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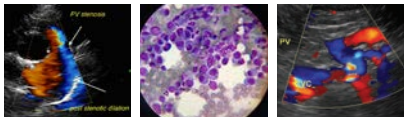

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DATE

8/9/22

PATIENT

James Homeward Bound Rescue

SPECIES

Canine

BREED

Giant Schnauzer

SEX

Neutered male

AGE

6/28/19

WEIGHT

44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

40263

PRESENTING CLINICAL SIGNS

Surrendered to shelter/rescue in early June. History of seizures prior to surrender, reasonably controlled. When taken into rescue chronic diarrhea noted, has continued since they have had him. AUS 6/9 (Oncura) showed hepatomegaly w/rounded, irregular margins, asymmetric gastric wall thickening w/focal loss of wall layering, possible foreign material, multifocal jejunal wall thickening, possible intussusception, enlarged mesenteric LN (report attached below). I saw 7/5, he was having chronic diarrhea, otherwise well. Tried to change to hydrolyzed protein diet, diarrhea worsened. Rescue very interested in definitive diagnosis.
Current Medications: Keppra 1000mg in PM, Zonisamide 300mg BID. Intermittent supportive meds (metamucil, proviable, tylosin mainly), Cobalequin once daily.
Lab Results: Chem 7/6: Glob 6.3, normal liver enzymes.

GI panel 7/6: low normal B12, cortisol <1.0, subsequent ACTH stim normal.

CBC/Chem 6/8: glob 7.1, alb 2.1 (skin infection at the time), low normal chol 96, normal liver enzymes, mild eosinophilia of 1428.

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 distended with a large amount of suspended echogenic debris. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (1.3 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 (7.53 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 (7.26 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 0.54 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 0.85 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. Jejunum wall measured 0.39 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 nonformed 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. There is a mesenteric lymphadenopathy present with a gastric lymph node measuring 1.6 cm, a sublumbar lymph node measuring 1.54 cm x 5.47 cm, and a hypoechoic lymph node dorsal to the urinary bladder measuring 1.9 cm in diameter. The omentum appears of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

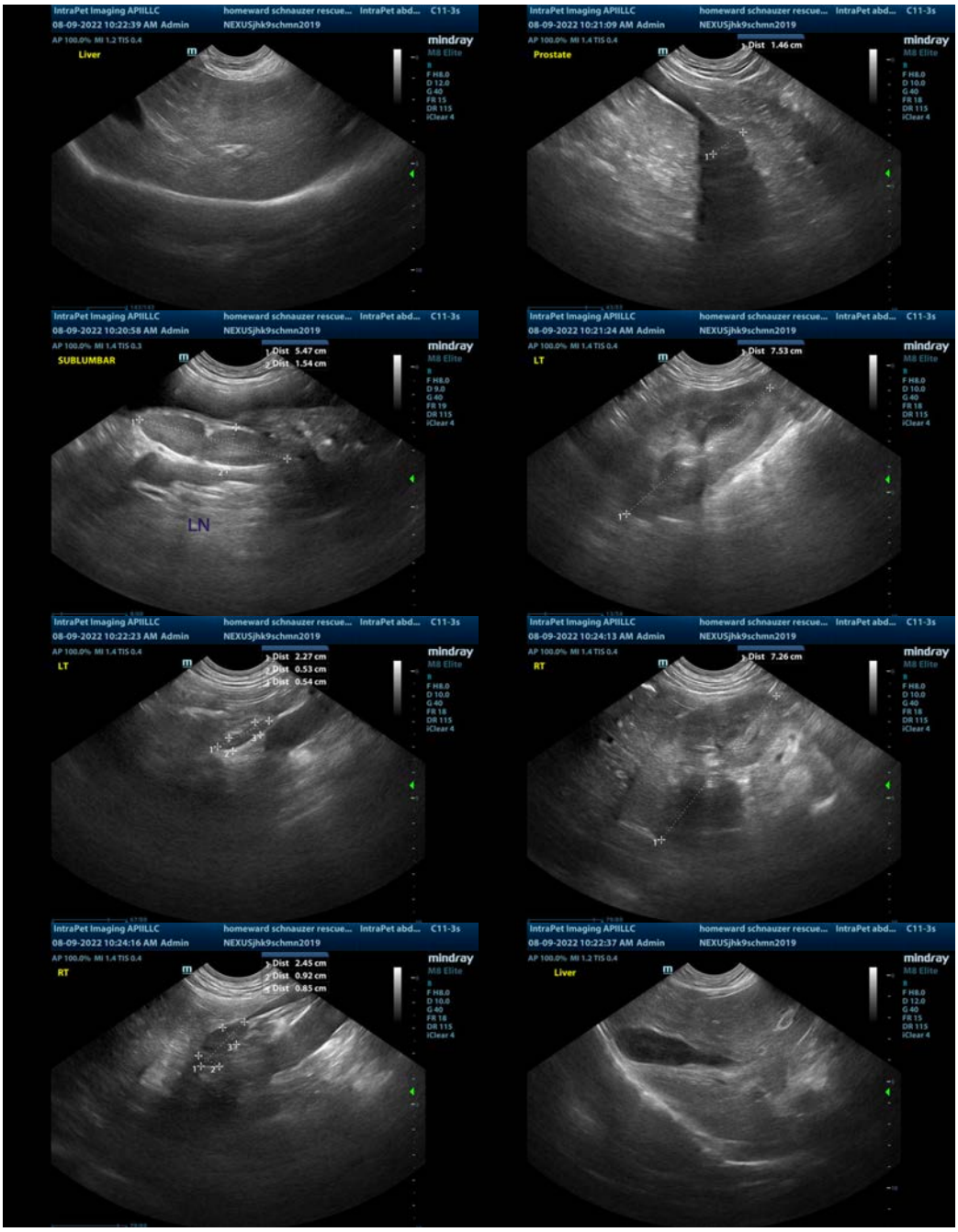
- Suspended echogenic debris visualized within the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

