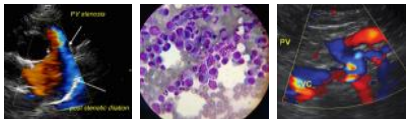
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/9/2022

PATIENT

Cam Tischa

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

5/8/2014

WEIGHT

34.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Aberdeen VC

REFERRING VET

Dr. Fritz

INVOICE

10880

PRESENTING CLINICAL SIGNS

History of diarrhea with blood, no vomiting, weight loss, muscle wasting and anorexia.

Current Medications: Metronidazole 250mg ½ BID, Proviable.
Lab Results: Low normal TT4, rest WNL, fecal WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, RDMS.

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 is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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 not definitively visualized due to its pelvic location.

The left kidney presented normal size (0.67 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.

The right kidney presented normal size (5.49 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.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.54 cm at caudal pole) (1.80 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 (0.67 cm at cranial pole) (0.52 cm at caudal pole) (1.86 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 (1.68 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is thickened (up to 0.24 cm) and hyperechoic. A small amount of aggregated, echogenic-to-mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is moderately distended with ingesta/soft shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with gas and chyme. 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.

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.

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 gastric luminal contents may represent ingesta and/or fecal material (i.e., grass, cloth). The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. There is no obvious evidence of an outflow tract obstruction. However, an intermittent obstruction cannot be completely excluded.

Secondary Findings

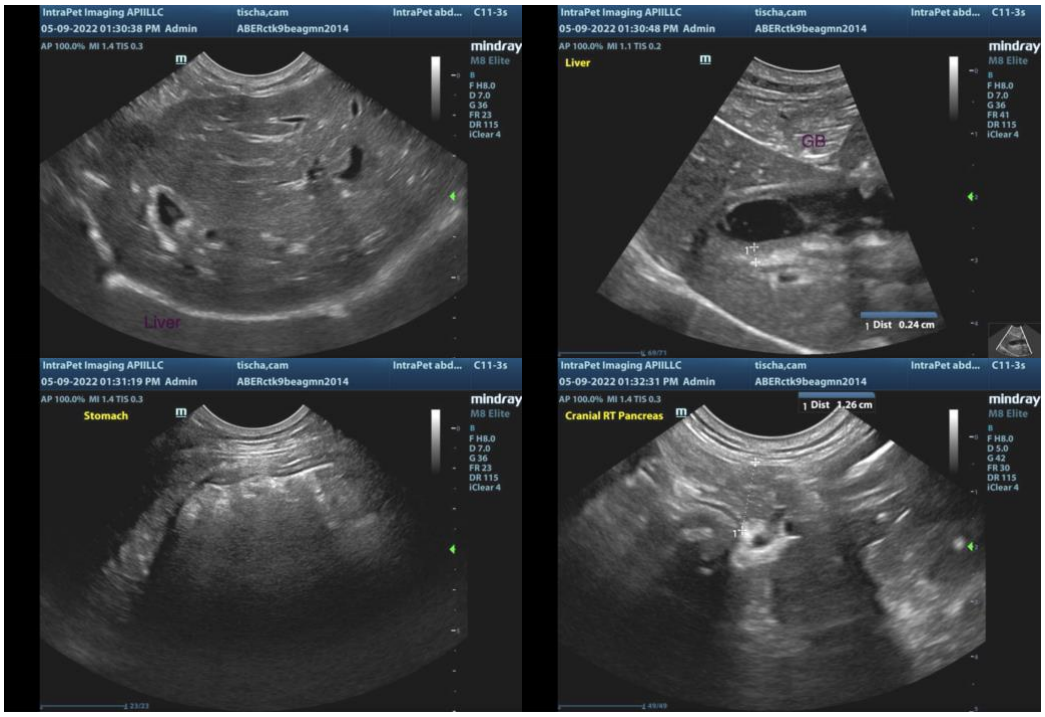
- The increase in hepatic portal markings and gall bladder wall changes are suggestive of cholecystitis/cholangitis, however, correlation with the patient's clinical history and liver values is recommended.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

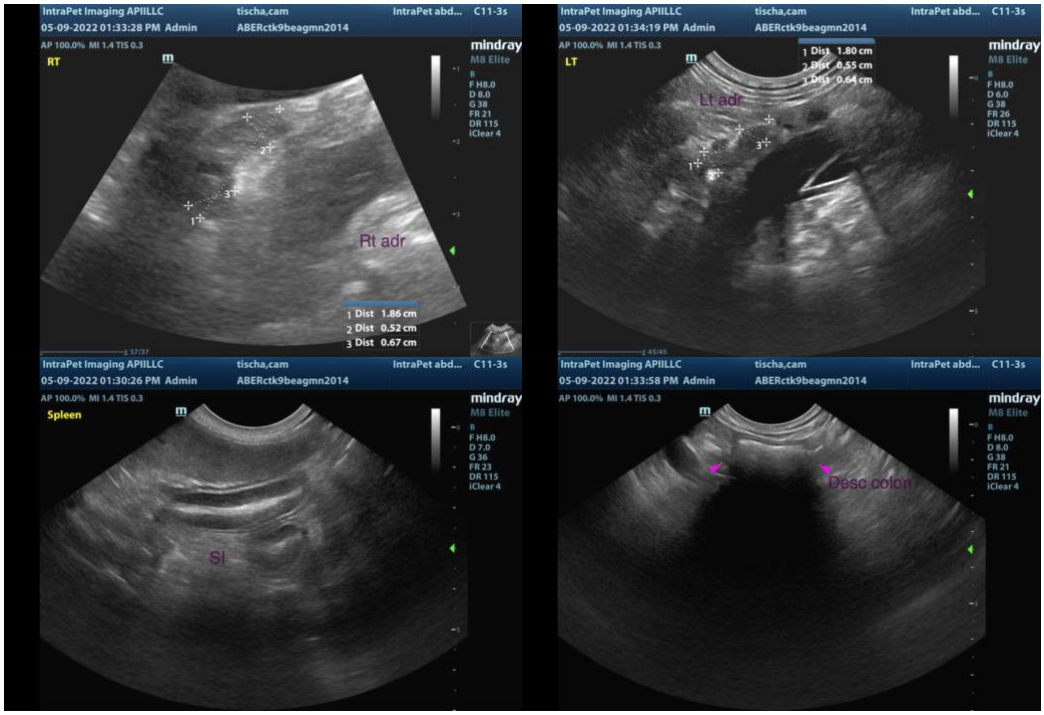
  *An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (dietary indiscretion, food allergy/intolerance, Infectious/parasitic disease, intestinal dysbiosis), underlying metabolic issue (i.e., hypoadrenocorticism), low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

- Consider a fecal PCR infectious disease panel.
- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- If the clinical signs are chronic, consider initiation of a 6-week limited antigen diet trial.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





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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