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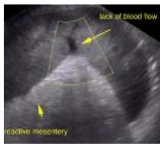
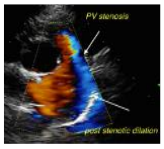
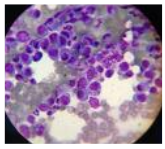
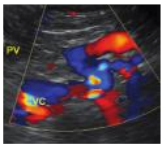

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1-800-838-4268 info@sonopath.com

PATIENT

Cooper Smith

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

13 years

WEIGHT

27.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

10588

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: History: Ultrasound performed in January. Over the last couple of months (since January and last ultrasound), patient has continued to lose weight and have a reduced appetite. Presented March 8th for evaluation of weight loss and reduced appetite. Owner reports he wants to lay down a lot but will be active occasionally and play with toys. Owner was trying to feed him anything; burger patties, chicken, etc. Would not eat kibble. Treated for over-supplementation with levothyroxine and suspected low-grade chronic pancreatitis based on lab work with gabapentin, Cerenia, omeprazole. Patient and labwork improved, and plan as of 3/16 was to start feeding more (as appetite was good (just picky)) and repeat ultrasound if progress stopped. Stools have been formed and no vomiting. Seems to be alert and responsive but will also have days with reduced energy. Reduced levothyroxine dose after last visit. Presented 3/17 for ultrasound as he didn't want to eat this morning. Other diagnostics available (ie. Blood pressure, radiographs, etc): Thoracic radiographs WNL,

Abnormal PE/Chem/CBC/UA Results: Abnormal physical exam findings: Some rear limb weakness, laryngeal paralysis Abnormal laboratory findings: 3/8/22 - CBC - RBC 4.97, HCT 32.8%, Mono 1.89, Plt 495, Chem - ALP 416, Amy 2063, Lip 4052, TT4 (6 hours post-pill) 6.9 3/16/22 - CBC - RBC 5.82, HCT 37.7%, Mono 1.61, Plt 369, Chem - ALP 239, Amy 806, Lip 750, TT4 (6 hours post-pill) 2.0

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 prostate is normal in size (1.37 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 (6.99 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 (6.60 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 (0.64 cm at cranial pole) (0.65 cm at caudal pole) (2.38 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 caudal pole of the right adrenal gland is visualized and is normal size (0.58 cm in width); with a normal shape, glandular echogenicity and detail. The surrounding vasculature appears normal.

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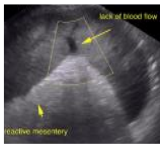
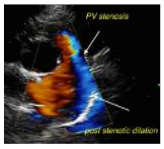
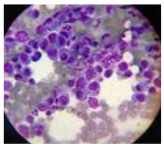
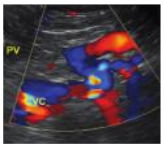

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Spleen
(Previously splenectomized)

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 mildly fluid distended and hypomotile. Hard shadowing material is observed within the gastric lumen. In several small intestinal segments, the lumen contains shadowing material. In other segments, the lumen is empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Shadowing gastric and small intestinal material, most consistent with foreign objects. Complete obstruction is unlikely. However, partial obstruction is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Abdominal radiographs are recommended to better assess the character of the foreign material.
- If a conservative approach is desired, consider supportive care for gastroenteritis with a follow-up ultrasound in 24-48 hours to assess the progress of the foreign material. Alternatively, if an aggressive approach is desired, an abdominal exploratory with removal of the foreign material can be considered. It should be noted, however, that it is unclear whether the foreign material is responsible for the patient's clinical signs. Therefore, if surgery is pursued, consider obtaining gastrointestinal biopsies.
- A malabsorption panel including serum cobalamin and folate, TLI and PLI is also recommended, along with a reticulocyte count, to determine if the anemia is regenerative.

