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Clinical Sonography & Telecytology
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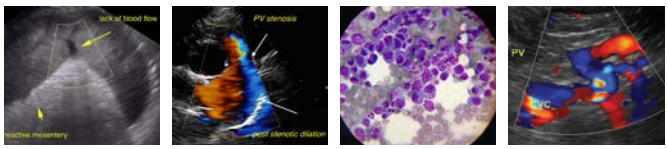

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1-800-838-4268 info@sonopath.com

PATIENT
Jake Paradiso

SPECIES
Canine

BREED
Australian Labradoodle

SEX
Male

AGE
19 Weeks

WEIGHT
Not Provided

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Midland Park VH

REFERRING VET
Dr. Shokoff

INVOICE
41332

DATE
9/14/22

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting + diarrhea. Rads on 9/13 revealed gastritis/duodenitis w/ low likelihood for FB/partial obstruction. Current meds: Convenia, Famotidine

Abnormal PE/Chem/CBC/UA Results: Mildly elevate WBCs, Monocyte/eosinophils/lymphs, ALP (age?)

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 prostate is borderline large (1.1 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.51 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.33 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 0.27 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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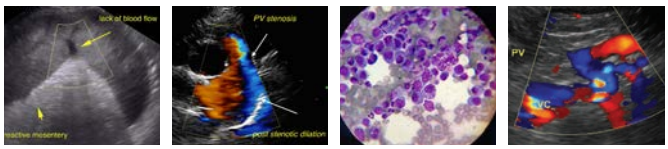

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Gastrointestinal

The stomach is moderately dilated with air. 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. Full evaluation of the stomach is limited due to aerophagia and air artifact.

The visualized areas of jejunum and ileum have a relatively uniform diameter with mild to moderate fluid distension. The duodenum appears moderately distended with fluid/chyme. 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 measures 0.45 cm. Jejunum wall measures 0.40 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes, two of which measure at 1.15 cm and 0.89 cm in diameter. The omentum is generally of normal echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Mild diffuse fluid dilation of the small bowel with more significant dilation of the proximal duodenum with chyme/fluid – most consistent with enteritis/ileus. Partially obstructive foreign material cannot be ruled out.
- Mild lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. This is a common finding in puppies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound changes observed were relatively mild. Unfortunately, the severity of ultrasonographic changes do not always correlate with the severity of Gi symptoms exhibited. Many causes for Gi signs cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobalamin.) (if not already done)
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

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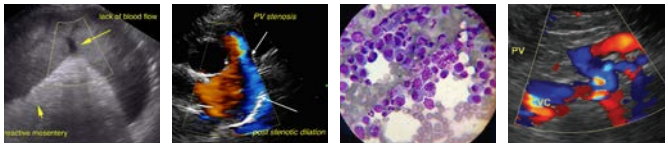

