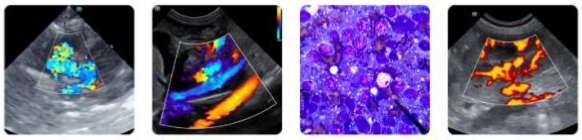


DATE

2-9-26

PATIENT

Harry Kim

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10/1/2020

WEIGHT

20.8lbs

INTERPRETED BY

Andrea Nicastro DVM, Diplomate ACVIM (Sm Animal Internal Med)

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Ruby

INVOICE

22537

PRESENTING CLINICAL SIGNS

Patient History: Vomiting since 12 pm yesterday: intermittent, initially clear, later dark brown – Diarrhea since yesterday - Anorexia since onset; has not eaten - New treat introduced: buckwheat-based, 2-3 treats; only recent dietary change - Known food allergies: chicken, beans, peanut butter, wheat; currently on salmon-based, homemade diet - No known exposure to table scraps or other new foods - Client administered OTC homeopathic digestive remedy (PetSmart); temporary reduction in vomiting
Dr Ruby Saw P

Current Medications: None listed.
Labwork Results: Mild neutrophilia. Thrombocytosis. Chemistry panel unremarkable. (Labwork attached).
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. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild-to-moderate pyelectasia is present (0.31 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.64 cm in length) with a normal shape, architecture and 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 in size (0.46 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

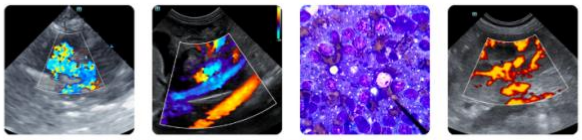
The right adrenal gland is normal in size (0.54 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.98 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



DATE

2-9-26

PATIENT

Harry Kim

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10/1/2020

WEIGHT

20.8lbs

INTERPRETED BY

Andrea Nicastro DVM, Diplomate ACVIM (Sm Animal Internal Med)

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Ruby

INVOICE

22537

pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly-to-moderately fluid-distended and hypomotile. Gastric wall thickness is difficult to determine due to rugal folds, but appears subjectively mildly-thickened, with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal is mildly fluid-distended. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness 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 obvious evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.41 x 0.49 cm medial iliac lymph node is visualized.

Free Abdomen

There is no evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastrointestinal changes are most consistent with gastroenteritis with mild gastric ileus.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes with right pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof.
- The suspended gallbladder debris may be secondary to cholestasis, fasting, or less likely, an emerging mucocele.
- The prominent medial iliac lymph node is likely reactive, with a low possibility of emerging neoplasia.

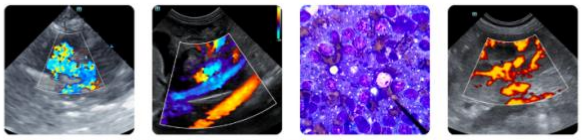
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- Supportive care for acute gastroenteritis/gastric ileus is recommended.
- If clinical signs persist despite medical management, further GI workup (i.e., resting cortisol level, GI panel, GI biopsies) may be indicated.

Imaging performed by

IntraPet Imaging

IntraPet.com



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com | info@sonopath.com | 1.800.838.4268

DATE

2-9-26

PATIENT

Harry Kim

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10/1/2020

WEIGHT

20.8lbs

INTERPRETED BY

Andrea Nicastro DVM, Diplomate ACVIM (Sm Animal Internal Med)

