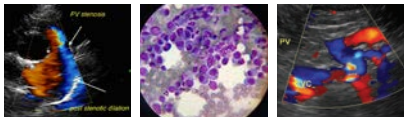
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/31/21

PATIENT

Maggie Waller

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Spayed Female

AGE

2015

WEIGHT

27.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

25111

PRESENTING CLINICAL SIGNS

Appetite Decreased, Diarrhea with Blood.
History: Date: 08-28-2021 Notes: Day before yesterday V+ white foam Yesterday D+ started, did not eat Continued to V+ whenever she
drinks Lethargic.

Current Medications: O Proviable Kit (15ml Paste + 10 Capsules) - cats / small dogs (per kit), O Proviable Capsules, Vitamin B12 1,000mcg/mL Injection (Per mL), Omeprazole Capsules 10mg, Maropitant Citrate (Cerenia) Tablets 24mg, Gabapentin Capsules 100mg, Amoxicillin (Biomox) Tablets 200mg, Metronidazole Tablets 250mg, Diphenhydramine Capsules 25mg, O Fenbendazole Granules 20-40 lb/ 5 Packets
Lab Results: Attached
Radiographs: Abdomen 2 View- nsf
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
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 left kidney has a normal shape and size (4.66 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 (4.78 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 0.5 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 0.52 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 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. 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. Duodenum wall measured 0.45 cm. Jejunum wall measured 0.32 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 mildly thickened at 0.34 cm. Sections of colon are visualized with liquid fecal material and gas shadowing distally. There is no observed focal 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

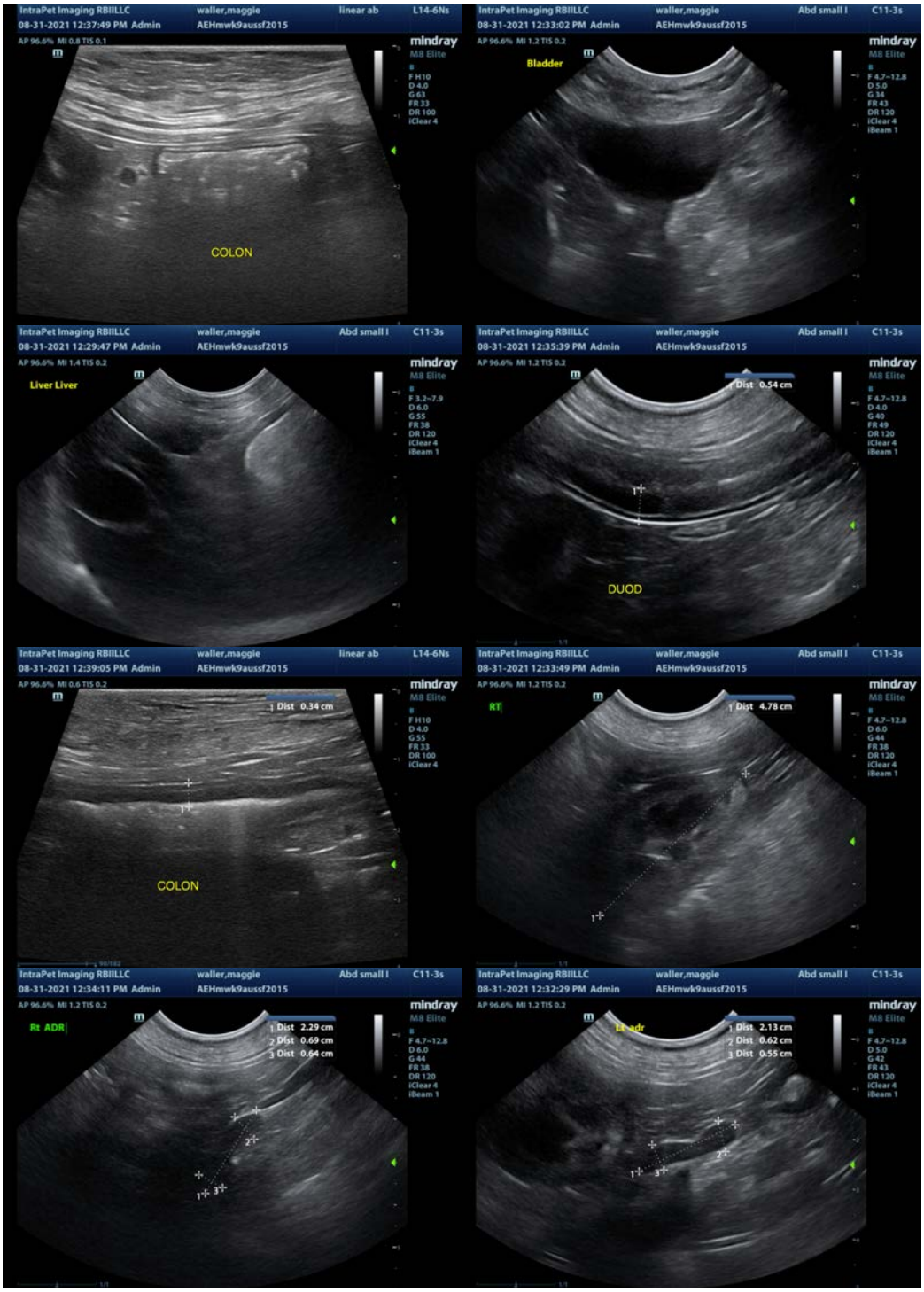
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

