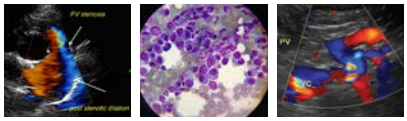
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/24/21

PATIENT

Billi Jurist

SPECIES

Canine

BREED

Borzoi

SEX

Neutered Male

AGE

9/2/11

WEIGHT

68 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

25788

PRESENTING CLINICAL SIGNS

History: Lethargic, anorexia. Temp - 103.4, thin, slight discomfort over L4-L5. Owner thinks is breathing heavily. Pink mucous membranes, CRT less than 1 sec. Heart- no murmur.
Current Medications: LRS at 100 mls/hour, 700 mg Cefazolin IV BID slow, added 10 mls of KCL to IV BAG.
Lab Results: WBC - 20,260 95% polys, stress response. Potassium 3.2 low. Rest of chemistry NSF, Cpli – normal.
Radiographs: spondylosis at L4-L5, round soft tissue density behind stomach on the lateral view. VD of abdomen very difficult to discern due to very thin patient and poor detail. Thoracic rads - small amount of pleural effusion which is the same as on 4/4/2020.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not needed.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The visible portions of bladder wall, trigone, and ureteral papillae show no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The urethra and prostate are not visible due to the intrapelvic location of the bladder and lack of distention. Shadowing from the pelvic bones hinders evaluation.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.89 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 (7.91 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.78 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 splenic body does appear to be folded back on itself, creating an irregular shape, but 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 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 non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 measures 0.3 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 area of 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

- Moderate gallbladder debris – The gastric distension and hypomotility could be consistent with focal ileus or a proximal duodenal obstruction.

- Mild fluid distention of stomach and small intestinal loops – Correlate with feeding history. If patient is adequately fasted or not eating, consider delayed gastric emptying or partial obstruction (none visualized). Correlate with radiographs.

SECONDARY FINDINGS

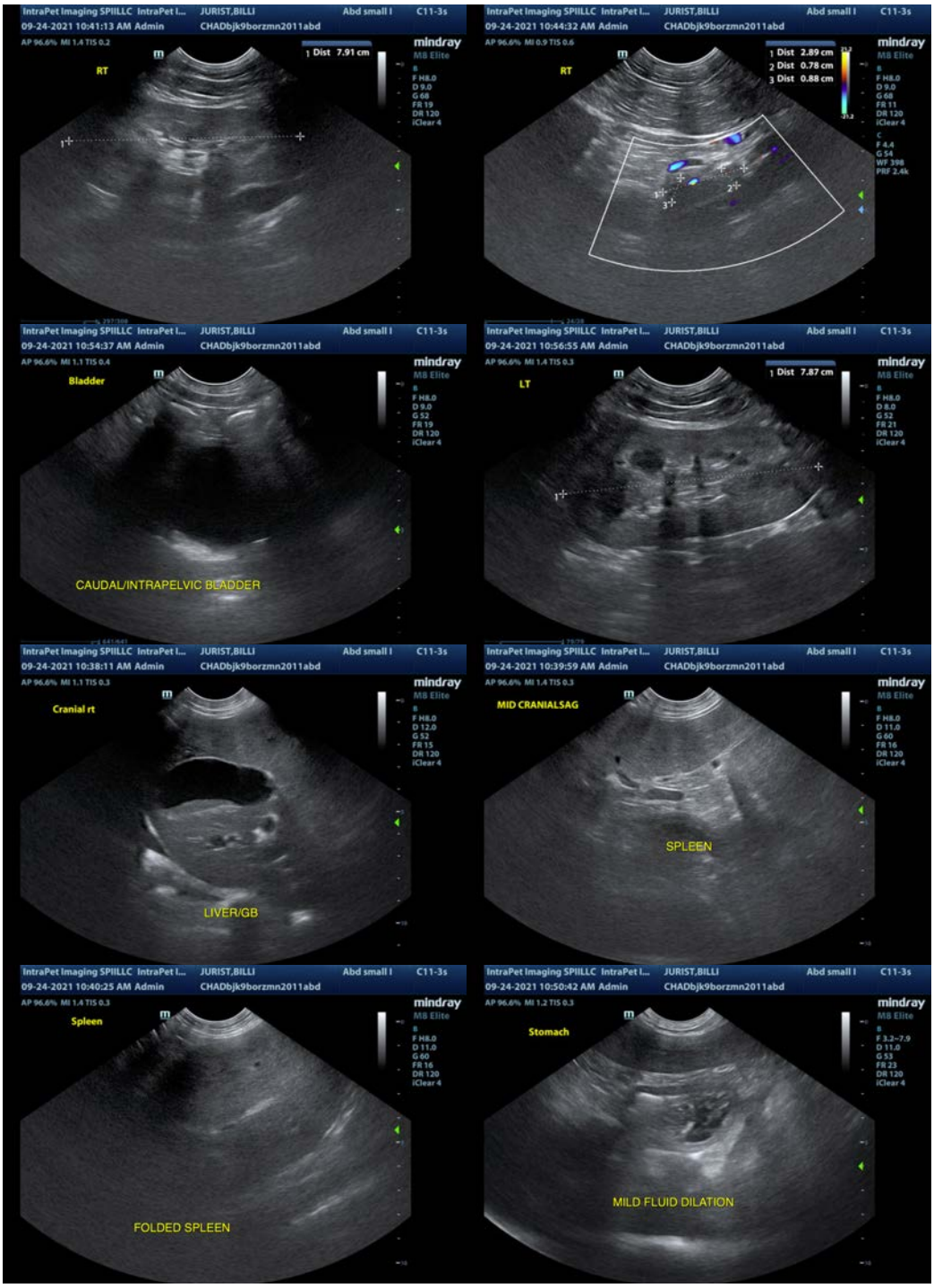
- Intrapelvic bladder – likely due to lack of urine distention and anatomy. Evaluation of caudal urinary bladder and prostate is limited.

- Folded spleen – This is likely a normal anatomic variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the fever and lethargy is not identified. Consider infectious, inflammatory or neoplastic causes. If there are lumbar lytic lesions, recommend urinalysis and urine culture for possible discospondylitis. Consider tick borne testing, full blood work, evaluation for joint pain, a new heart murmur, peripheral lymphadenopathy, etc. Unfortunately, the prostate could not be clearly identified due to patient anatomy. Recommend rectal exam for both prostate size and sublumbar pain upon lifting the tail (tail jack pain) as an

indicator of LS disease.



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