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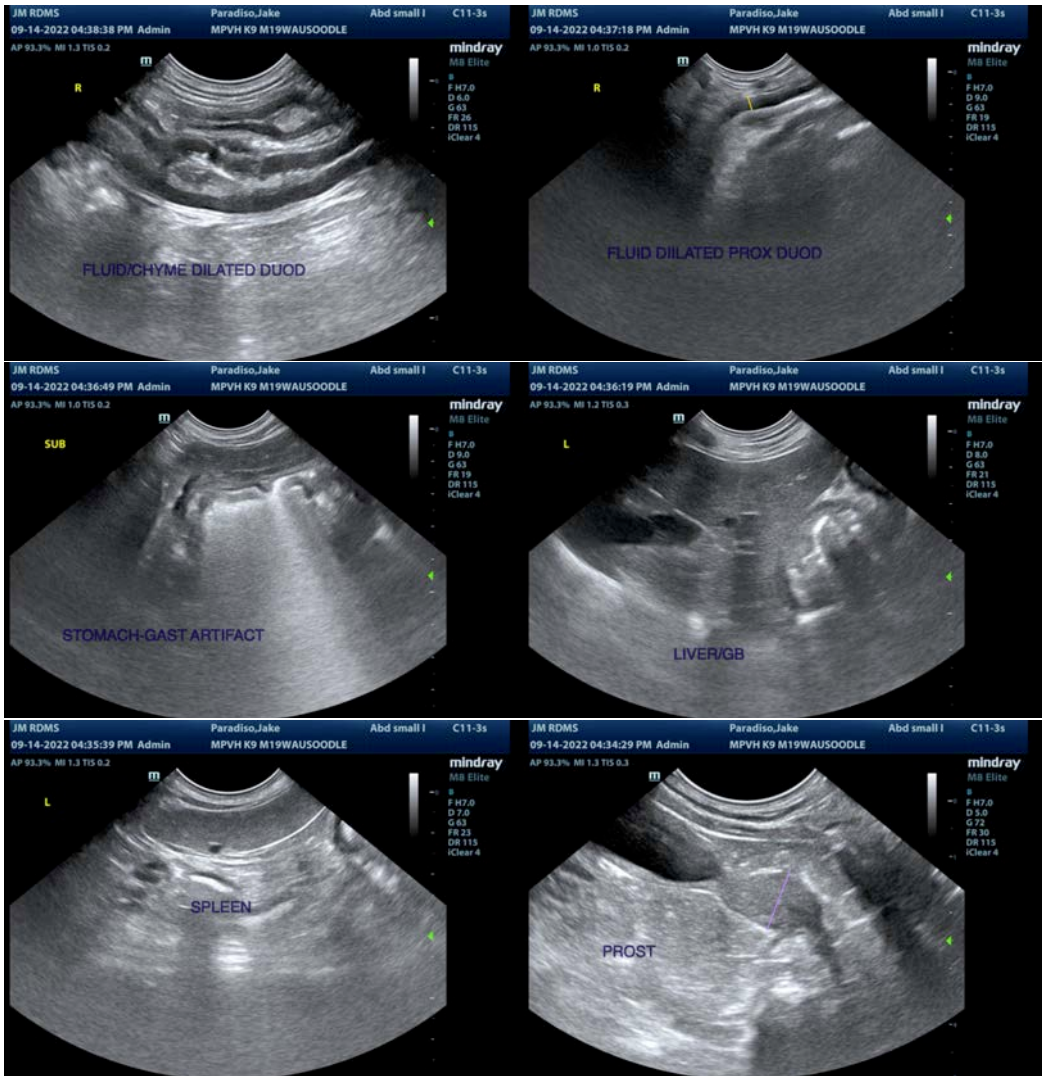
If primary GI disease is suspected in young patients with acute signs, I would most strongly consider dietary indiscretion, ingestion of foreign material, Gi parasitism, Addison's disease and pancreatitis, acute colitis/gastroenteritis. Serial radiographs for evaluation of progressive obstruction/partial obstruction/foreign material is warranted. A focal obstruction was not visualized on today's exam but cannot be definitively ruled out.

Recommend symptomatic therapy and close monitoring. Consider probiotic therapy, treatment for GI parasitism, and switching to a novel protein/hydrolyzed protein prescription diet. if symptoms persist, re-evaluate, and consider surgery/endoscopy to obtain biopsies and evaluate for foreign material.



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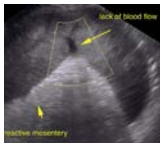
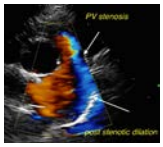
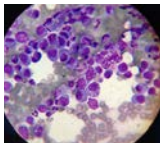
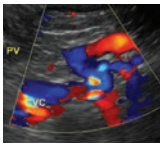