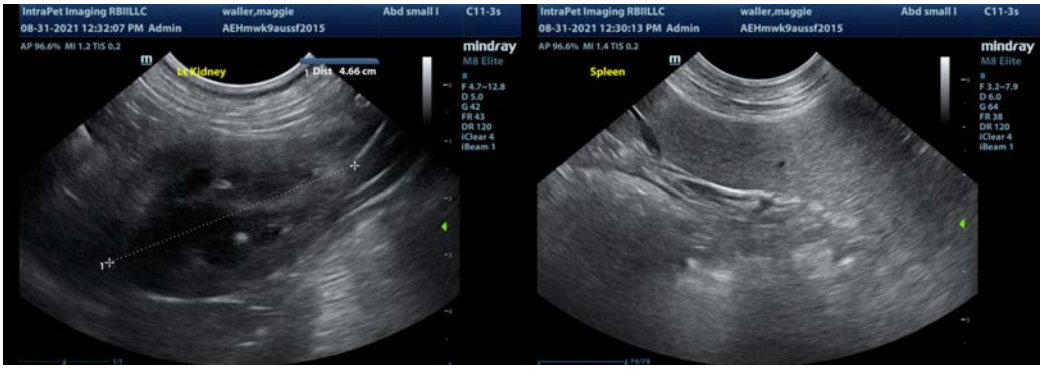
ULTRASONOGRAPHIC FINDINGS

- Subjectively thickened colon wall with liquid fecal material – most consistent with colitis and associated diarrhea. Other causes of thickening such as infection, inflammation, edema, and less likely neoplasia exist.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic changes are relatively mild and likely most consistent with acute hemorrhagic gastroenteritis. Additional diagnostics to consider would be fecal testing/deworming, an ACTH stimulation test, GI panel with B12 folate and cobalamin levels, and chest radiographs. Hopefully supportive therapy will result in gradual resolution of these signs. Correlate with abdominal radiographs, as ultrasound can sometimes be insensitive for identifying foreign material, and if symptoms and hypoalbuminema are persisting, consider GI biopsies, but hopefully this will not be necessary.


IntraPet Imaging RBIILLC
waller,maggie
linear ab
L14-6Ns
08-31-2021 12:37:49 PM Admin
AEHmwk9aussf2015
mindray
M8 Elite
COLON
IntraPet Imaging RBIILLC
waller,maggie
Abd small I
C11-3s
08-31-2021 12:33:02 PM Admin
AEHmwk9aussf2015
Bladder
IntraPet Imaging RBIILLC
waller,maggie
Abd small I
C11-3s
08-31-2021 12:29:47 PM Admin
AEHmwk9aussf2015
Liver Liver
IntraPet Imaging RBIILLC
waller,maggie
Abd small I
C11-3s
08-31-2021 12:35:39 PM Admin
AEHmwk9aussf2015
1 Dist 0.54 cm
DUOD
IntraPet Imaging RBIILLC
waller,maggie
linear ab
L14-6Ns
08-31-2021 12:39:05 PM Admin
AEHmwk9aussf2015
1 Dist 0.34 cm
COLON
IntraPet Imaging RBIILLC
waller,maggie
Abd small I
C11-3s
08-31-2021 12:33:49 PM Admin
AEHmwk9aussf2015
RT
1 Dist 4.78 cm
IntraPet Imaging RBIILLC
waller,maggie
Abd small I
C11-3s
08-31-2021 12:34:11 PM Admin
AEHmwk9aussf2015
Rt ADR
1 Dist 2.29 cm
2 Dist 0.69 cm
3 Dist 0.64 cm
IntraPet Imaging RBIILLC
waller,maggie
Abd small I
C11-3s
08-31-2021 12:32:29 PM Admin
AEHmwk9aussf2015
Lt adr
1 Dist 2.13 cm
2 Dist 0.62 cm
3 Dist 0.55 cm



The information and recommendations provided are based on the images presented by the referring veterinarian. 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