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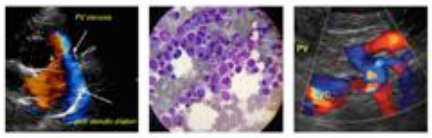

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PATIENT

Penelope Otto

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

57.6 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

West Allis Veterinary Clinic Dr. Bamceu

INVOICE

99218

DATE

4/11/22

PRESENTING CLINICAL SIGNS

Hematemesis 3 weeks ago. Vomiting resolved but still dry heaving. Bloodwork revealed an elevated ALP (2545, chronic progressive), and low CPK. Remainder WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Aortic Bifurcation/Trifurcation

No abnormalities observed.

Kidneys

The **left** kidney measures 6.41 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. Mild mineralization and intrapelvic fat are visualized. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 6.36 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. Mild mineralization and intrapelvic fat are visualized. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The **left** adrenal gland measures 0.56 cm at the cranial pole, 0.53 at the caudal pole and 2.74 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.52 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. Mild perivascular cuffing consistent with myelolipomas is observed, which is not considered clinically significant.

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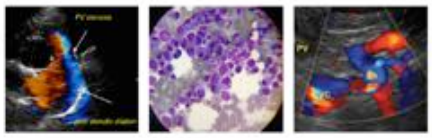

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Liver

There are no obvious signs of hepatomegaly. The liver's borders are smooth, but very mildly rounded. The liver is diffusely hyperechoic, i.e., it is isoechoic to the spleen. A diffuse, mildly coarse or granular echotexture is observed, which may be due to a reactive hepatopathy. No obvious abnormalities are noted with the hepatic vessels.

The gallbladder wall is not abnormally distended. Its wall is within normal limits in size, thickness and echogenicity. A small amount of echogenic material (sludge) is present within the lumen. However, in the right sagittal view of the liver, a semilunar hyperechoic structure is visualized with what appears to be an acoustic shadow. The cystic and common bile ducts are not visualized due to the gas in the surrounding intestinal tract. However, the appearance of the remainder of the biliary tree is not supportive of an obstruction.

Gastrointestinal

A mild amount of fluid and gas are present within the stomach lumen. The gastric wall is within normal limits in thickness, however, the wall layers are mildly corrugated and mucosal fogging is present. Peristalsis appears to be decreased and a mild ileus is present. An "odd" gas pattern is visualized in certain view, for example, the right sagittal view of the liver, however, this may be due to Penelope's position.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. The duodenum is mildly dilated with fluid and at the high end of the normal reference range at 0.54 cm. Gas is present in the transverse colon. Abnormally dilated loops of bowel are not observed.

A very large amount of gas and small amount of ingesta are present in the transverse colon. The colonic wall is not thickened and mural detail is considered normal. Formed stools are in the colon.

Pancreas

No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other:

Lymph nodes: The mesenteric and iliac lymph nodes are within normal limits. No abnormal lymph nodes are visualized.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

The diffuse hyperechogenicity of the liver is highly suggestive of a vacuolar hepatopathy, which may occur due to stress (chronic illness). The hepatic changes are suggestive of a reactive hepatopathy. However, some of the changes may also be consistent with chronic hepatitis, as well as cholestasis. There are no obvious signs of active hepatitis or cholecystitis.

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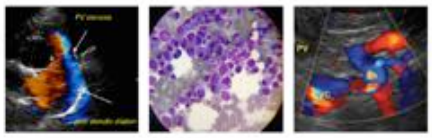

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A more significant amount of sludge, with what appears to be an acoustic shadow, is observed when the gall bladder is evaluated in the right sagittal view. That is, choleliths cannot be excluded. However, gas is also present in the surrounding GI tract, which is confounding the images of the stomach and biliary system.

Some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining Penelope's history regarding signs of GERD from the client is suggested. Penelope's retching or dry heaving may be signs of gastritis and esophagitis. Underlying inflammatory bowel disease cannot be excluded based on the sonographic changes observed today.

