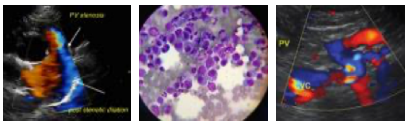
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/30/2021

PATIENT

Hunter Robinson

SPECIES

Canine

BREED

Retriever Mixed breed

SEX

Male, neutered

AGE

5/17/2020

WEIGHT

80 lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Silcox

INVOICE

12634

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting since 9/24/2021. Initially had diarrhea, but that responded to metronidazole. Will vomit bile and mucus several times a week. Always playful and acting well. Currently on Purina Proplan Sensitive Stomach, but owner must top food with cooked chicken to entice appetite. Seems very picky about eating just kibble. Never able to find anything significant on exam to point toward cause for vomiting. No weight loss. BCS 6/9. Fasted abdominal radiographs show empty stomach and small intestine. NSF on CBC, Chem, Lytes.
Has been treated with Cerenia, Metronidazole, Omeprazole, Sucralfate, Amoxicillin, Panacur and Metoclopramide without change in vomiting.

Current Medications: Cerenia 80mg QD, Metoclopramide 15mg TID Panacur 8gm qd x3d Sucralfate 1 gm TID, Omeprazole 20mg BID, Amoxicillin 875mg BID, Metronidazole 750mg BID.
Lab Results: WNL.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.27 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 (6.44 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 (6.01 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 (0.57 cm at cranial pole) (0.70 cm at caudal pole) (2.77 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 (0.85 cm at cranial pole) (0.71 cm at caudal pole) (3.41 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 (2.18 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/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas 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 left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma appears hyperechoic relative to surrounding omental fat and slightly 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. The mesentery adjacent to the stomach is mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes in the left limb are suggestive of a chronic inflammatory process.
- The reactive mesentery adjacent to the stomach is consistent with focal peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia, if not already performed.
- GI panel (send to Texas A&M).
- A 6-week limited antigen diet trial is recommended if the patient will tolerate it. Otherwise, consider a nutritional consultation with the University of Tennessee for homemade diet options https://vetmed.tennessee.edu/vmc/smallanimalhospital/small-animal-nutrition/.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
C11-3s
11-30-2021 08:58:35 AM Admin
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mindray
Spleen


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
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11-30-2021 08:59:24 AM Admin
HIChrk9labxnm2020
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Stomach


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
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Dist 3.41 cm
Dist 0.85 cm
Dist 0.71 cm


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
C11-3s
11-30-2021 09:04:24 AM Admin
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mindray
Lt adr
Dist 2.77 cm
Dist 0.57 cm
Dist 0.70 cm


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
C11-3s
11-30-2021 09:05:27 AM Admin
HIChrk9labxnm2020
mindray
CR
LT
PANCREAS
Dist 1.36 cm


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
C11-3s
11-30-2021 09:01:30 AM Admin
HIChrk9labxnm2020
mindray
CAUD
Duodenum


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
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ICJ


IntraPet Imaging RBIILLC
robinson,hunter
Abd small I
C11-3s
11-30-2021 09:03:01 AM Admin
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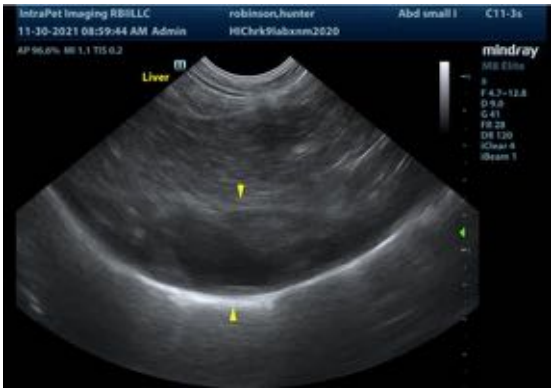
Bladder
Prostate



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 ACVIM (*Small Animal Internal Medicine*)
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