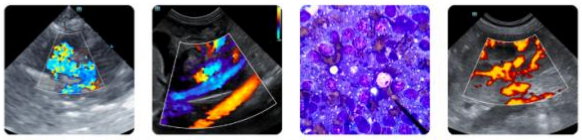

DATE

4-6-26

PATIENT

Mitzi Kautsch

SPECIES

Canine

BREED

Standard Poodle

SEX

Female Spayed

AGE

10/4/2021

WEIGHT

45.5lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal
Emergency Hospital

REFERRING VET

Dr. Campbell

INVOICE

22841

PRESENTING CLINICAL SIGNS

Patient History: Mitzi presents for acute diarrhea and dehydration Patient History: - Normal until Sunday; liquid diarrhea started Monday morning - Diarrhea described as orangey-yellow, watery, running out continuously. Weight loss of 4 pounds since onset - Waking every 90 minutes at night (Monday-Thursday nights) to defecate. Not eating well; offered chicken and rice with minimal intake - No vomiting throughout illness - Previous veterinary care this week: Tuesday: Given Proviable probiotic paste (no improvement) - Thursday: Abdominal radiographs showed gas only. Friday: Submitted GI panel with CPL and diarrhea real-time PCR panel (results pending 5 days); received subcutaneous fluids due to dehydration - Client administered loperamide (Imodium) Friday 6pm and Saturday 6am (2 doses each time); patient slept through night and no diarrhea today – Previous diarrhea episode in February; tested for Addison's disease (negative), CBC normal at that time. History of gastropexy.

Current Medications: Gabapentin, Trazodone, Ondansetron, Fortiflora, Cerenia.
Labwork Results: CBC chem from April 4 unremarkable (Attached).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BS, 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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.41 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.57 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 (0.52 cm at cranial pole) (0.50 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 subjectively normal-in-size 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.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 not dilated. 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. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

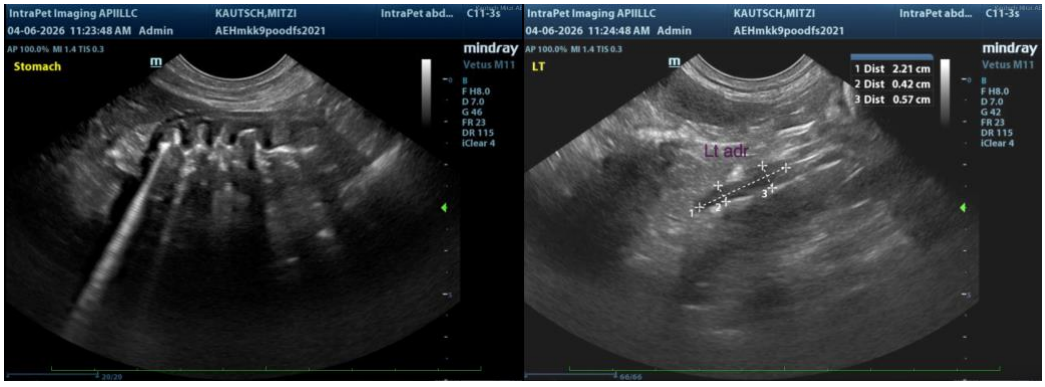
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

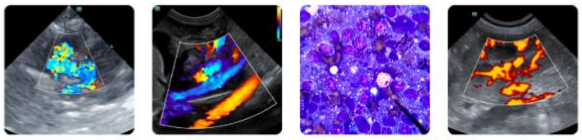
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider repeating a resting cortisol to screen for hypoadrenocorticism.
- A 3-4-week limited antigen or hydrolyzed protein diet should also be considered.
- Depending on the results of the above diagnostics as well as the GI panel and fecal PCR panel, further work-up (i.e., endoscopic or surgical GI biopsies) may be indicated.



Imaging performed by IntraPet Imaging

IntraPet.com



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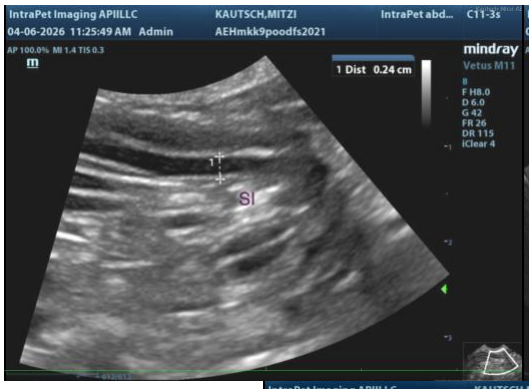

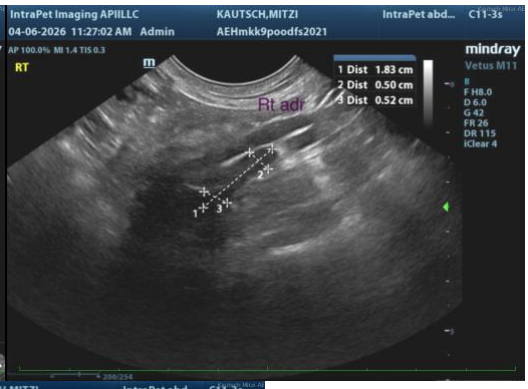

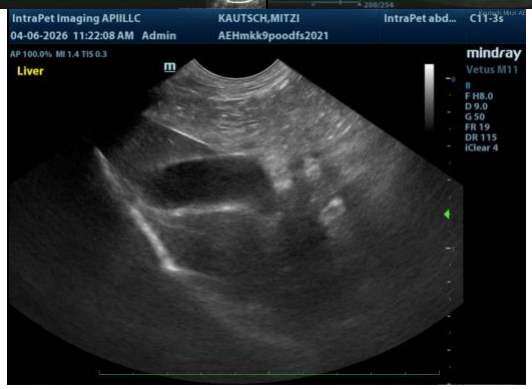

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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