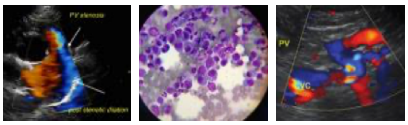
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/3/2022

PATIENT

Cappy Sullivan

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

7-6-2021

WEIGHT

63 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Padonia Veterinary Hospital

REFERRING VET

Dr. Anis

INVOICE

10270

PRESENTING CLINICAL SIGNS

History: Chronic Diarrhea.

Current Medications: Metronidazole 500 1XbidX5d
Proviable 1Xbid.
Lab Results: Phos 7.5, AlKP 227, GGT 13, Chol 389, WBC 27.5, Neu 18.5, Mono 5. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.74 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.18 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.57 cm at caudal pole) (2.58 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm at cranial pole) (0.59 cm at caudal pole) (2.44 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.61 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.25 x 1.25 cm ill-defined hypoechoic nodule is observed at the cranial lateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 3.30 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Differentials for the splenic nodule include a focus of inflammation, extramedullary hematopoiesis or lymphoid hyperplasia, area of infarction, emerging neoplasia, other.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity and/or reactive change.
- An obvious cause for the patient's diarrhea is not identified in this study. Differentials include microscopic gastrointestinal disease (i.e., food allergy, infectious/parasitic, intestinal dysbiosis, inflammatory bowel disease), underlying metabolic issue (i.e., exocrine pancreatic insufficiency, congenital Addison's disease), low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic nodule, consider a fine-needle aspirate if clotting status is appropriate. A 25-gauge needle should be used, and the area should be monitored for 5-10 minutes post-aspiration for evidence of bleeding. Alternatively, a recheck ultrasound in 3-4 weeks can be considered to assess for progression.
- Regarding the diarrhea, the following diagnostics should be considered:

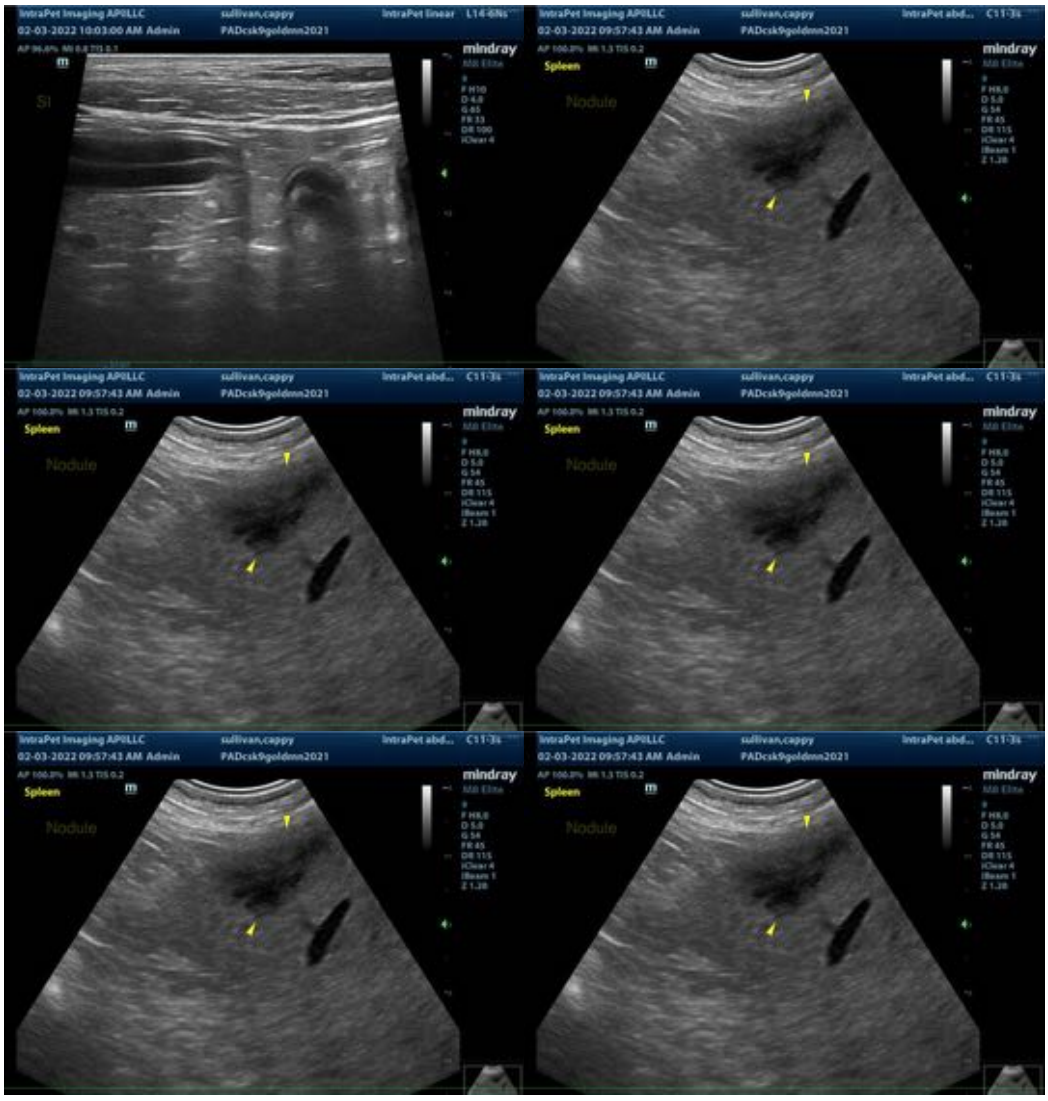
    1. Fecal evaluation for ova and Giardia, if not already performed. Regardless of the fecal results, consider prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    2. A malabsorption panel including serum cobalamin, folate TLI and PLI

