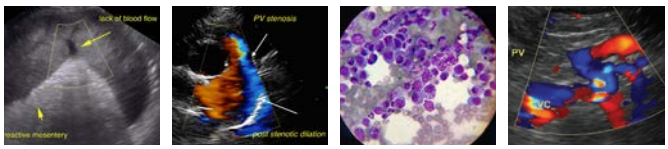
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Molly Greeley

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Sorbo

INVOICE

41171

DATE

9/8/22

PRESENTING CLINICAL SIGNS

An addisonian case under adequate management (percorten and preds) - stable. Hx of chronic skin erythema/exfoliation. Presented today due to hematemesis and diarrhea, weight loss of 5% in two weeks. Not eaten for over 24 hours.

Abnormal PE/Chem/CBC/UA Results: Severe dental disease. Mature cataracts. Exfoliating, milt erythema and mild lichenification. Temp 102.9F (note on preds), RR panting, HR 180BPM. Labs show mild neutrophilia, mild PCT elevation, otherwise normal CBC, normal chem and lytes. Not been on monthly preventatives. Gave dewormer in the room. Awaiting fecal analysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened, and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The left kidney has a normal shape and size (3.3 cm) with non-obstructive nephroliths and corticomedullary rim sign. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.39 cm) with non-obstructive nephroliths and corticomedullary rim sign. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is not clearly seen.

The right adrenal gland is not clearly seen.

Spleen

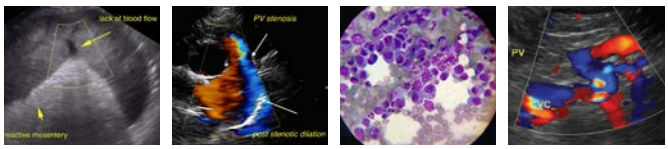
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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.

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



PATIENT

Molly Greeley

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Sorbo

INVOICE

41171

DATE

9/8/22

Gastrointestinal

The stomach contains a small amount of intraluminal contents and gas. The visualized areas measure at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. In these areas, gastric wall layering is adequate. Full evaluation of the stomach is difficult due to patient panting and intraluminal gas.

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 measures 0.22 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

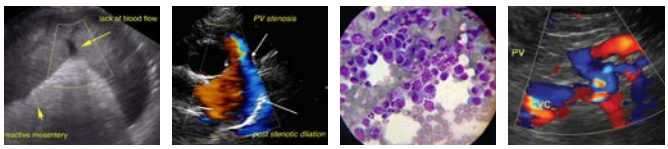
- Mildly thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Corticomedullary rim sign visualized in both kidneys with small non-obstructive nephroliths – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. If liver enzyme elevations are not present, this could be consistent with age relate remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions or obvious obstruction are visualized on today's exam. Evaluation is somewhat limited by patient panting and gas in the stomach and GI tract. Foreign material cannot be definitively ruled out but seems less likely. Hopefully this is a case of acute gastroenteritis.

The liver appears somewhat heterogeneous. This is a non-specific finding. Correlate with bloodwork. If there is concern for a hepatopathy, consider a liver function test and a fine needle aspirate of the liver.

Additionally, the urinary bladder wall is slightly thickened and irregular. Recommend urinalysis and culture.