A mild ileus and signs of inflammation of the stomach are present. An "odd" gas pattern may also be present, depending on the angle of the probe and Penelope's position during the ultrasound. Furthermore, a delay in gastric emptying is present if Penelope was fasted. An ultrasound of the stomach and biliary system should be repeated after a longer fasting period of approximately 10-12 hours.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

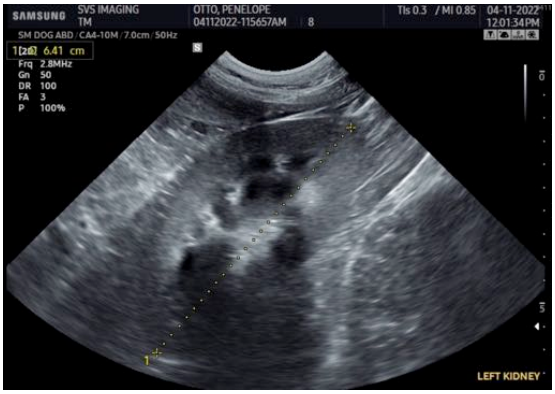
Signs of inflammation of the stomach is present on today's ultrasound. Penelope is likely suffering from GERD and esophagitis based on the dry heaving she has continued to demonstrate. Underlying inflammatory bowel disease cannot be excluded.

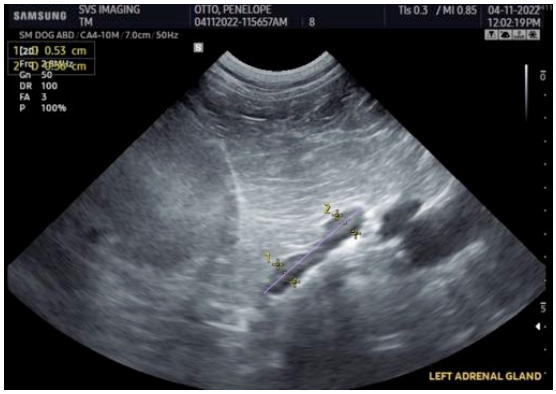
Small frequent meals of an easily digestible diet is suggested for 2-3 weeks, in addition to omeprazole at a dose of 0.7-1.0 mg/kg b.i.d. for 14-21 days.

A small snack before going to bed is also suggested.

A hypoallergenic diet may also be required in the future.

A FNA of the liver may be pursued in the future; however, it is not considered necessary at this time.





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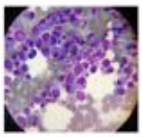


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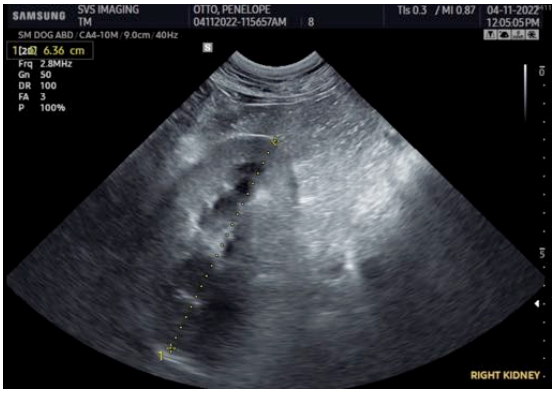

