IMAGING PERFORMED BY

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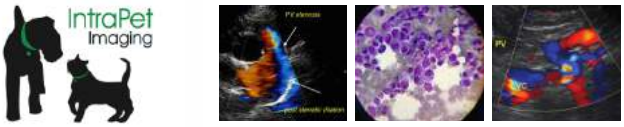

SonoPath
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DATE

10/8/21

PATIENT

Rose Aarfa

SPECIES

Canine

BREED

Pekingese

SEX

Female Spayed

AGE

4/15/20

WEIGHT

8.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Greenbrier Veterinary Clinic

REFERRING VET

Dr. Allen

INVOICE

11981kk

PRESENTING CLINICAL SIGNS

Vomiting and Bloody Diarrhea.

Current Medications: Cerenia and Panacur

Lab Results & Radiographs: None done.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedation not required.

Stat Report: Stat report not requested by DVM.

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 left kidney is normal size (3.27 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 is normal size (3.22 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 (0.40 cm at cranial pole) (0.46 cm at caudal pole) (1.56 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 (0.47 cm at cranial pole) (0.50 cm at caudal pole) (1.69 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 (1.22 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. A small amount of aggregate, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include hemorrhagic gastroenteritis, low-grade pancreatitis, dietary indiscretion, infectious/parasitic disease, underlying metabolic issue, and other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova/Giardia

2. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended if not already performed.

3. If clinical signs do not improve with supportive care, a more advanced GI work up may be warranted and could include the following:

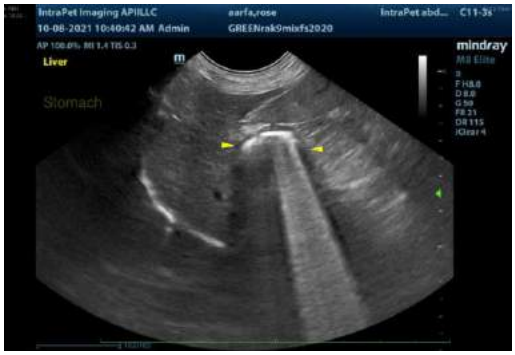
    a. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

    b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

    c. A 6-week limited antigen diet trial to assess for food allergies

    d. +/- endoscopic or surgical gastrointestinal biopsies

4. Given the patient's history of vomiting, three-view thoracic radiographs should be considered to assess for aspiration pneumonia.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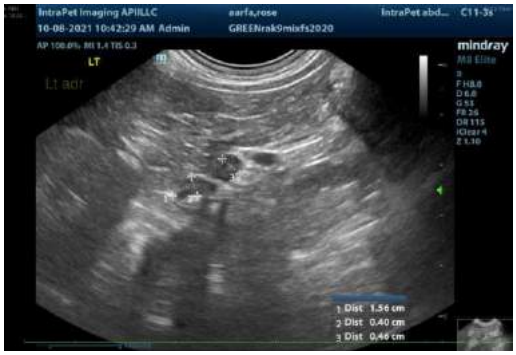
Liver
Stomach
mindray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3 Dist 0.46 cm
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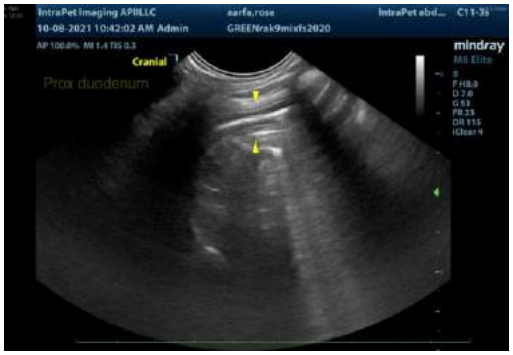

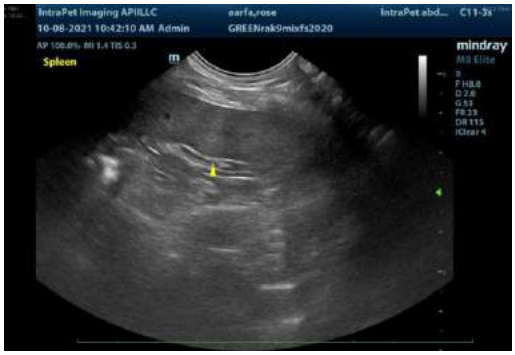

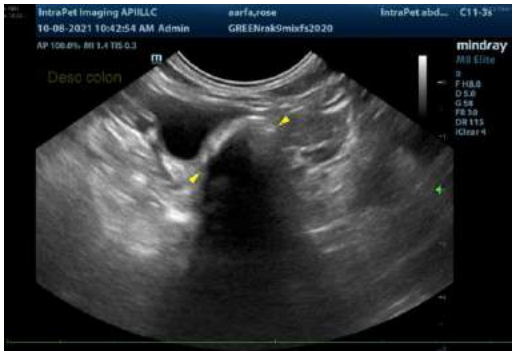

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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