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

PATIENT

Molly Greeley

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Sorbo

INVOICE

41171

DATE

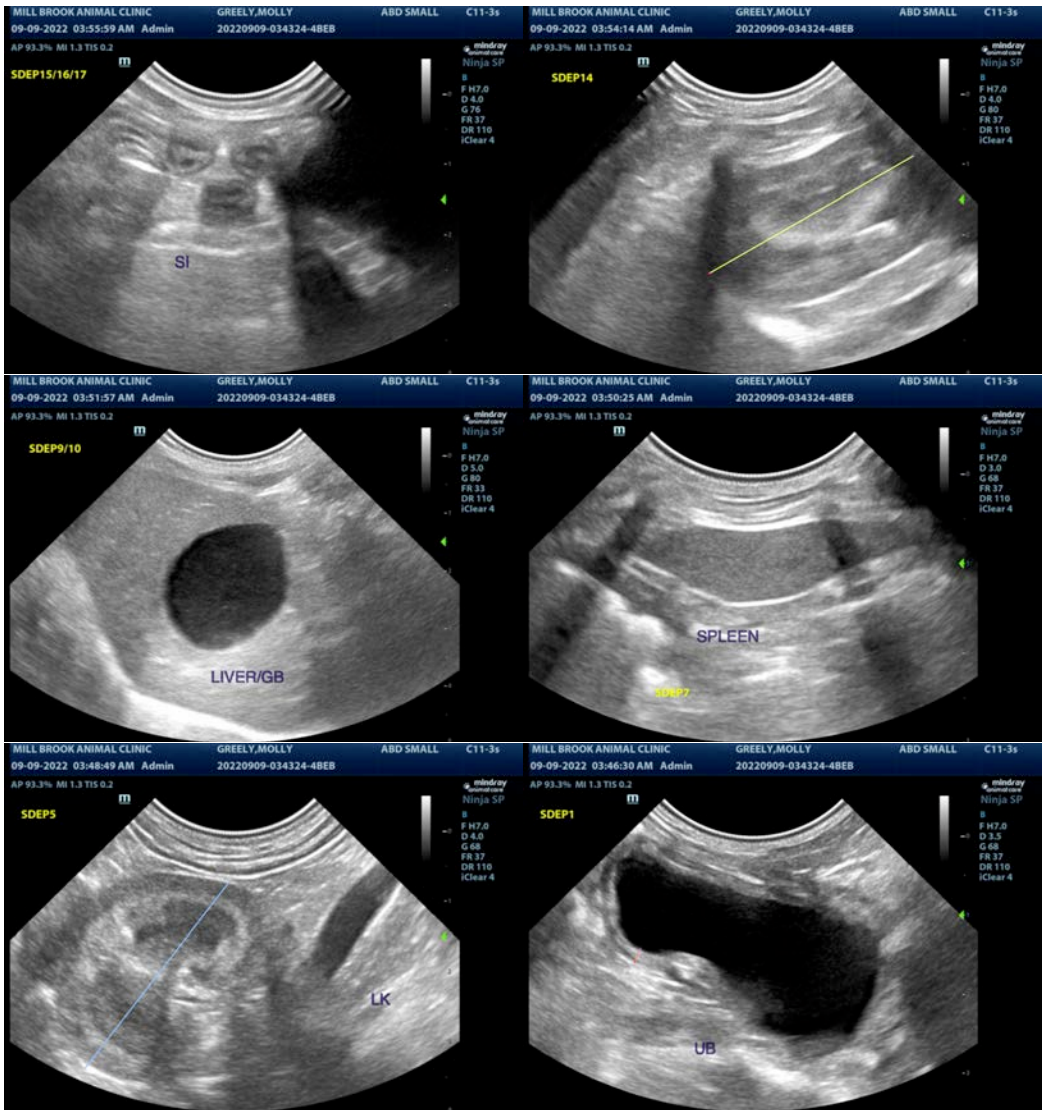
9/8/22

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.

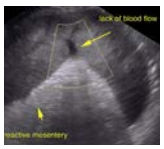
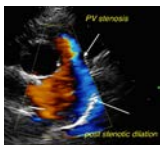
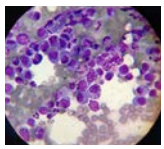
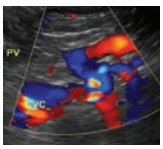
- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobalamin.)
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

If primary GI disease is suspected in 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, if symptoms persist, re-evaluate, and consider surgery/endoscopy to obtain biopsies and evaluate for foreign material.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Molly Greeley

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Sorbo

INVOICE

41171

DATE

9/8/22

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