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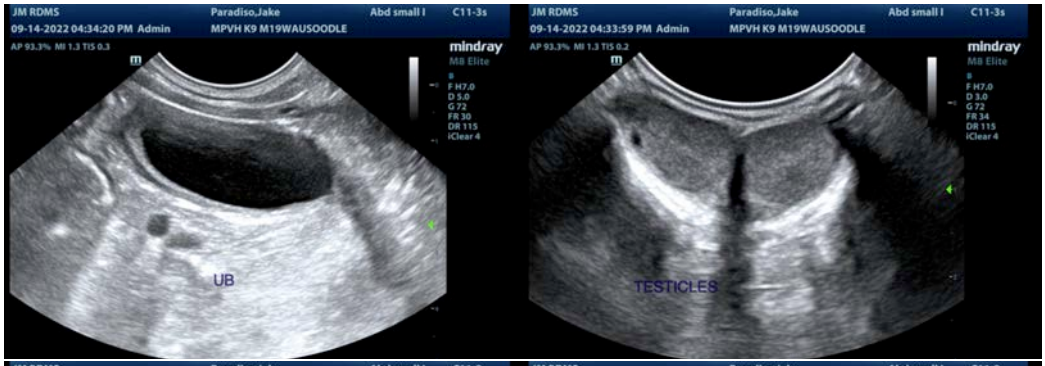

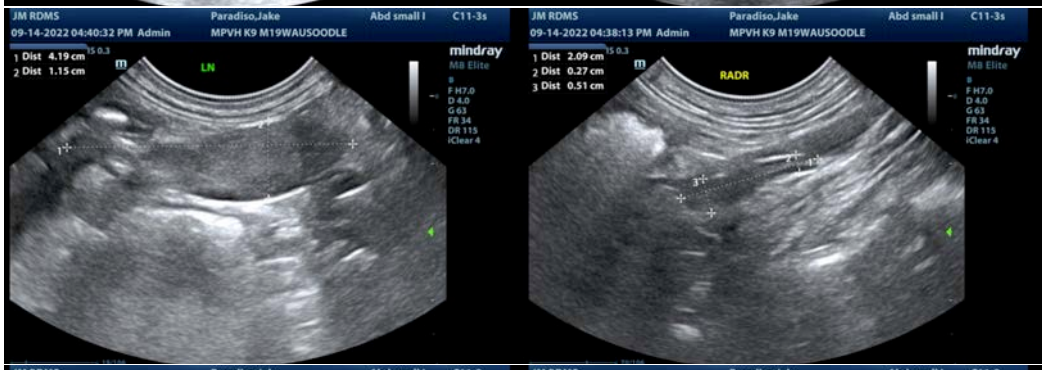

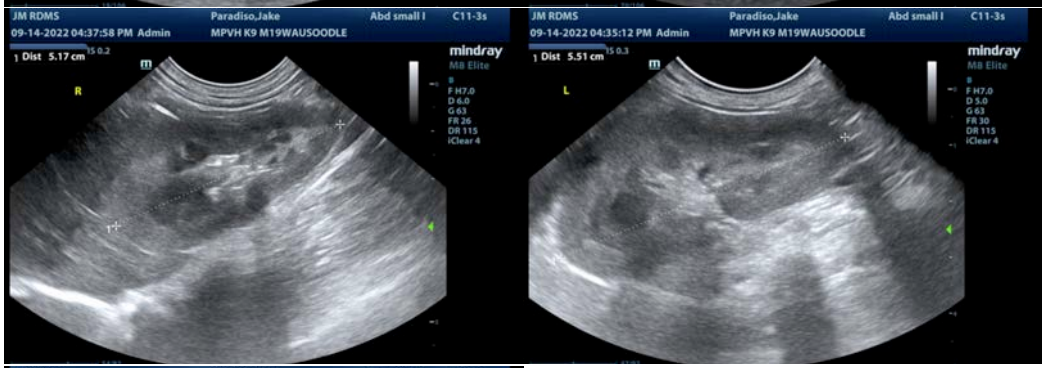

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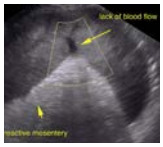
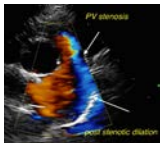
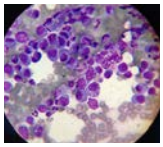
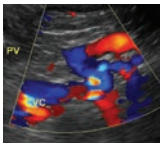

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com