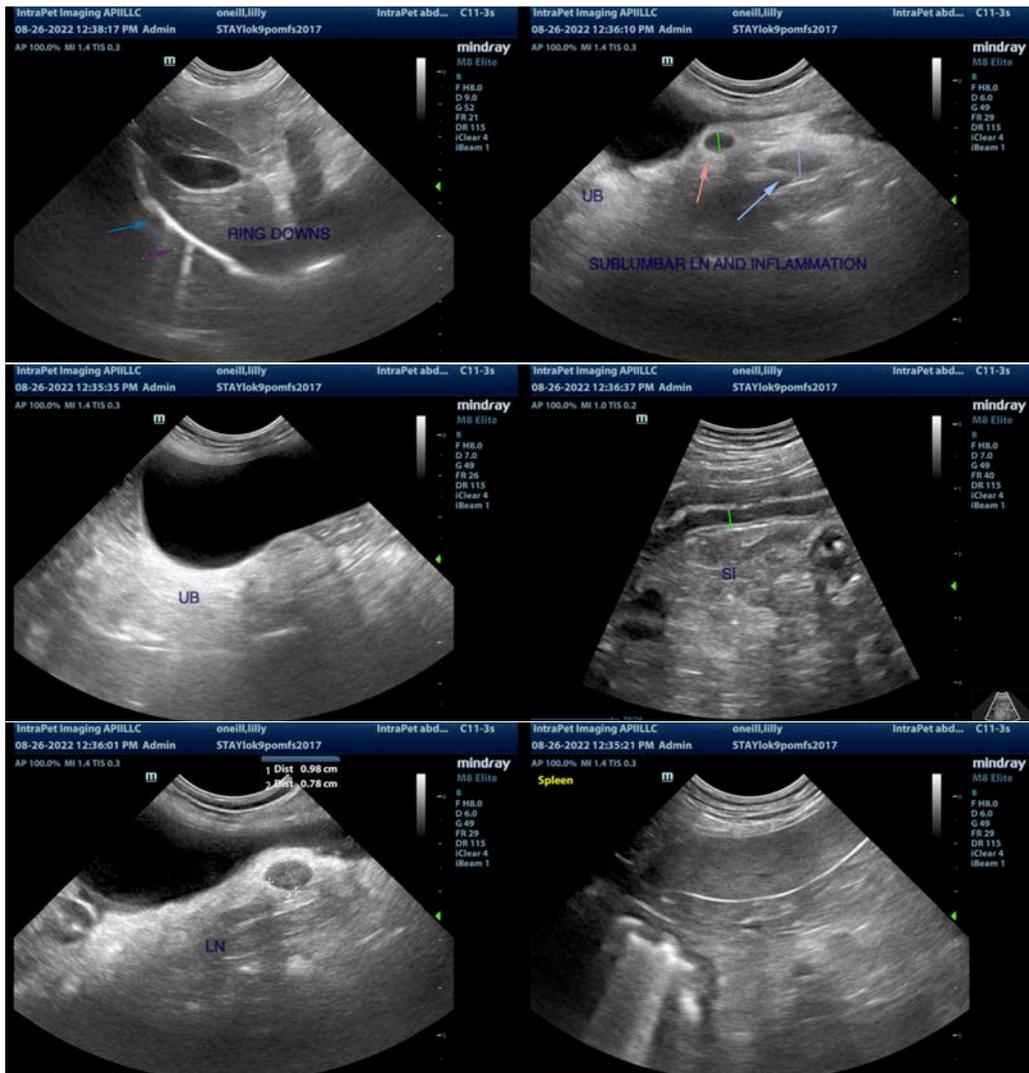
There appears to be some generalized inflammation in the abdomen. Some of this appears focused around the kidneys, which have decreased corticomedullary distinction and mild pyelectasia on the left side.

