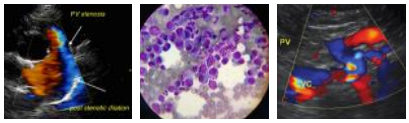
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
1/27/22

PATIENT
Oliver Farmer

SPECIES
Canine

BREED
Poodle Mixed Breed

SEX
Neutered Male

AGE
5/1/16

WEIGHT
27.2 Lbs.

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

HOSPITAL NAME
Belvedere VC

REFERRING VET
Dr. Moulder

INVOICE
13649

PRESENTING CLINICAL SIGNS

History: periodic, episodic vomiting. Occasionally seems to resolve with famotidine but returns in spite of consistent therapy. Additional History: (9/2021) 4dx negative. CBC and mini panel are unremarkable. T4 normal.

Current Medications: Famotidine 5mg BID.
Lab Results: WNL- 9/2021.
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 mildly 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 (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.15 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.

The right kidney presented normal size (4.79 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.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.63 cm at caudal pole) (1.90 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.

The right adrenal gland is normal size (0.50 cm at cranial pole) (0.55 cm at caudal pole) (2.18 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 (1.80 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 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 gastric lumen is not distended. The gastric wall is 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

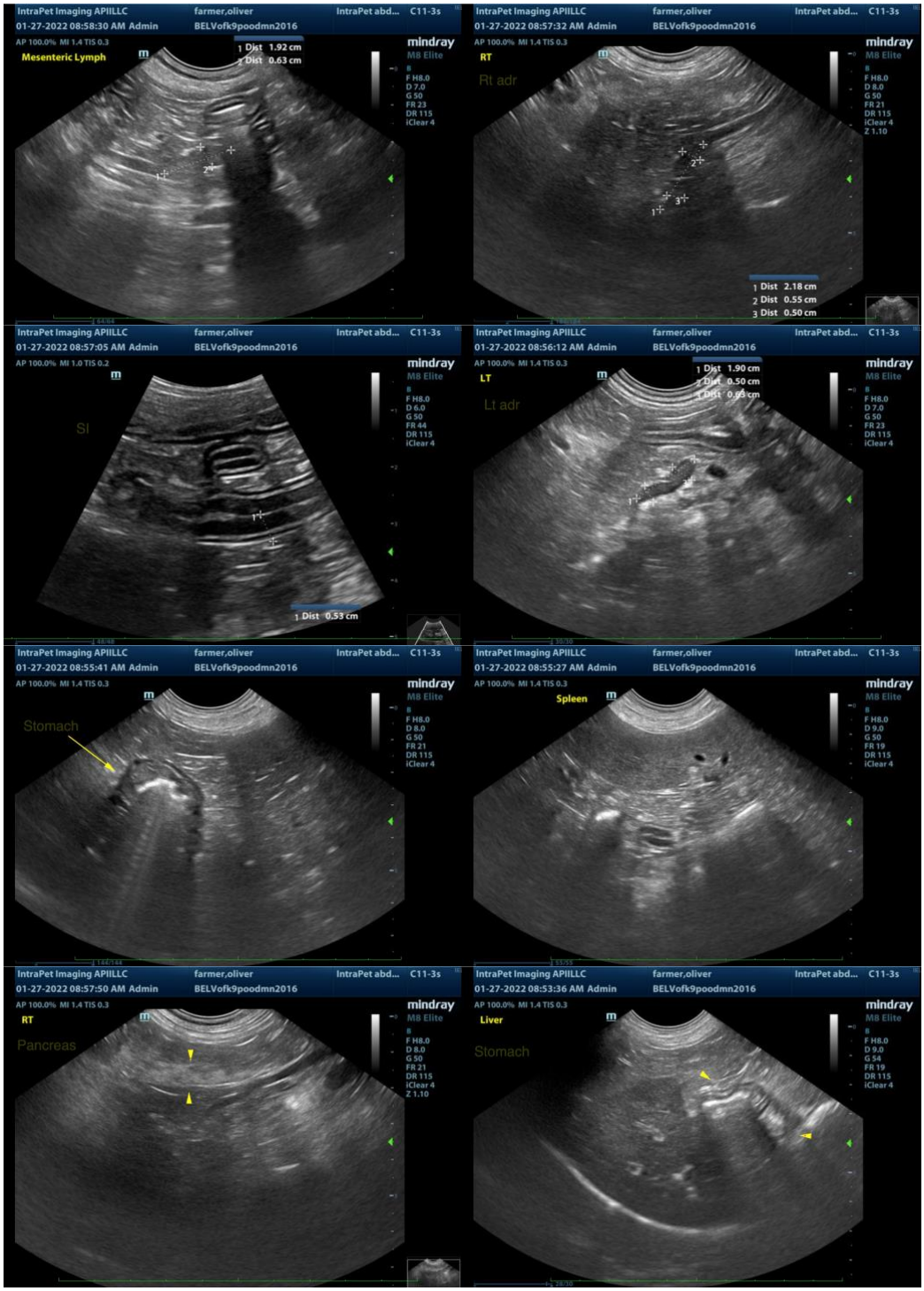
There is no evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.92 cm in length.