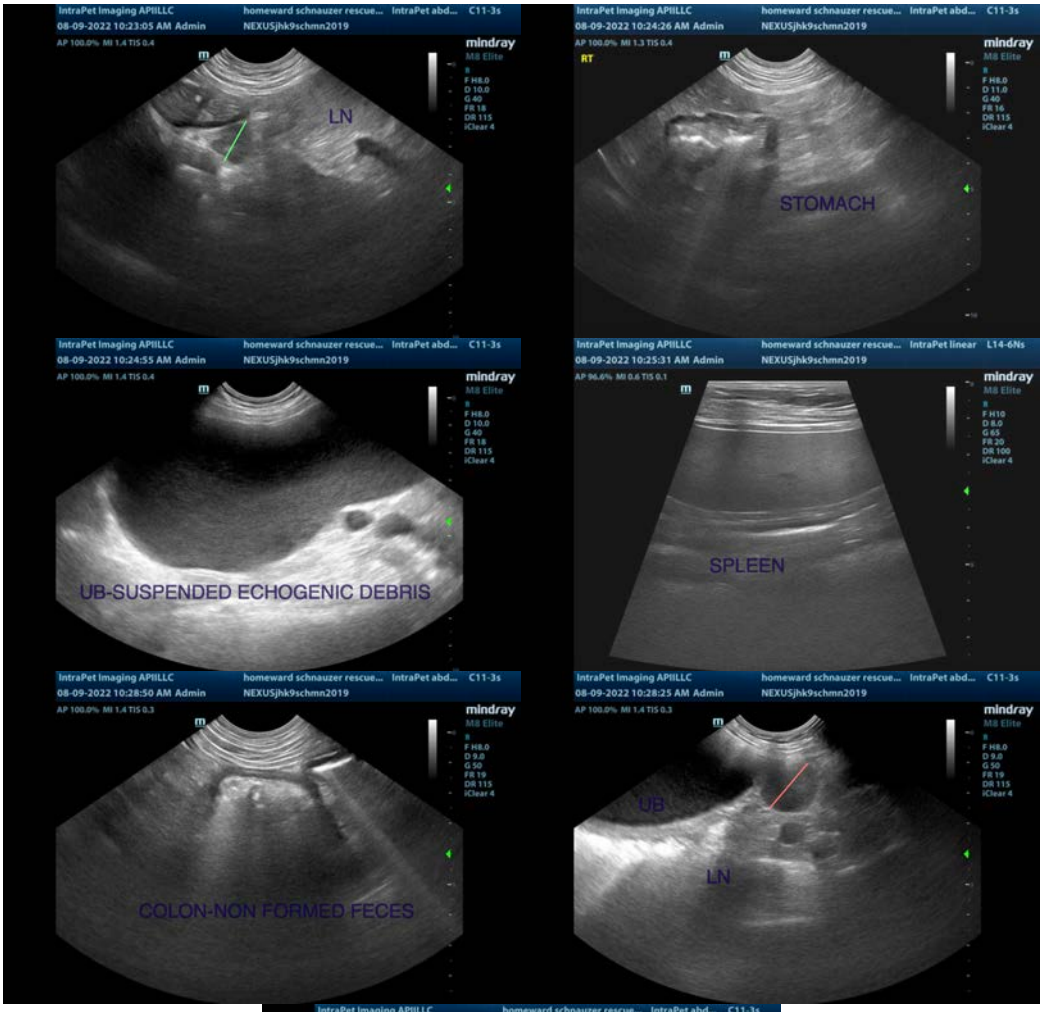
- Mild to moderate mesenteric lymphadenopathy – Most of the lymph nodes visualized maintain normal shape and echogenicity, but subjectively appear more prominent than just “puppy nodes”.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A moderate mesenteric lymphadenopathy is noted with echogenic debris in the urinary bladder and fluid dilation of the colon, consistent with the diarrhea reported. No obvious focal lesions were visualized associated with the stomach or small intestine.

Recommendations regarding this case to be determined by Dr. Cara Steele.

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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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