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Clinical Sonography & Telecytology
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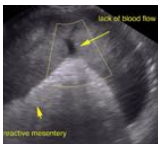
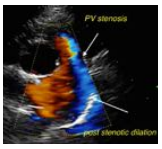
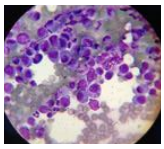
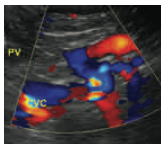

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1-800-838-4268 info@sonopath.com

PATIENT

PRESENTING CLINICAL SIGNS

Kelly Vazquez
Referring Veterinarian: Dr. Hartwick
SPECIES
Hospital Name: Westwood Regional VH
Email Address: Kelly.vazquez@sonopath.com
Phone Number: 973-945-1353
Notes to the Specialist: Thickened/inflamed gastric wall?
BREED
Patient Name: "Stella" Gibbs **URGENT**
Species: Canine
Gender: FS
Age: 5-year-old
SEX
Weight: 14 lbs
Breed: Aussiedoodle mix
History: Patient initially presented for vomiting, diarrhea, and lethargy (for 2 days) on 9/4/21. Treated with SQ fluids, famotadine, Cerenia, metronidazole, repeated 9/6/21 with no improvement. Admitted to hosp on IVF, Cerenia, B-vits, Unasyn, Baytril, and Metronidazole. No vomiting, stool, still inappetant.
AGE
Abnormal PE/Chem/CBC/UA Results: 9/6/21: WBC 17.72, neutrophilia, 9/7/21 WBC 18.62, 9/8/21 WBC 19.41, Chem: WNL, cPLI normal, 4DX (neg x 4).
WEIGHT
Total # of Files Uploaded: 51
User Name: KellySonoreport

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. McConnell

INVOICE

DATE

9/9/21

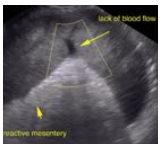
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

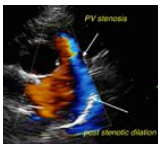
Urinary System

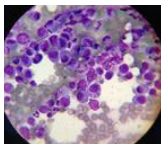
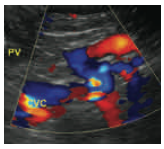
The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.94 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 (3.16 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.





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PATIENT

SPECIES

BREED

SEX

AGE

WEIGHT

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.34 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 normal to slightly 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 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 contains minimal luminal contents. It measures at a normal to slightly increased thickness between 0.5-0.7cm with some variability due to the presence of rugal folds. This is prominent for such a small dog and gastric layering may be very slightly decreased. There is no evidence 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 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. The duodenum measured as normal (0.29 cm) and the jejunum measured as normal (0.2 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.

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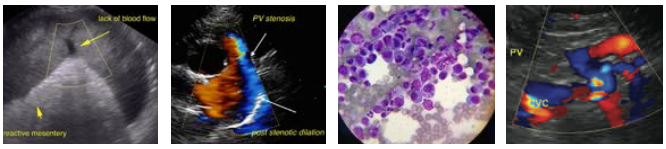

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Free Abdomen

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.

SPECIES

ULTRASONOGRAPHIC FINDINGS

BREED

PRIMARY FINDINGS:

- Subjectively thickened gastric wall. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other. The appearance favors a mild gastritis.

SEX

- Liver is borderline small in size. This is a very small patient and there appears to be portal markings. You can consider a liver function test if a shunt is clinically appropriate (seems unlikely).

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Today's scan is relatively normal. There was one small loop of bowel that showed mild fluid dilation. Other than that no focal lesions or likely surgical lesions are observed. The stomach wall subjectively seems a little thick for a patient of this size and the liver looks a little small. Correlate with radiographs as they are more sensitive for picking up some types of foreign material and at estimating accurate liver size. If the liver is small you can consider a liver function test. Hopefully this is most consistent with acute gastritis and continued supportive medical care will be helpful. If symptoms continue, serial radiographs and exploratory for biopsies may be necessary. I recommend three view thoracic radiographs and an ACTH stimulation test for atypical Addison's disease.

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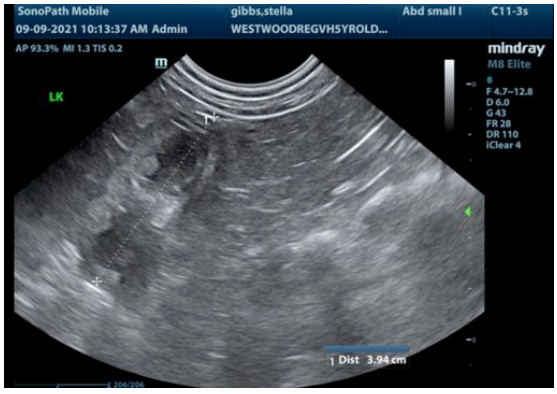

