

**DATE PRESENTING CLINICAL SIGNS**

9/14/21 History: Poor appetite, diarrhea, occasional vomiting.
Current Medications: Metronidazole 500mg BID, Probiotic.

PATIENT Lab Results: blood work normal

Ernie Buzzell Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic/Telazol and Dexdomitor IV.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Australian Shepherd

SEX

The prostate is large, measuring 3.7 cm x 6.31 cm. It is slightly irregular in shape with mildly undulating external margins. The parenchyma appears heterogeneous and hyperechoic, but no discreet focal lesions are present. The prostatic urethra appears normal. No evidence of irregularity, invasion, mass effect, or calculi.

Neutered Male

AGE

The left kidney has a normal shape and size (6.32 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. Pinpoint non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

2011

WEIGHT

The right kidney has a normal shape and size (6.12 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. Rare pinpoint non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

44.6 Pounds

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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.

HOSPITAL NAME

Honeygo AH

The right adrenal gland is normal in size measuring 0.60 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.

REFERRING VET

Dr. Wright

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.

INVOICE

25389

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 is moderately 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.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension, and normal wall thickness with normal distinction of layering (duodenum 0.47, jejunum 0.37 cm). There is a focal area of bowel that has severely hypoechoic wall and complete loss of layering at 2.38 cm in thickness. The bowel in this area is somewhat bunched, and some areas have some shadowing material, most consistent with ingesta, but foreign material cannot be excluded. Findings are most consistent with a focal bowel mass. Other possibilities include severe inflammation, fungal infection, etc.

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 revealed scant anechoic free fluid. Severe mid abdominal mesenteric lymphadenopathy was present. There is a very large, mottled, slightly cystic lymph node in the mid abdomen measuring 2.0 cm x 3.4 cm. The omentum is of increased echogenicity around the abnormal bowel loop.

Other

Both testicles were visualized and appear normal.

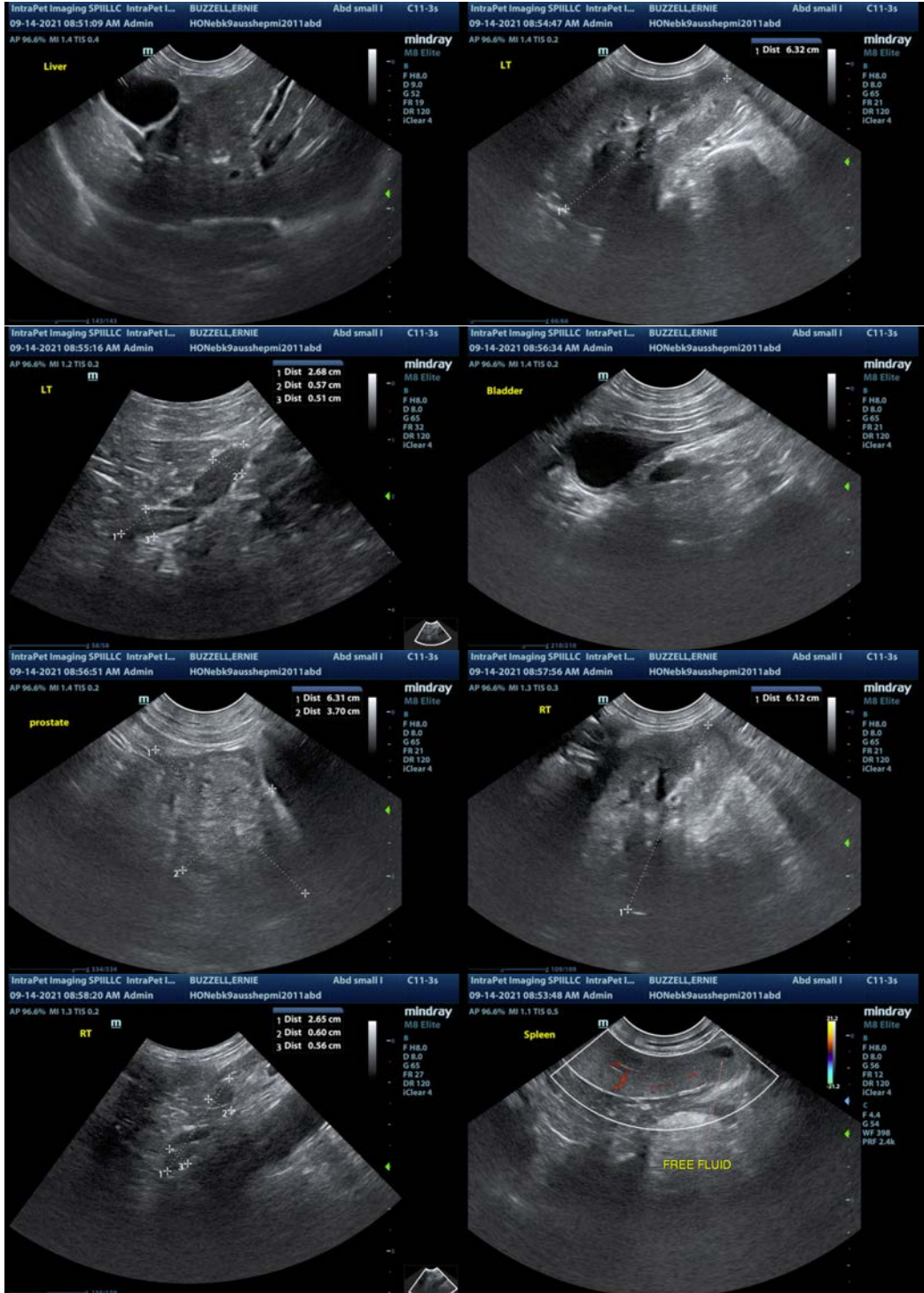
ULTRASONOGRAPHIC FINDINGS

- Severe focal bowel wall thickening with loss of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Large, irregular, hyperechoic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- Severe mesenteric lymphadenopathy – There is concern for this representing a metastatic lesion or severe inflammation/infection.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal bowel lesion is very concerning and abnormal. Of primary concern would be infiltrative neoplasia. Other possibilities exist such as a benign lesion, focal inflammation, etc. Recommend a fine needle aspirate of bowel wall and mesenteric lymph node. Recommend 3-view thoracic radiographs.

The prostate is big, bright and slightly irregular. This is most likely consistent with benign prostatic hypertrophy, but prostatitis cannot be excluded. Consider urinalysis and culture, and neutering if appropriate.





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.

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