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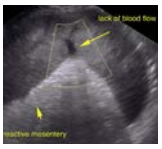
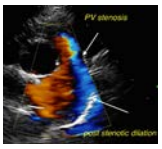
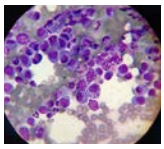
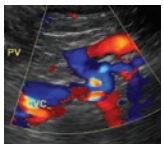

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Buddy Anderson

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
12 Years

WEIGHT
18 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
New Bridge VP

REFERRING VET
Dr. Glennon

INVOICE
25772

DATE
9/23/21

PRESENTING CLINICAL SIGNS

Persistent weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely mildly thickened with mild mucosal irregularity. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal. Additionally, there is some shadowing material in the dependent portion of the bladder, measuring 1.6 cm x 0.59 cm, most consistent with a stone or mineralized dependent debris. Correlate with abdominal radiographs. Recommend urinalysis and culture.

The prostate is normal in size (0.92 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 (4.5 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 (3.63 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 0.57 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.

The right adrenal gland is normal in size measuring 0.39 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/small 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic debris. The cystic and common bile ducts are normal/not visible.

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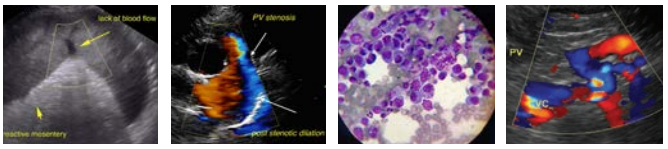

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Gastrointestinal

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. The wall largely appears normal and measures at a thickness of <0.7cm with adequate layering. In one view there is prominent, thickened gastric mucosa measuring 1.0 cm, which appears to have a decreased detail of layering. This is variable with rugal folds and was not repeatable in multiple images, making the significance unclear.

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 0.43 cm. Jejunum wall measured 0.37 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, 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.

PRIMARY FINDINGS

- Irregular urinary bladder wall with focal, mineralized/shadowing material – most consistent with cystitis and mineralized debris or a focal stone. Correlate with radiographs, urinalysis and culture results.
- Subjectively small liver – This could be normal for this pet, but consider a liver function test to rule out underlying liver disease.
- Mild ingesta and questionable stomach wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

SECONDARY FINDINGS

- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the reported weight loss is not identified. Correlate these findings with blood work results. In one image there was questionable gastric wall thickening. If weight loss continues or vomiting/anorexia/drooling is an issue, consider recheck ultrasound of the stomach in 4-6 weeks (sooner if concerned). Additionally, there can be underlying gastrointestinal disease present without significant ultrasonographic findings. Consider a GI panel with quantitative PLI, B12, folate, and a TLI to look for evidence of malabsorptive disease, etc.

The liver is subjectively small. If this is consistent on abdominal radiographs (which are a much better guide to liver size), consider a liver function test.

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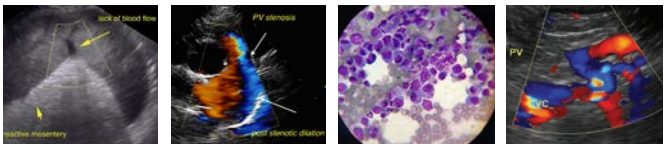

