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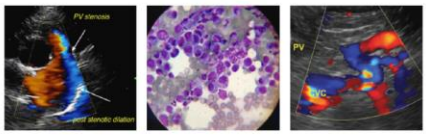

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Maxine Paese

SPECIES

Canine

BREED

Shih-Tzu

SEX

FS

AGE

13yr

WEIGHT

17.54lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Airport Veterinary Hospital

INVOICE

12089ag

DATE

11/02/2022

PRESENTING CLINICAL SIGNS

Vomiting, not eating and trouble defecating.

Abnormal PE/Chem/CBC/UA Results: Sending out bloodwork to Idexx today. Radiograph of abdomen and thorax was performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Bilateral pyelectasia was present. A solitary thinly walled cyst was present in the right kidney measuring 1.9 cm in diameter. The renal medullary volume was subjectively reduced. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.33 cm width at the cranial pole.

Spleen

The spleen exhibited normal size with generalized parenchyma heterogeneity and intermittent variably sized non-homogenous to hypoechoic nodules, an example measuring 1.8 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild focally hyperechoic to mineralized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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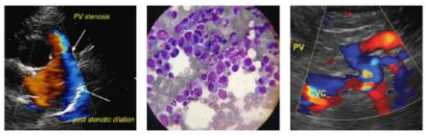

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The duodenum and jejunum to the level of the ileum presented intact wall layering with 1:3 muscularis/mucosa ratio. The ileum appeared to be mildly distended with retained non-shadowing mildly echogenic chyme to the level of the ileocolic junction.

The ileocolic junction and proximal colon exhibited mildly thickened wall layering with indistinct wall layer detail. Within the lumen of the ileocolic junction a strongly shadowing irregular echo was present measuring 2.2 cm in diameter. The proximal colon exhibited mildly thickened wall layering with mild non-formed fecal matter. The transverse and descending colon appeared to be primarily empty.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This finding is likely consistent with age related pancreatic changes or minor benign remodeling and is considered.

Free Abdomen

Intermittent subjectively benign/reactive colic lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened ileocolic and proximal colon walls with strongly shadowing ileocolic luminal echo
- Suspect retained ileal chyme and secondary distension proximal
- Bilateral chronic renal changes with mild pyelectasia and right kidney cyst
- Non-specific splenic nodules-hyperplasia, hematopoiesis, small hematomas, focal splenitis or similar with neoplastic criteria thought unlikely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing ileocolic luminal echo is concerning for potential foreign body with partial ileal obstructive pattern with secondary ileocolic and proximal colon inflammatory mural changes, potential for underlying neoplastic criteria cannot be definitively excluded. Assuming normal clotting status and using a 25g needle, a splenic nodule FNA for screening cytology is warranted for further assessment. Exploratory laparotomy with gross inspection of the GI tract with GI biopsies considered essential despite exploratory findings is recommended.

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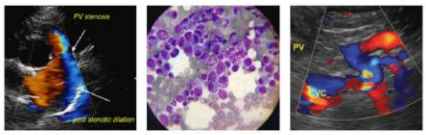

