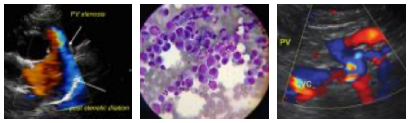
IMAGING PERFORMED BY

IntraPet.com



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DATE
2/21/23

PATIENT
Abbie Bayko

SPECIES
Canine

BREED
Dachshund mix

SEX
Female, spayed

AGE
6/1/2010

WEIGHT
13.5 lbs.

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

HOSPITAL NAME
Greenbrier VC

REFERRING VET
Dr. Whitefield

INVOICE
14608

PRESENTING CLINICAL SIGNS

Significant recurring abdominal pain, anorexia, diarrhea. CPL abnormal on 2/17/2023. Bloodwork done on 2/2/2023 wnl. History of intermittent GI upset throughout her life.

Current Medications: Since 2/2/2023: Proviable, Metronidazole (15mg/kg), Gabapentin (10mg/kg), Famotidine (0.5mg/kg)
Buprenex (0.01mg/kg), 2 days worth started on 2/17/2023
I/d LF started on 2/17/2023
Lab Results: CPL abnormal (2/17/23), CBC/Chem wnl (2/2/23)
Date of Previous IntraPet Ultrasound: 04/2020 & 7/2020. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 left kidney is normal in size (5.03 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.95 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.50 cm at caudal pole) (1.93 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 mildly enlarged (0.67 cm at cranial pole) (0.56 cm at caudal pole) (2.39 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogeneous with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.37 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 to moderate amount of echogenic to mineralized debris is observed within the lumen, some

of which is gravity-dependent and some of which is suspended. 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 segmentally dilated with chyme. 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 colonic lumen contains shadowing fecal material. No obstructive 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. The abdominal lymph nodes are normal/not visible.

Other

A brief visualization of the thorax reveals a few ring down lesions.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

An obvious cause for the patient's clinical signs is not definitively identified in this study. The patient discomfort may be secondary to abdominal pain (i.e., from pyelonephritis, mild pancreatitis, abdominal cramping or gas pain), referred back or other orthopedic/neurologic pain, other.

Secondary Findings:

- Minor, bilateral, age-related renal changes with dystrophic mineralization.
- The mid right adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- Gallbladder debris- non-mucocele.
- The ring down lesions are suggestive of pulmonary parenchymal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for non-metabolic causes of pain.
- Other diagnostic considerations include the following:

    1. Urinalysis with culture and sensitivity to assess for occult pyelonephritis.

2. A fecal evaluation for ova and Giardia +/- prophylactic deworming with Fenbendazole.

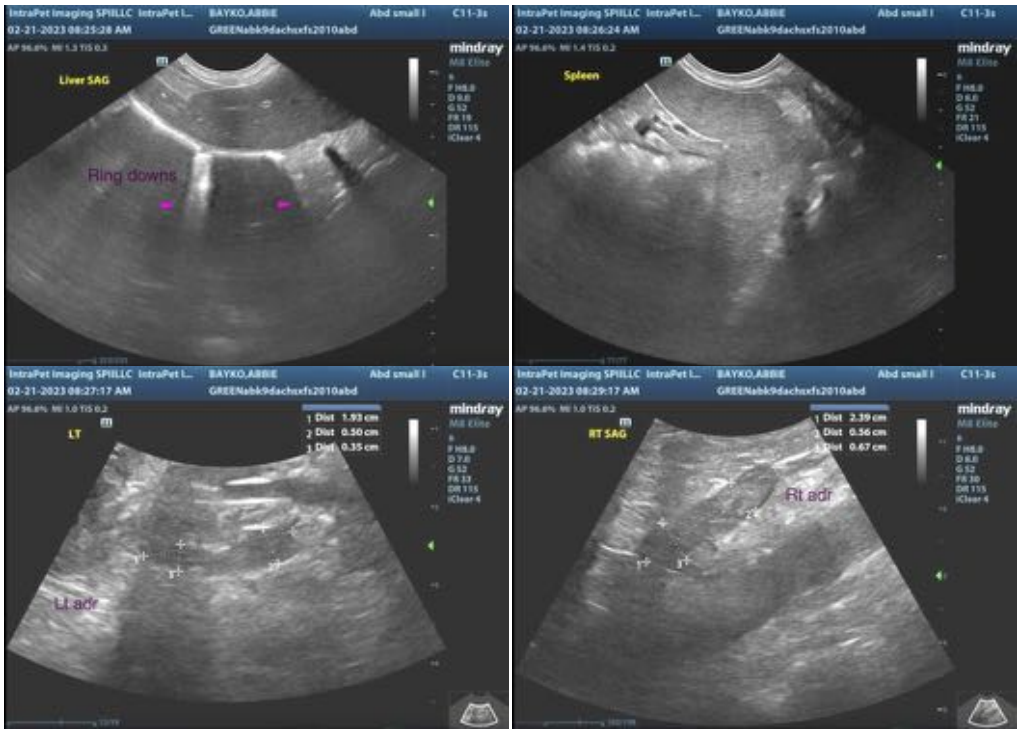
3. cPLI +/- a full GI panel (cobalamin, folate, TLI and PLI) to further assess for maldigestion/malabsorption and pancreatic disease.

4. Consider initiation of a limited antigen or hydrolyzed protein diet to further assess for food allergies.

5. Ultimately, GI biopsies may be necessary to get a definitive diagnosis.

6. While awaiting test results, continue symptomatic care along with a probiotic and fiber supplement.

- Given the suspected ring down lesions in the thorax, three-view thoracic radiographs are recommended to assess for pulmonary disease.



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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