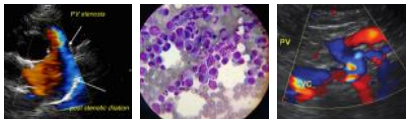
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/4/2022

PATIENT

Scout Matthews

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

10/22/2008

WEIGHT

60.5 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. McMichael

INVOICE

10663

PRESENTING CLINICAL SIGNS

History: Vomiting and decreased appetite. Went to ER over the weekend for IVF and supportive care. Pet ate there and was discharged. Pet immediately vomited at home and now decreased appetite. O having to hand feed and pet lethargic. Labwork run on Saturday; liver values and Tbili normal.

Current Medications: Metronidazole 375mg BID, omeprazole 20mg SID, Gabapentin 300mg q8-12hrs (O did not give since discharge due to lethargy and mild ataxia), Proviable paste/caps.
Lab Results: See attached. CBC Chemistry panel unremarkable.
Date of Previous IntraPet Ultrasound: 7/30/21. See attached.
Sedation: Patient sedated with Dexdomitor & Torbugesic.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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 appears normal.

The left kidney is normal size (6.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.12 cm at cranial pole) (0.80 cm at caudal pole) (2.80 cm in length); with a slightly irregular shape. A 1.55 0.96 cm hyperechoic to slightly heterogenous nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is borderline enlarged (0.79 cm at cranial pole) (0.80 cm at caudal pole) (2.43 cm in length); with a normal shape. The parenchyma is slightly heterogenous. No distinct focal lesions are observed. Surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.52 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 distended. The wall is normal in thickness. A large amount of aggregated, echogenic, partially-dependent-to-suspended sludge 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 mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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 or overt infiltrative 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes could be consistent with a developing mucocele or cholestasis. The debris/sludge is more organized compared to the previous sonogram.

Secondary Findings

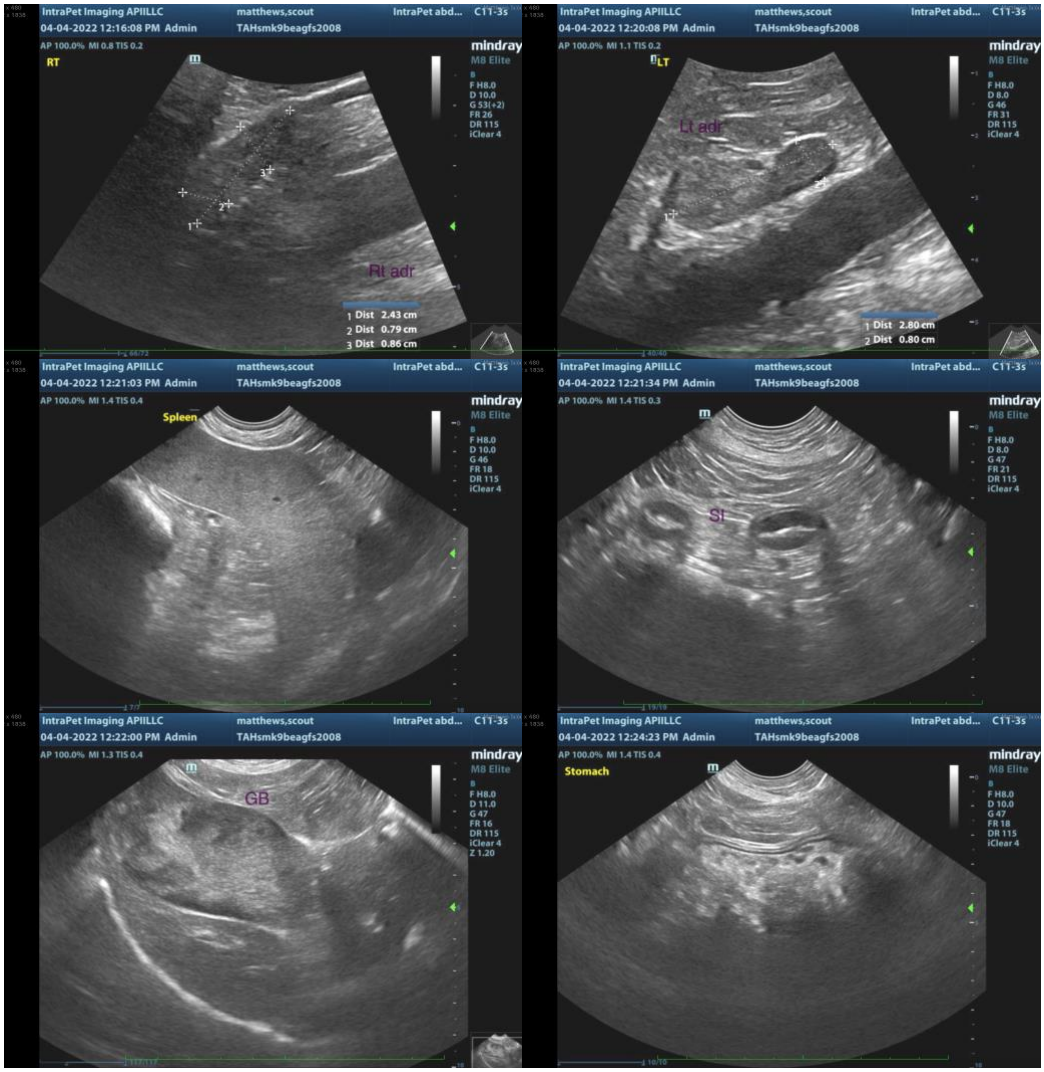
- The bilateral chronic age-related renal changes with left dystrophic mineralization (Changes similar to the previous sonogram).
- The bilateral adrenal changes are suggestive of hyperplastic change. The left adrenal nodule could be consistent with nodular hyperplasia or an emerging tumor. (Changes are similar to the previous sonogram).

  **An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include occult cholecystitis, low-grade pancreatitis, microscopic gastrointestinal disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a GI panel (send to Texa A&M) to assess for pancreatic and gastrointestinal disease. Three-view thoracic radiographs are recommended to assess for occult esophageal disease and evidence of occult aspiration pneumonia. Also consider a Fecal evaluation for ova and Giardia. Continued supportive care for acute gastroenteritis is recommended. If clnical signs do not improve in the next 3-5 days, a more advanced GI workup (i.e., GI biopsies) may be warranted.

Regarding the gall bladder changes, consider initiations of ursodiol therapy with serial sonographic monitoring (i.e, every 6-8 weeks) to assess progression to a fully-formed mucocele. Empirical treatment for cholecystitis (i.e., broad-spectrum antibiotics) can also be considered, as this disease can cause waxing and waning gastrointestinal signs. However, if the patient's clinical signs do not improve within 3-5 days of initiating antibiotic therapy, antibiotics should be discontinued (ursodiol, however, should be continued.



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.

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