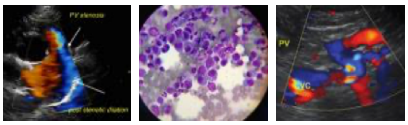
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

1/18/23

PATIENT

Peaches May

SPECIES

Canine

BREED

Pitbull mix

SEX

Female, intact

AGE

9/4/2021

WEIGHT

45.8 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

14467

PRESENTING CLINICAL SIGNS

Original complaint- distended abdomen and diarrhea. PE/work up findings: severe ascites, dehydration, moderate LE elevations, hypoalbuminemia at first. Currently V+, anorexia, ascites, dehydration, pale MM, icterus. AFAST concerning for SI obstruction. Parvovirus +. Pancytopenic.

Current Medications: Metronidazole 250mg BID, Enrofloxacin 136mg SID, Prednisone 20mg 1mg/kg/day, Panacur, Denamarin
*all meds started 6 days ago
Lab Results: --PCV 38% TP 4.6 g/dL, HCT 34.7 % 37.3 - 61.7 LOW, HGB 11.5 g/dL 13.1 - 20.5 LOW, MCV 46.4 fL 61.6 - 73.5 LOW, MCH 15.4 pg 21.2 - 25.9 LOW, RETIC 132.4 K/µL 10.0 - 110.0 HIGH, Cl 123 mmol/L 109 - 122 HIGH, CA 7.0 mg/dL 7.9 - 12.0 LOW, TP 4.3 g/dL 5.2 - 8.2 LOW, ALB 1.9 g/dL 2.3 - 4.0 LOW, GLOB 2.4 g/dL 2.5 - 4.5 LOW, ALT 827 U/L 10 - 125 HIGH, ALKP 351 U/L 23 - 212 HIGH, CHOL 73 mg/dL 110 - 320 LOW, NH3 190 µmol/L 0 - 98 HIGH
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A 0.41 cm cystic calculus is observed. Luminal contents are otherwise anechoic. The region of the trigone is normal.

The left kidney is normal size (8.34 cm in length); normal 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. Renal vasculature is normal.

The right kidney is normal size (8.79 cm in length); normal 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.58 cm at caudal pole) (2.83 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 (0.81 cm at cranial pole) (0.77 cm at caudal pole) (2.90 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 (1.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are of normal volume. The gall bladder is not definitively visualized in the available images.

Gastrointestinal
The gastric lumen is moderately to severely fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is diffusely distended with fluid and chyme (moderate) and hypomotile. 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. The lumen of the descending colon is slightly fluid distended. No obvious obstructive disease is noted.

Pancreas
The pancreas is diffusely prominent in size with slightly irregular peripheral contours and edematous mottled parenchyma. The pancreatic duct is not overtly dilated.

Free Abdomen
A moderate to large amount of anechoic free fluid is present. The mesenteric lymph nodes are prominent, the largest measuring 4.22 cm in length. A few prominent colic lymph nodes are also seen, the largest measuring 1.27 cm in length.

Other
The ovaries are subjectively normal in size (left ovary 1.75 x 0.95 cm; right ovary 2.05 x 1.05 cm). No obvious pathology is observed.

The uterine body is visible and is subjectively normal in size (1.13 cm in width). No obvious pathology is seen.