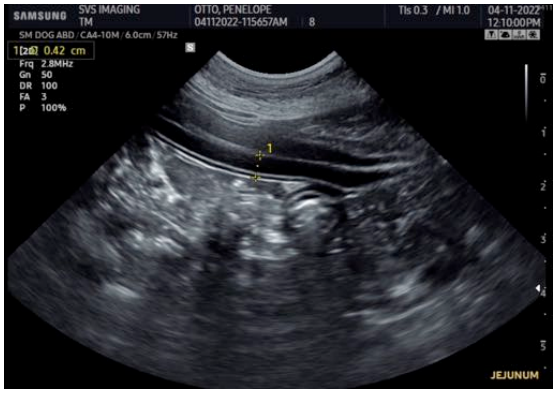

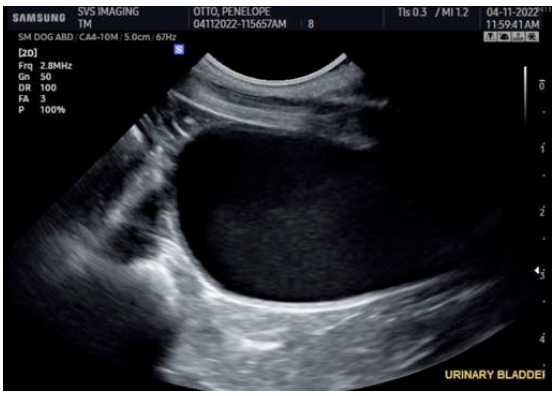

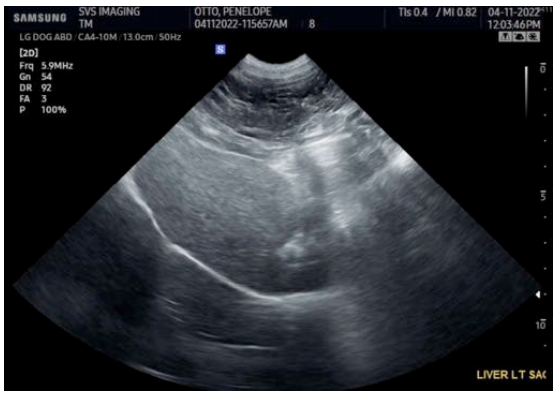

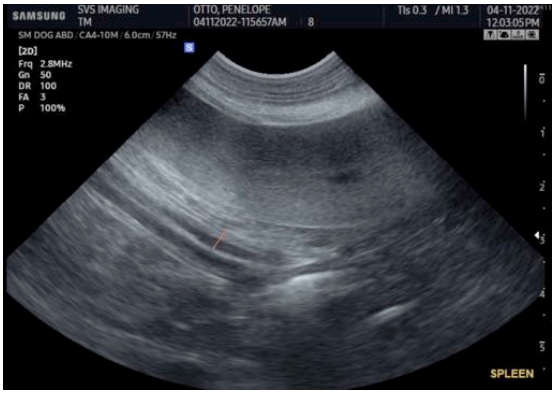

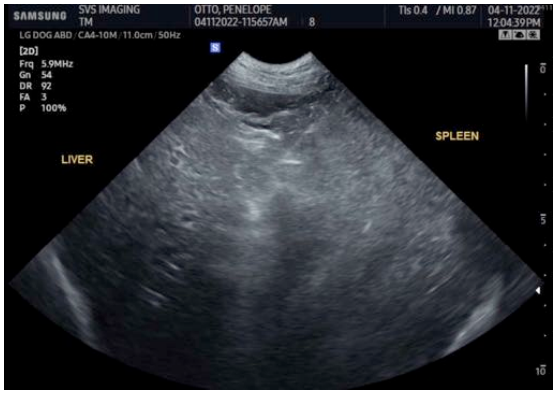

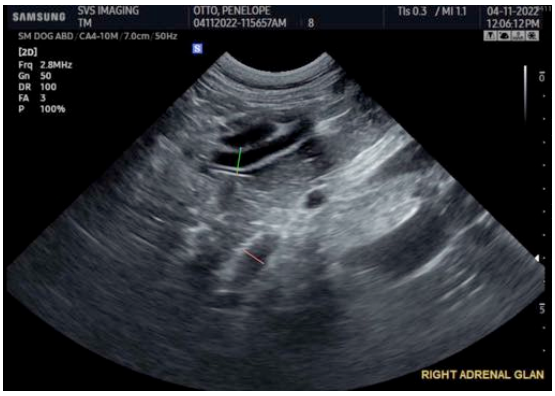

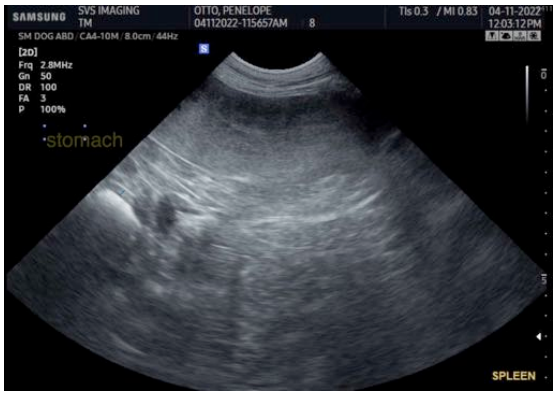

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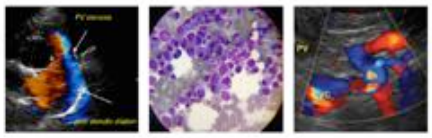

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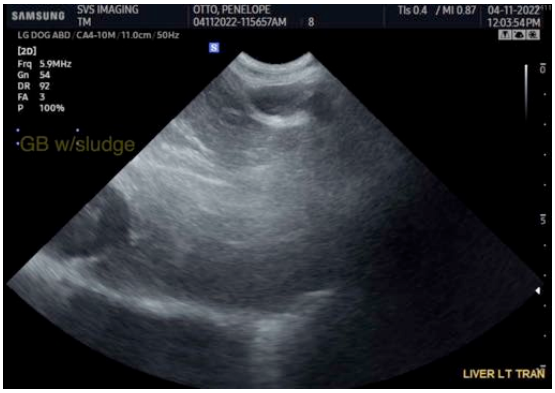