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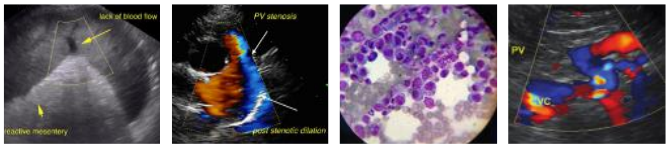

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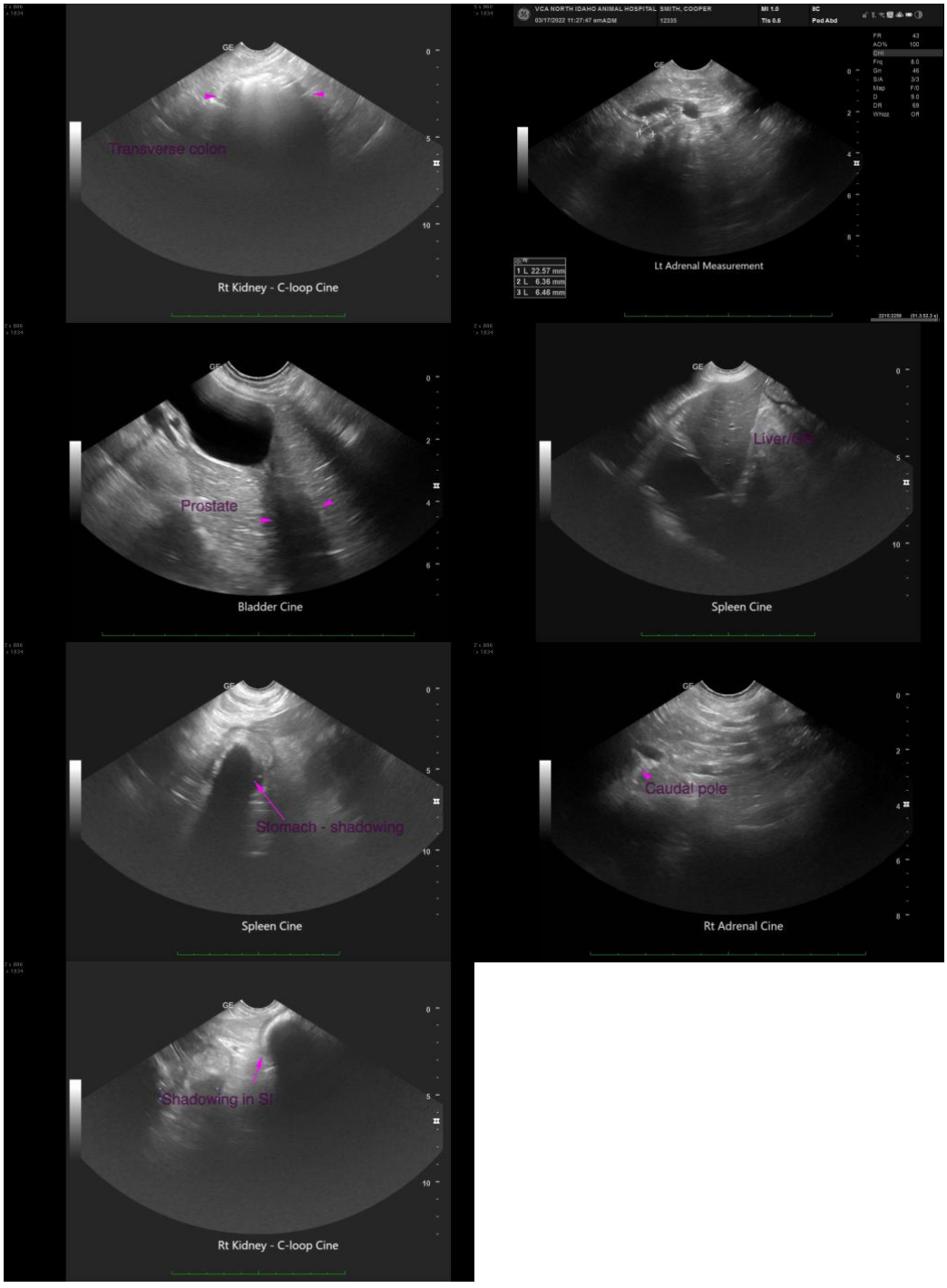
- Three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.



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.

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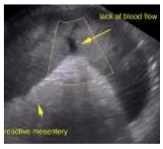
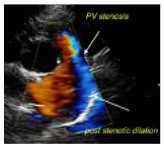
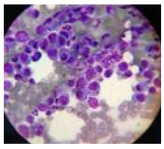
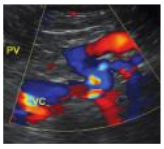

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@SonoPath.com