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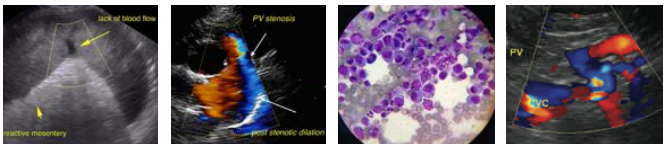

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SPECIES

BREED

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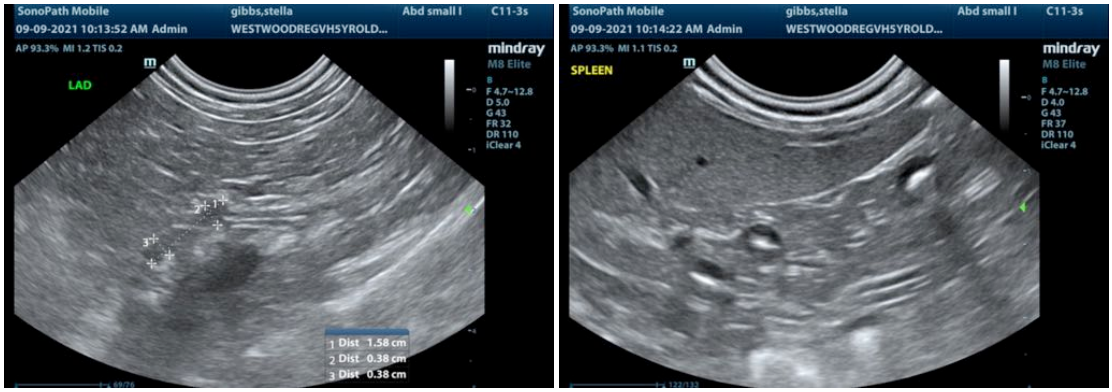

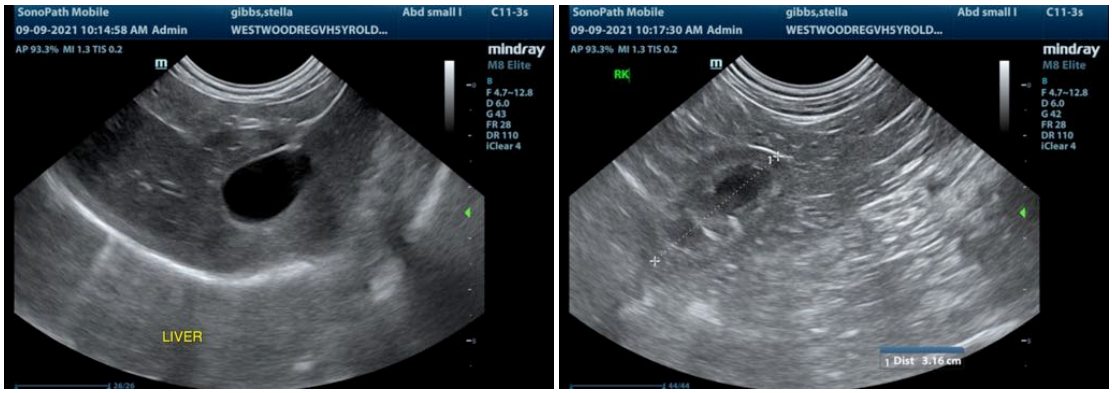

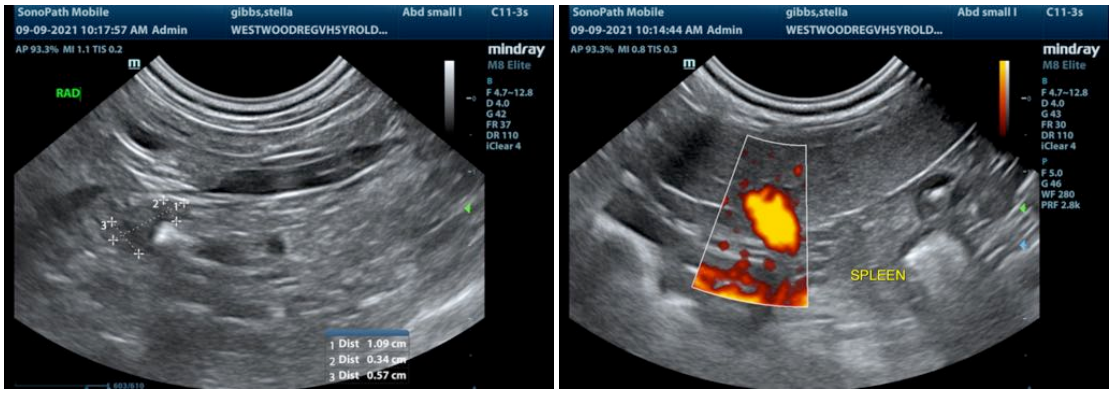

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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