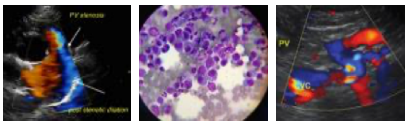
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/10/22

PATIENT

Lilly Comer

SPECIES

Canine

BREED

Labrador

SEX

Female, intact

AGE

9/19/2021

WEIGHT

43 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Homeward Bound Veterinary

REFERRING VET

Dr. Keil

INVOICE

13350

PRESENTING CLINICAL SIGNS

P has been vomiting about a month now. P eats everything. P on Heartgard/FT prevention. Had BW and Fecal which were normal. P gets dry food but change in diet. P gets fruits/veggies in food. P 112, R Eup, CRT 1-2 sec, MMb pink/moist, BAR. Integ NSF, EENT dental dz 0/4, MS 7/9, CV WNL, Resp WNL, Abd NSF, G/U NSF, Neuro WNL, LN WNL.

Current Medications: Cerenia injection 5/6/21, no other meds.
Lab Results: NSF on CBC/Chem/PT/PTT, negative fecal O/P.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 left kidney is normal size (5.19 cm in length); normal shape and architecture with 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.

The right kidney is normal size (5.65 cm in length); normal shape and architecture with 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 size (0.37 cm at cranial pole) (0.39 cm at caudal pole) (2.61 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 normal size (0.65 cm at cranial pole) (0.67 cm at caudal pole) (2.77 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.

Spleen

The spleen is normal in size (1.58 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

A small amount of fluid is observed within the pyloric antrum. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is suspected to be patent. 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 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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.79 cm in length. In addition, a cranial abdominal lymph node is visualized and measures 1.55 cm in length. All nodes are of normal shape and echogenicity.

Other

The uterine body is visible and is normal in size (0.95 cm in width). No obvious pathology is observed.

The ovaries are subjectively normal in size (left ovary 1.22 x 0.67; right ovary 1.19 x 0.56 cm) with a normal shape and homogenous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely**.**
- The remainder of the abdomen is unremarkable. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include underlying metabolic issue (i.e., hypoadrenocorticism), primary gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease), low-grade pancreatitis (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies.
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
5. Consider pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:49:23 AM HOMElck9labfi2021abd
Stomach
mindray


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:49:46 AM HOMElck9labfi2021abd
Stomach
Dist 1.55 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:51:37 AM HOMElck9labfi2021abd
LT
Dist 2.61 cm
Dist 0.39 cm
Dist 0.37 cm
LT adr
mindray

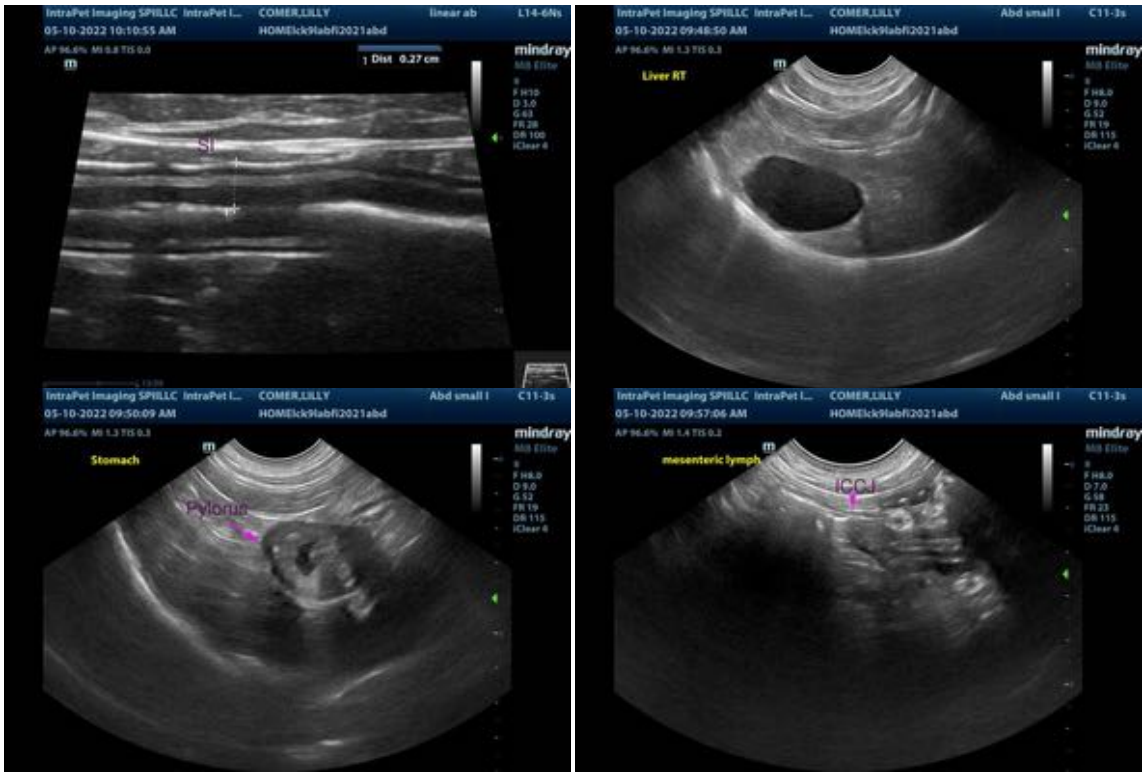

IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:53:12 AM HOMElck9labfi2021abd
UTER
Dist 0.95 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:53:47 AM HOMElck9labfi2021abd
LT OV
Dist 1.22 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:55:15 AM HOMElck9labfi2021abd
RT OV
Dist 1.19 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:56:12 AM HOMElck9labfi2021abd
RT
Dist 2.77 cm
Dist 0.73 cm
Dist 0.65 cm
RT adr
mindray


IntraPet Imaging SPIILLC IntraPet I... COMER,LILLY Abd small I C11-3s
05-10-2022 09:56:54 AM HOMElck9labfi2021abd
mesenteric lymph
mindray



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