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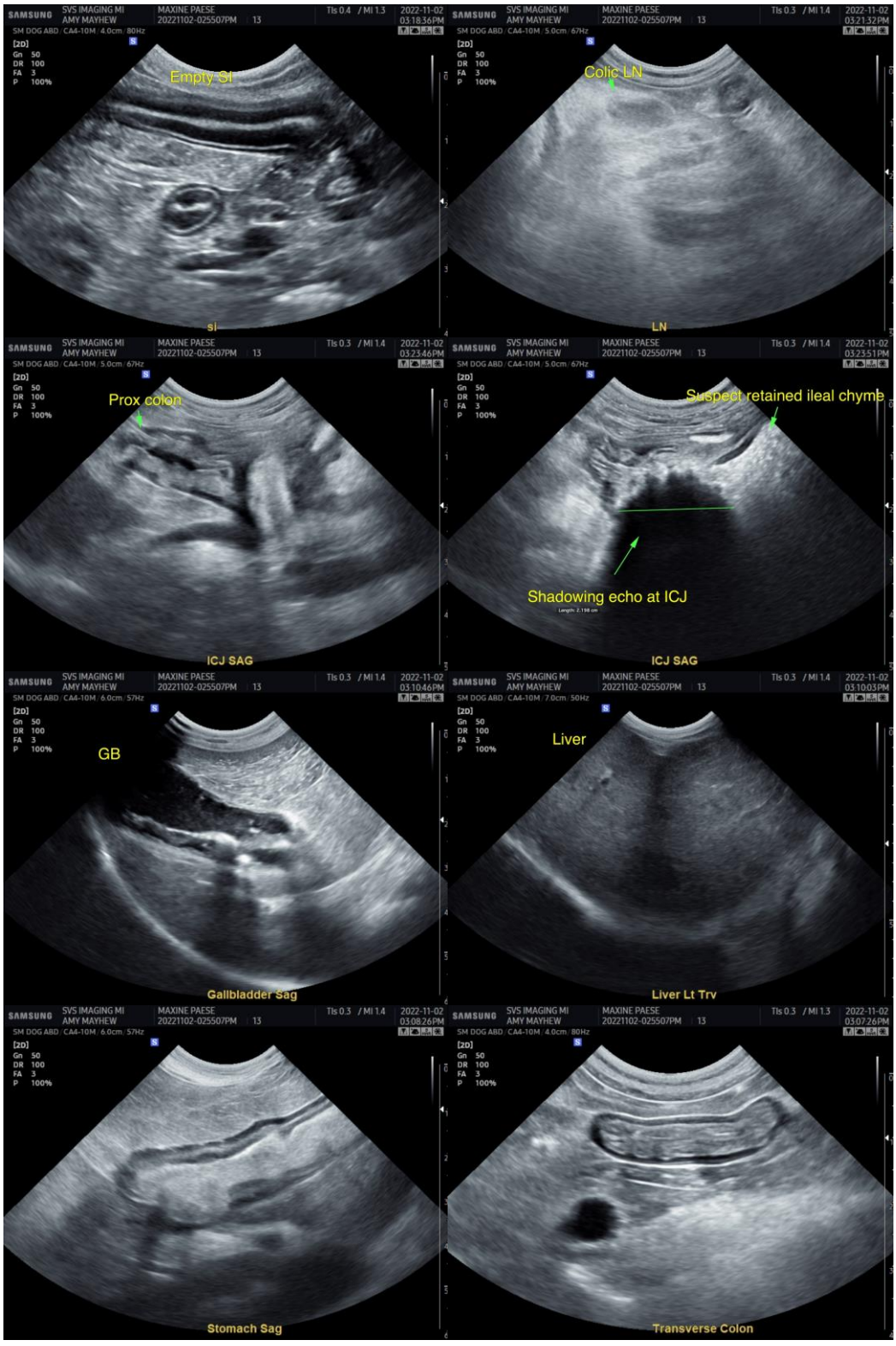

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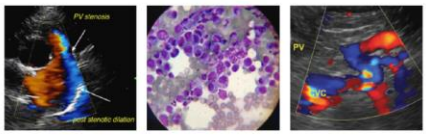

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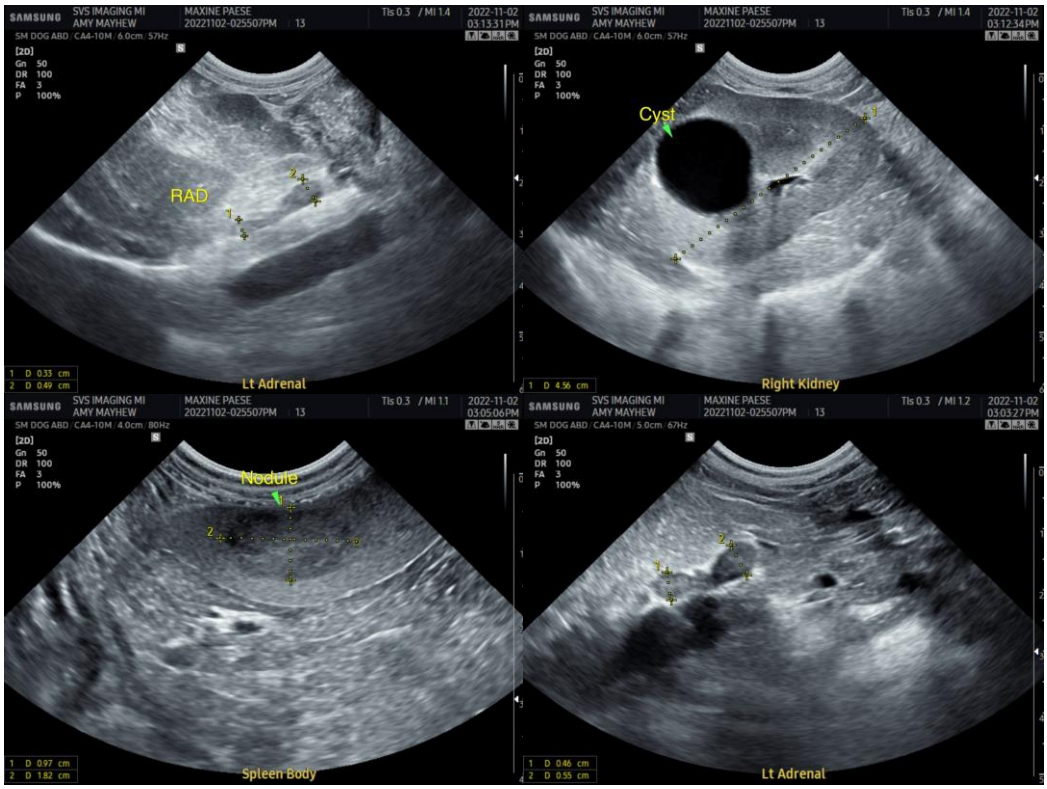

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com