ULTRASONOGRAPHIC FINDINGS

Minor pancreatic remodeling +/- fibrosis. Low-grade pancreatitis cannot be excluded, particularly if the patient exhibits cranial abdominal pain on palpation. It is unclear whether low-grade pancreatitis is responsible for the patient's clinical signs or if there is a concurrent issue (i.e., microscopic gastrointestinal disease) or an underlying metabolic issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Malabsorption panel, including serum cobalamin, folate, TLI and PLI
- Fecal evaluation for ova and Giardia
- Consider a 6-week limited antigen diet trial
- Also consider switching from Famotidine to a proton pump inhibitor (i.e., Omeprazole)
- Three-view thoracic radiographs are recommended to assess the esophagus.
- If the above diagnostics are inconclusive, and an aggressive approach is desired, consider GI biopsies (i.e., endoscopic or surgical)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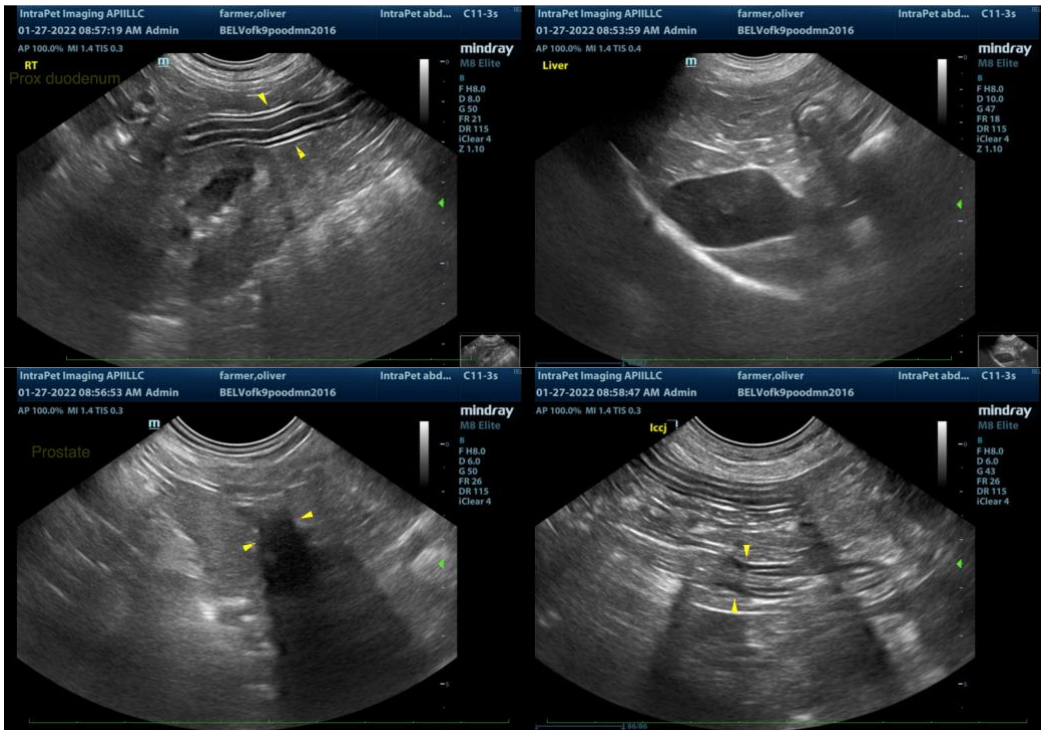

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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