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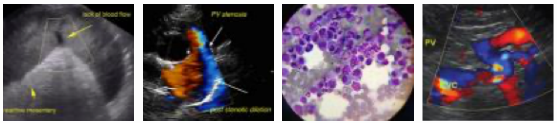


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Finn Wheeler

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

7 years

WEIGHT

65.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

13409

DATE

6.19.23

PRESENTING CLINICAL SIGNS

History: IBD and worsening pica. Pt ate 13-14 knots from a microfleece blanket on Saturday. No vomiting, anorexia or lethargy. Afebrile on exam today, no pain on palpation of abdomen, mildly dehydrated. Pt has long, extensive history of dietary indiscretion. normal lab work March 2023 Current Medications hydrolyzed protein diet, Apoquel

Radiographic Findings most recent May 2023 Pertinent Case Information
* Pt ate 13-14 knots from a microfleece blanket on Saturday. No vomiting, anorexia or lethargy. Afebrile on exam today, no pain on palpation of abdomen, mildly dehydrated. Pt has long, extensive history of dietary indiscretion. P last ate at 7:30a, 2 cups dry food. Unknown if knots from tied blanket are connected or not.

Differential Diagnosis * Obstructive FB vs other Findings: Four radiographs of the abdomen are provided. The GI tract is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The kidneys and urinary bladder appear normal with no definitive evidence of mineralization.

Assessment: The abdomen appears within normal limits. If warranted, sonography may be beneficial. Primary Question/Differential to Be Answered in This Exam complete assessment with GI focus and FB search

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.85 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

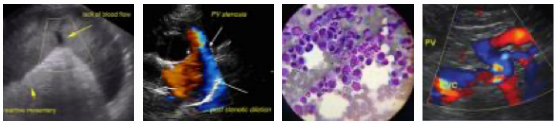
The left kidney is normal in size (6.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.34 cm in length) with a normal shape, architecture and 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 (0.64 cm at cranial pole) (0.58 cm at caudal pole) (2.95 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 (1.35 cm at cranial pole) (0.79 cm at caudal pole) (2.64 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.76 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 fluid-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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.83 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*There is no obvious evidence of a foreign body/obstruction on today's study. The patient's clinical signs may be secondary to dietary indiscretion, food allergy/intolerance, inflammatory bowel disease flare-up, infectious/parasitic disease, underlying metabolic issue, other.

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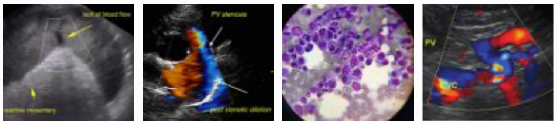

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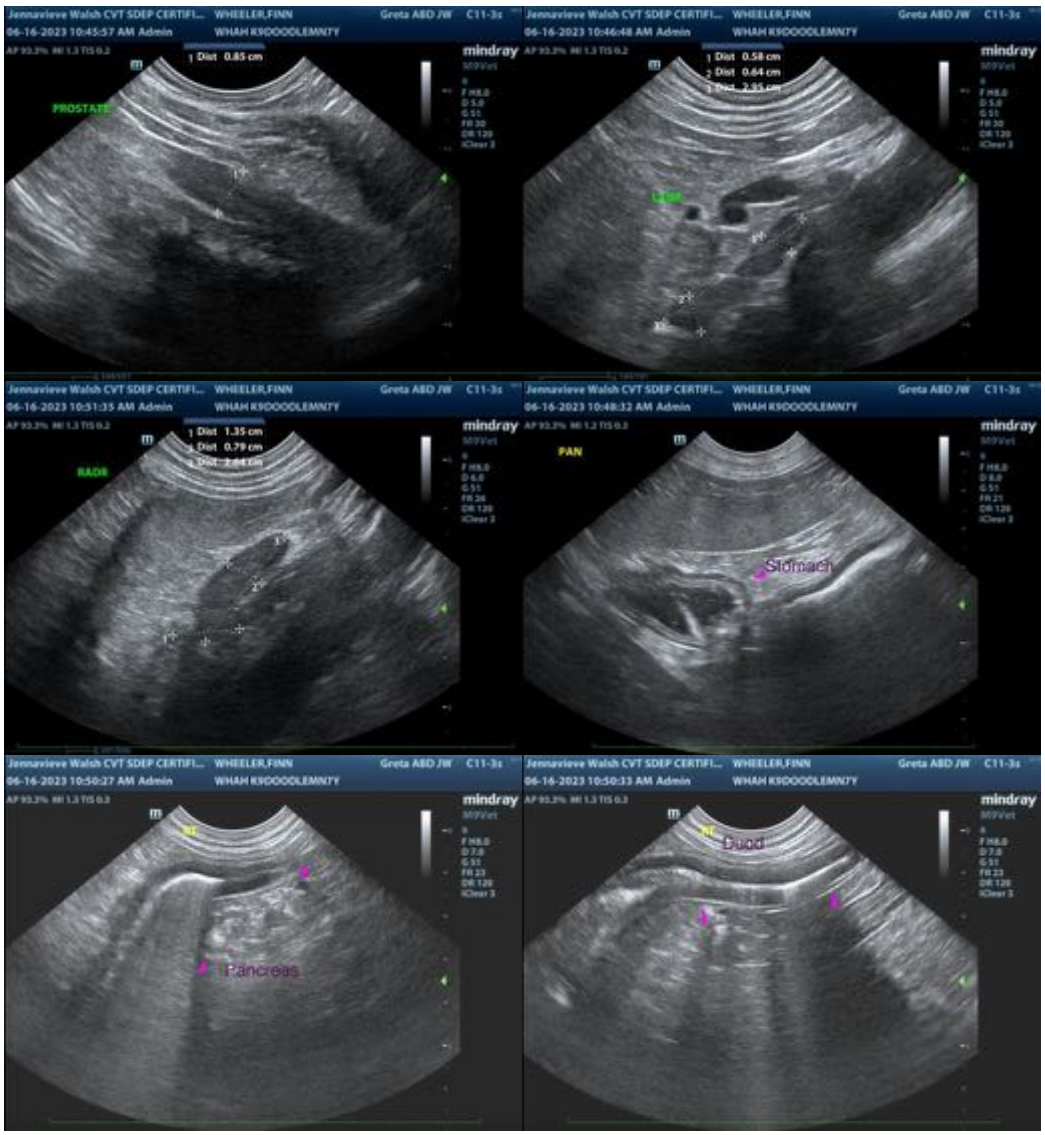
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a baseline lab work, including a CBC, chemistry panel, urinalysis and T4 (if not already performed).
- A fecal evaluation for ova and Giardia is also recommended.
- Symptomatic care for acute gastroenteritis is recommended. If the patient's clinical signs do not begin to improve within 24-72 hours of initiating medical management, a more comprehensive GI work-up (i.e., Texas GI panel, resting cortisol level, etc.) may be warranted. Also consider initiation of a probiotic.



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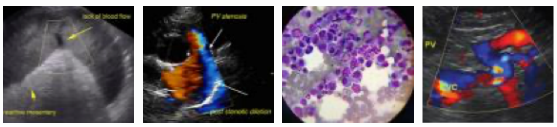

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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