IMAGING PERFORMED BY

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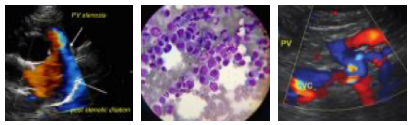

SonoPath
Clinical Sonography & Telecytology
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DATE

8/17/2021

PATIENT

Roscoe Turansky

SPECIES

Canine

BREED

Boxer

SEX

Male, neutered

AGE

7/11/2015

WEIGHT

74 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Muedeking

INVOICE

11893

PRESENTING CLINICAL SIGNS

History: History of vomiting starting a few weeks ago, was about once a week or less but within the last 14 days has become more frequent.

Current Medications: Previcox 227mg SID started 8-13-21
Was on Doxycycline 150mg SID started on 8-6-21 but discontinued due to increased vomiting.
Lab Results: CBC WNL. BUN low at 8, ALT 294, T4 normal.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 mostly 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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.07 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 is normal size (7.69 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 (0.60 cm at cranial pole) (0.63 cm at caudal pole) (2.16 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 (0.59 cm at caudal pole) (2.54 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 (2.43 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. A small amount of aggregated echogenic gravity-dependent debris 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 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 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 mesentery surrounding the gastric wall in the region of the fundus is hyperechoic. There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
A brief visualization of the heart reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

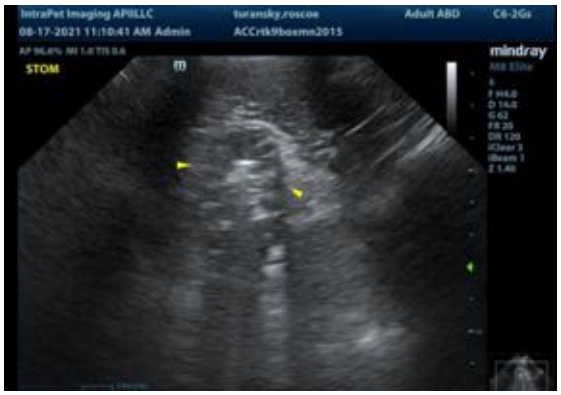
- Cranial peritonitis, likely secondary to low-grade gastric inflammation.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary GI disease (i.e., dietary indiscretion, infectious/parasitic, gastrointestinal reflux, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue,, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to evaluate the esophagus.
- Other diagnostic considerations include:
    - A fecal evaluation for ova/Giardia
    - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
    - Serum cobalamin, folate, PLI and TLI
    - Depending on the results of the above diagnostics, a limited antigen diet trial +/- endoscopic or surgical gastrointestinal biopsies may be warranted.
- Consider a proton pump inhibitor as empirical treatment for possible gastrointestinal reflux.


IntraPet Imaging APIILLC
turansky,roscoe
Adult ABD
C6-2Gs
08-17-2021 11:09:33 AM Admin
ACCrtk9boxmn2015
mindray
Liver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Adult ABD
C6-2Gs
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STOM


IntraPet Imaging APIILLC
turansky,roscoe
Adult ABD
C6-2Gs
08-17-2021 11:12:38 AM Admin
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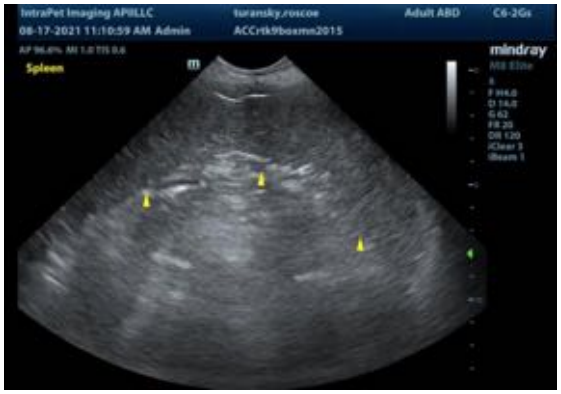
RT
Dist 2.54 cm
Dist 0.59 cm


IntraPet Imaging APIILLC
turansky,roscoe
Adult ABD
C6-2Gs
08-17-2021 11:10:59 AM Admin
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Spleen


IntraPet Imaging APIILLC
turansky,roscoe
Adult ABD
C6-2Gs
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LT


IntraPet Imaging APIILLC
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Adult ABD
C6-2Gs
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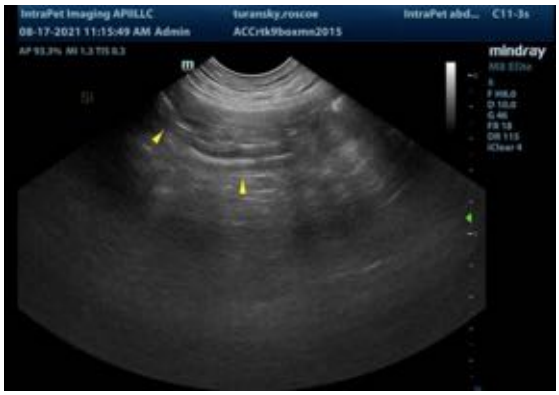
Duodenum



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.

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