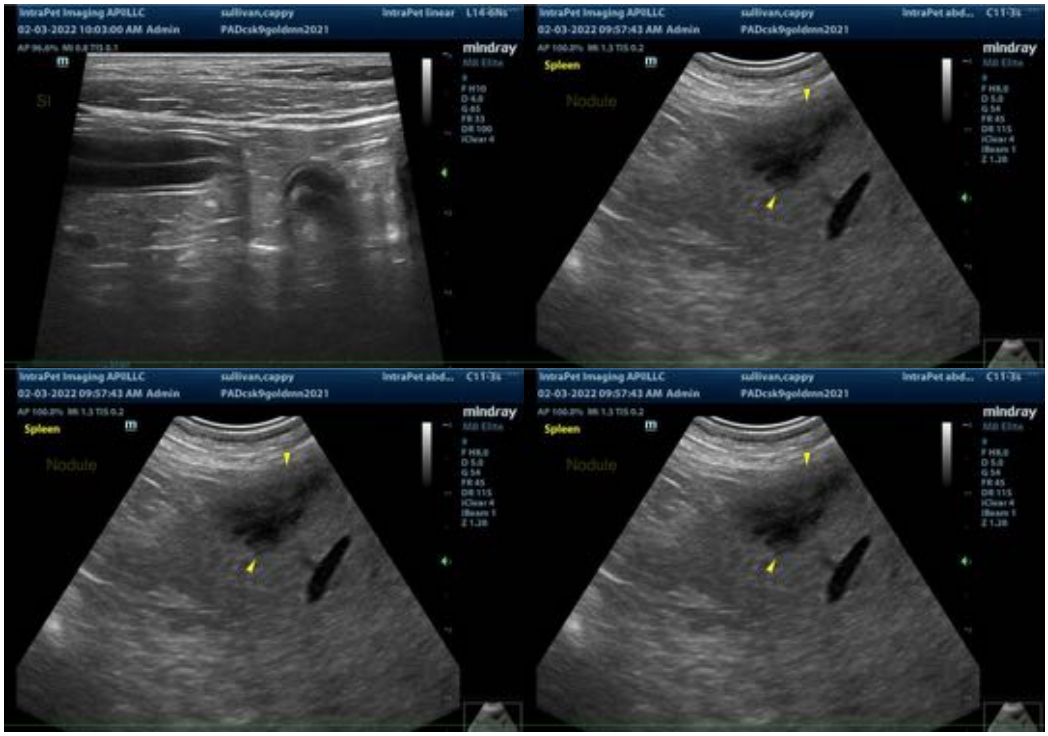
3. Hypoallergenic diet trial (6 weeks)

4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

5. If metronidazole is ineffective in controlling the diarrhea, consider discontinuing the drug and starting a 4-week course of Tylosin as empirical treatment for small intestinal bacteria overgrowth.

6. Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.





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.

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