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

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

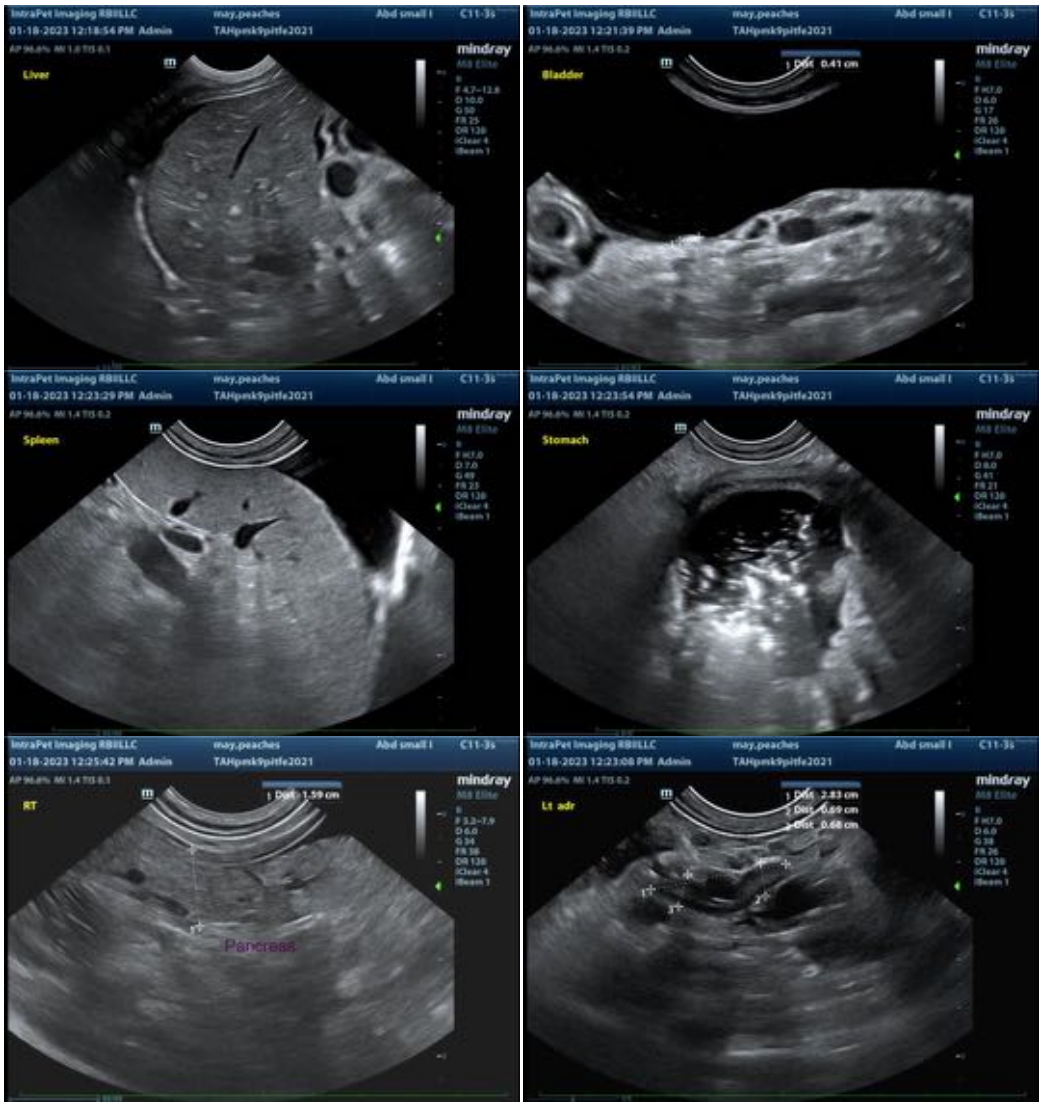
- Diffuse hepatopathy, the cause of which is unclear. It may be secondary to infection (i.e., sepsis secondary to parvovirus/pancytopenia, cholangiohepatitis, other), congenital defect (i.e., vascular malformation), toxin exposure, infiltrative neoplasia (less likely), fibrosis, other hepatopathy.
- A gallbladder is not visualized. This may represent agenesis or a lack of visualization due to positioning/ascites.
- The ascites is suspected to be secondary to hepatic disease (i.e., due to low albumin and/or portal hypertension). However, other causes (i.e., increased vascular permeabilility) cannot be completely excluded.