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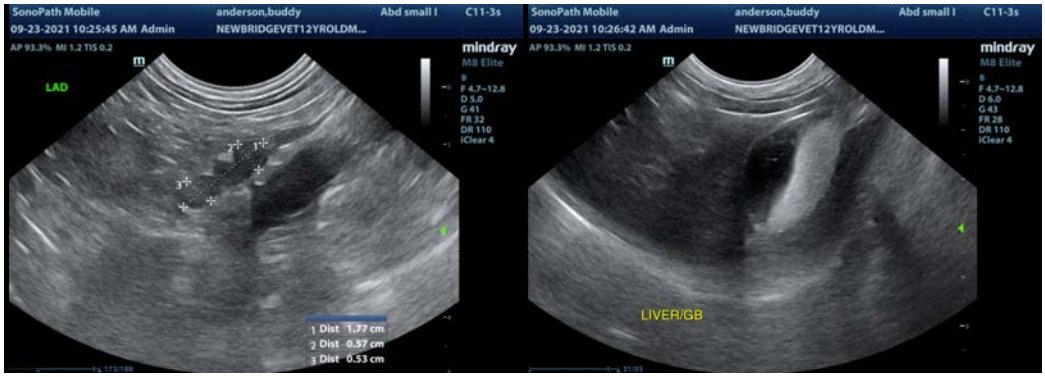
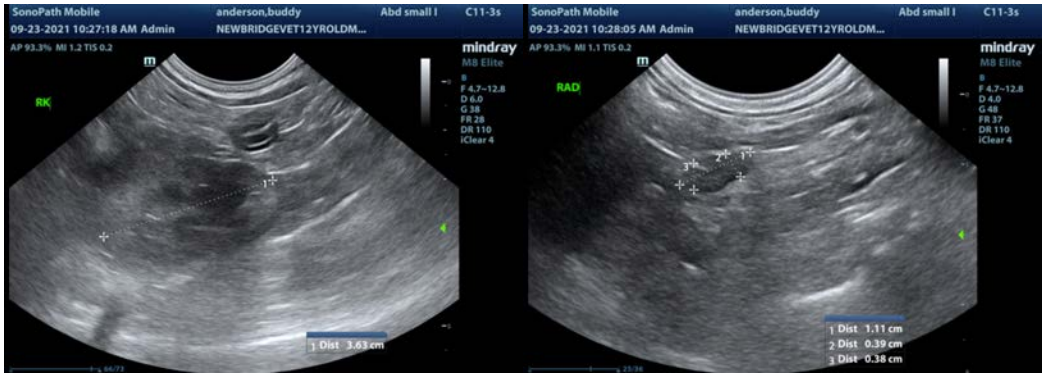
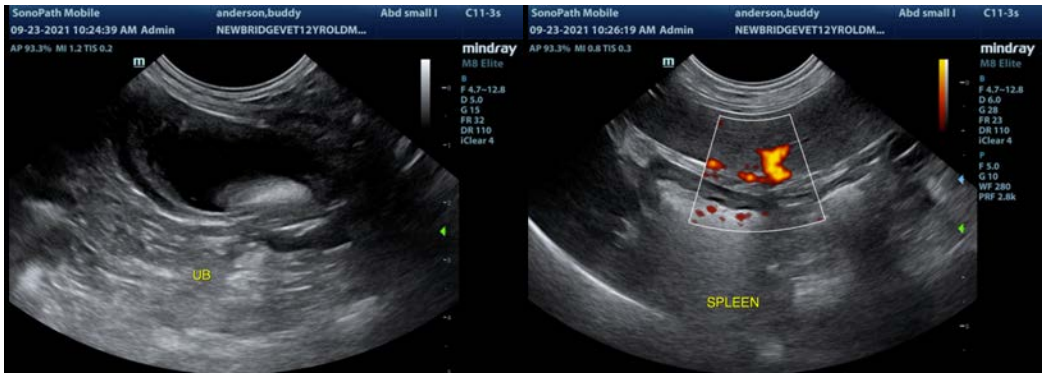
Recommend urinalysis and culture and further evaluation of the mineralization observed in the urinary bladder. Recommend 3-view thoracic radiographs.







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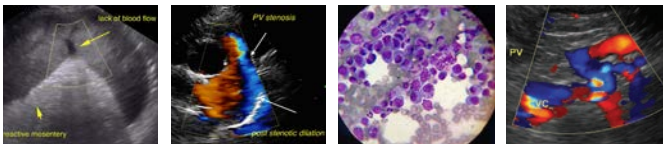

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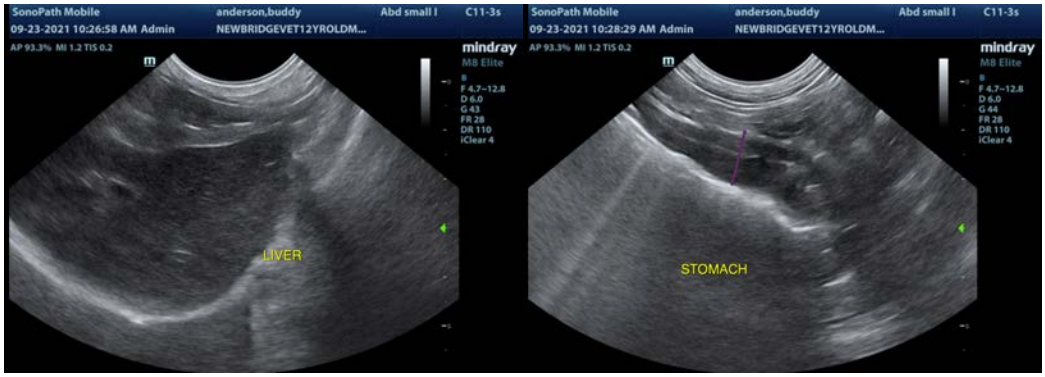

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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