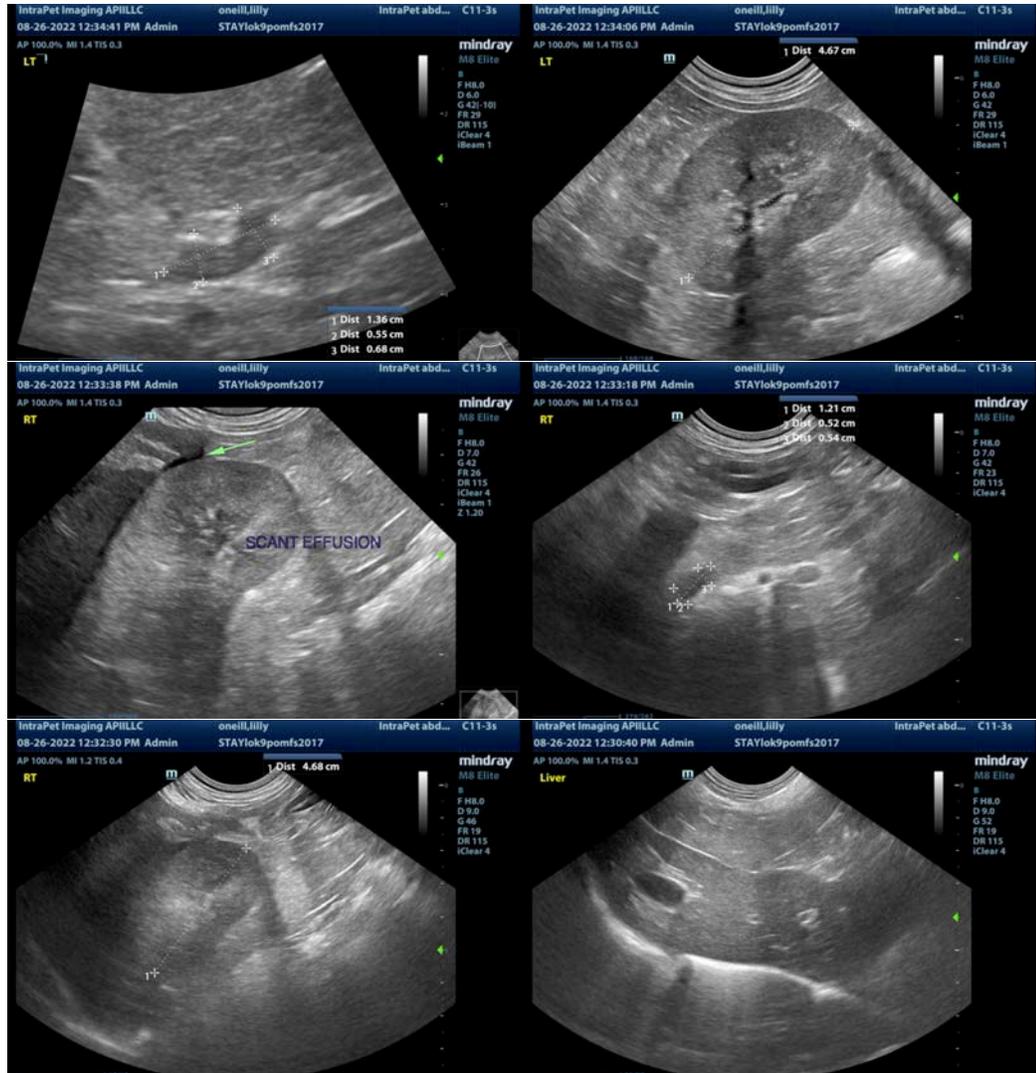
Recommend urinalysis, culture, blood pressure evaluation, and Leptospirosis screening (in progress). Additionally, there is a sublumbar lymphadenopathy. Careful examination of the caudal portion of this pet including lymph nodes, extremities, and a thorough rectal exam is warranted.

A low albumin is reported. Consider pre- and post-prandial bile acids to evaluate for liver function and evaluation of urine protein levels with a urine protein to creatinine ratio to look for evidence of significant proteinuria.

Additionally, there is a fever and a lowish platelet count. Consider screening for tickborne disease. I like the comprehensive panel through NC State's vector borne disease lab, as it covers all the bases.

Ringdown artifact was seen at the level of the diaphragm. This could indicate pulmonary parenchymal disease. Recommend 3-view thoracic radiographs.





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)
 kathleen.sennello@sonopath.com