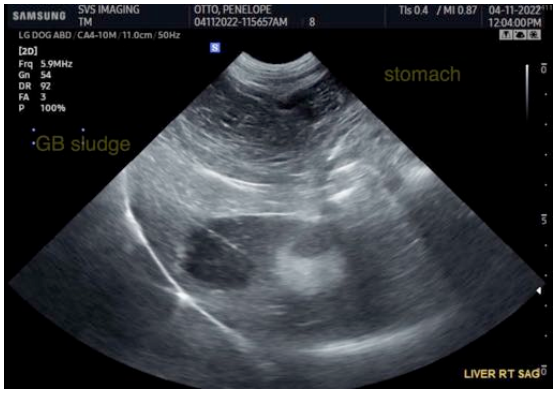

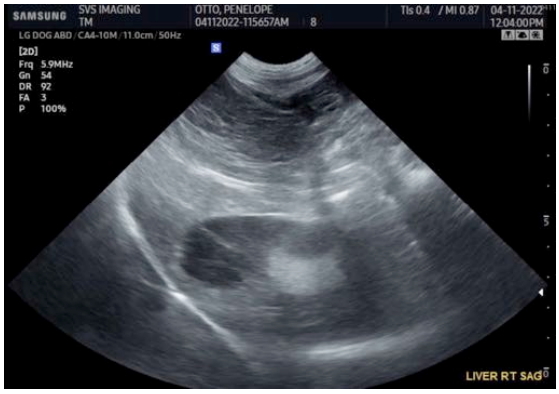

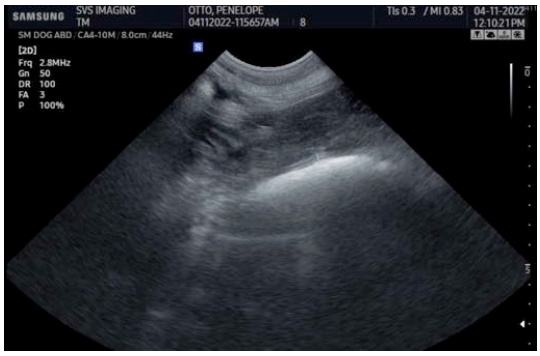

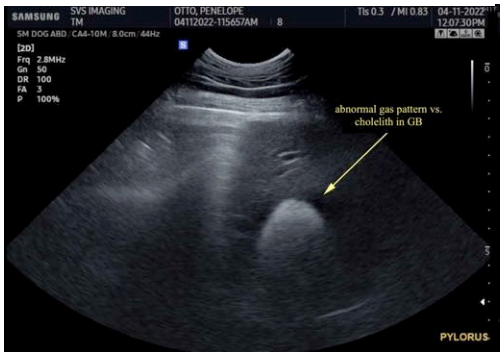

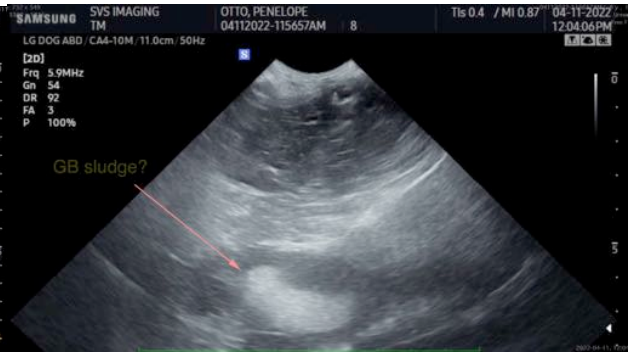

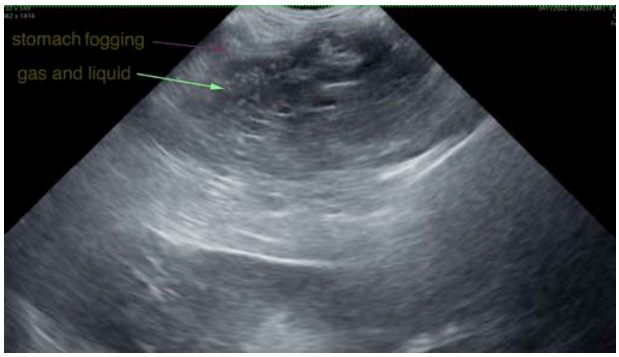

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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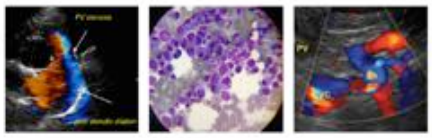

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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