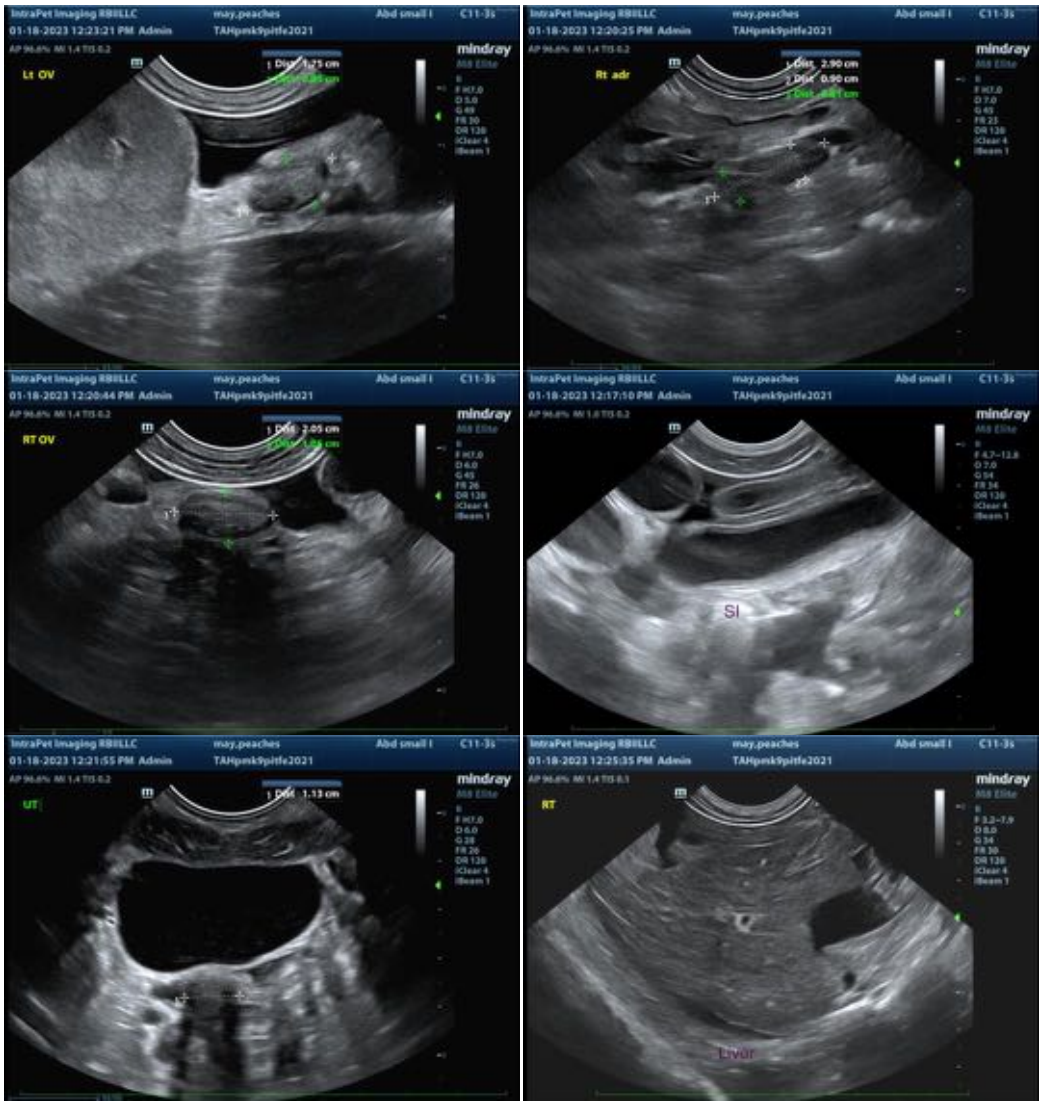
Secondary Findings:

- Diffuse ileus, likely secondary to hepatic disease.
- The pancreatic changes may be secondary to hypoalbuminemia and/or pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for possible pleural effusion (due to the hypoalbumemia).
- Clotting times are recommended to assess for a coagulopathy secondary to hepatic disease.
- Consider cytologic evaluation of the abdominal fluid.
- A contrast abdominal CT scan may be useful in identifying hepatic vascular anomalies. Ultimately, liver aspirates or biopsies would be necessary to get a definitive diagnosis. However, given the patient's condition, there is a risk of anesthetic complications and iatrogenic hemorrhage.
- While awaiting test results, supportive measures (i.e., fluid therapy, oncotic support, broad-spectrum antibiotics, hepatic antioxidants and symptomatic care for parvoviral infection) are recommended.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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