HOSPITAL NAME

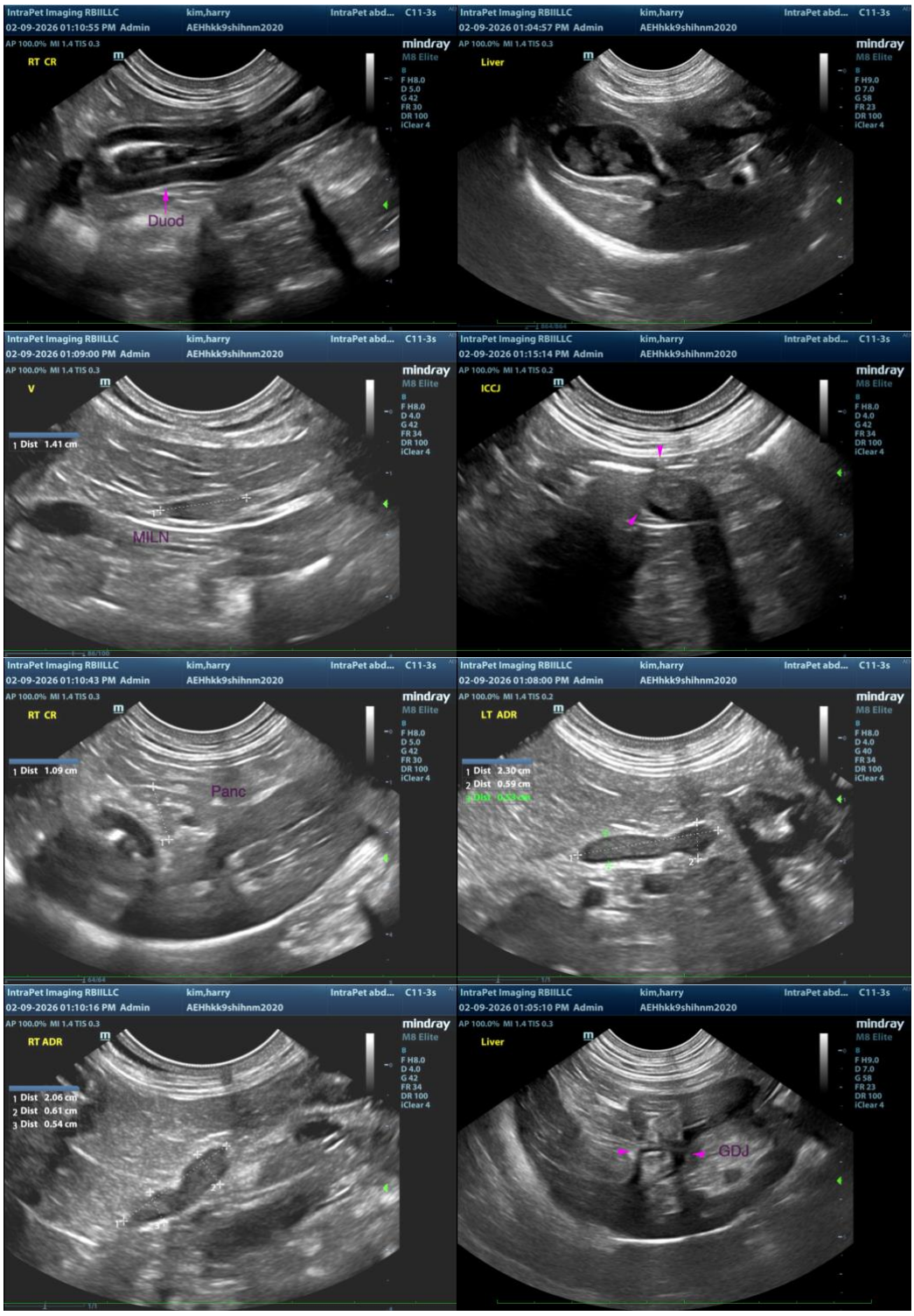
Animal EH

REFERRING VET

Dr. Ruby

INVOICE

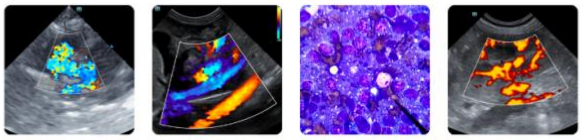
22537



Imaging performed by

IntraPet Imaging

IntraPet.com



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

DATE

2-9-26

PATIENT

Harry Kim

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10/1/2020

WEIGHT

20.8lbs

INTERPRETED BY

Andrea Nicastro DVM, Diplomate ACVIM (Sm Animal Internal Med)

HOSPITAL NAME

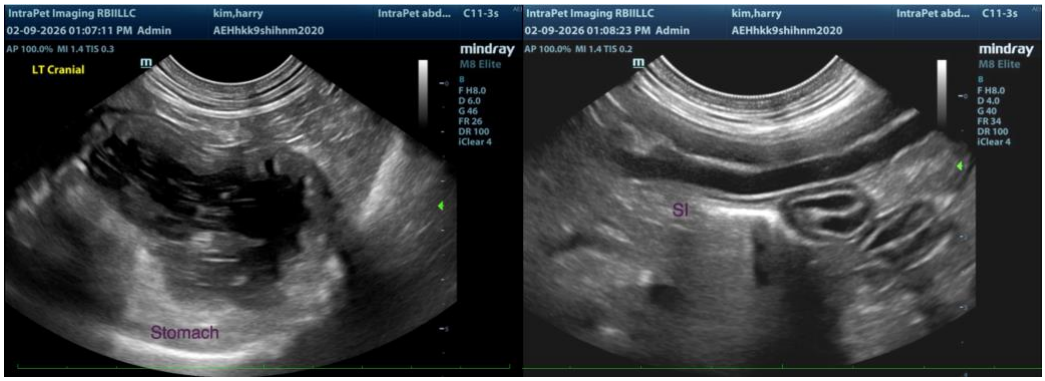
Animal EH

REFERRING VET

Dr. Ruby

INVOICE

22537



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)
info@SonoPath.com