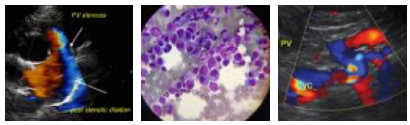
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/23/21

PATIENT

Sasha Parks

SPECIES

Canine

BREED

German Shepherd

SEX

Female, spayed

AGE

6/4/2017

WEIGHT

64 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart Veterinary Center

REFERRING VET

INVOICE

11943

PRESENTING CLINICAL SIGNS

History: Initially diagnosed with pancreatic enzyme insufficiency due to chronic vomiting, diarrhea in 2019. Pet was initially started on Pancreas Plus powder but then changed to Prozyme. Pet was doing well until past 6 months, has lost weight and not been able to regain, despite increased feeding. Recent chemistries unremarkable but canine chronic enteropathy profile from Antech was positive for IBD. Started on HA diet end of May with no improvement in weight. Concern for additional disease or that additional therapies may be needed.

Current Medications: Pancreaved powder 1 teaspoon BID (started 1 week ago), had previously been on prozyme powder for 2 years. Wellactin SID, Flexadin SID, B12 injection monthly (was initially SIW x 6 weeks), 5 cups of HA/day.
Lab Results: 5/1/21 cbc/chem/t4: WNL. 5/30/21 canine chronic enteropathy IBD: abnormal.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor/Torbugesic IV.
Stat Report: Not requested.

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 left kidney is normal size (6.97 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 (7.08 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 (0.51 cm at cranial pole) (0.49 cm at caudal pole) (2.84 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 cranial pole) (0.57 cm at caudal pole) (3.54 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 (1.95 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

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 in the right cranial quadrant is subtly hyperechoic. A few prominent mesenteric lymph nodes are visualized, the largest measuring 4.05 cm in length.

Other

The caudal vena cava is dilated (sedated with Dexdomitor).

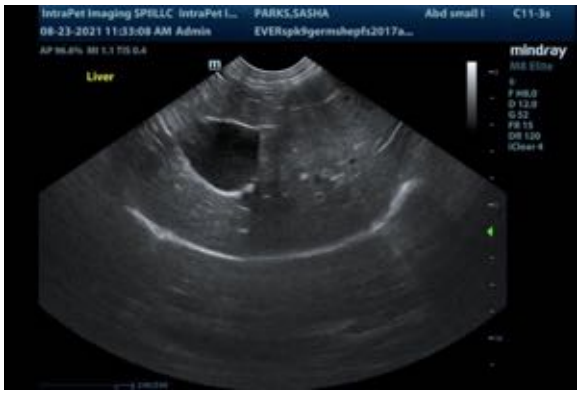
ULTRASONOGRAPHIC FINDINGS

- Mild peritonitis in the right cranial quadrant. This may be secondary to pancreatic and/or bowel pathology.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The dilated caudal vena cava is likely secondary to sedation administered for the sonogram.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Serum cobalamin, folate, PLI and TLI
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
3. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.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PARKS,SASHA
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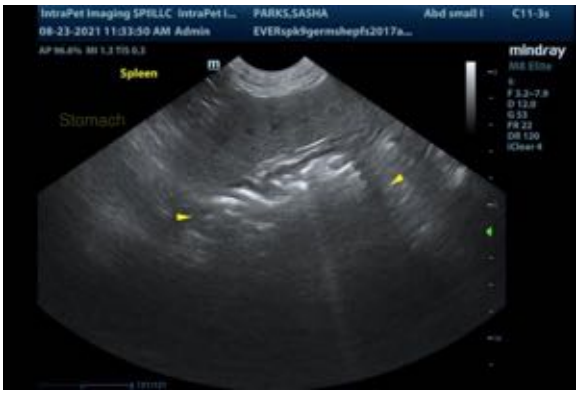
Liver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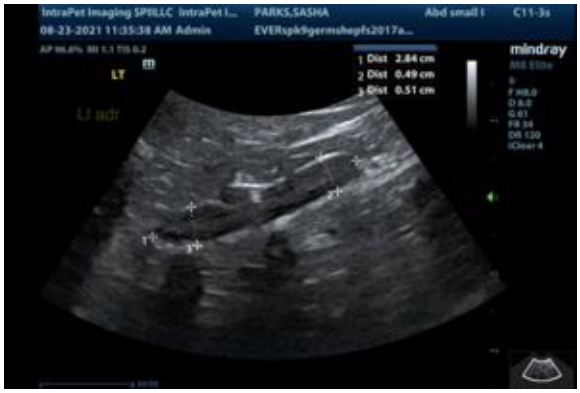
Spleen
Stomach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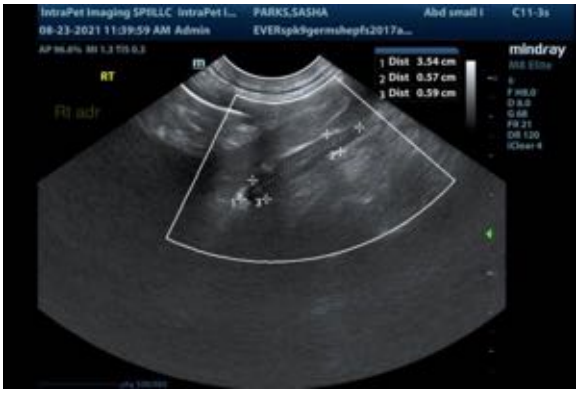
LT
LI adr
1 Dist 2.84 cm
2 Dist 0.49 cm
3 Dist 0.51 cm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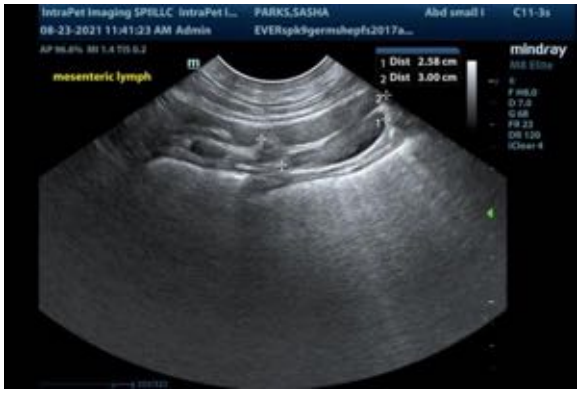
RT
RI adr
1 Dist 3.54 cm
2 Dist 0.57 cm
3 Dist 0.59 cm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PARKS,SASHA
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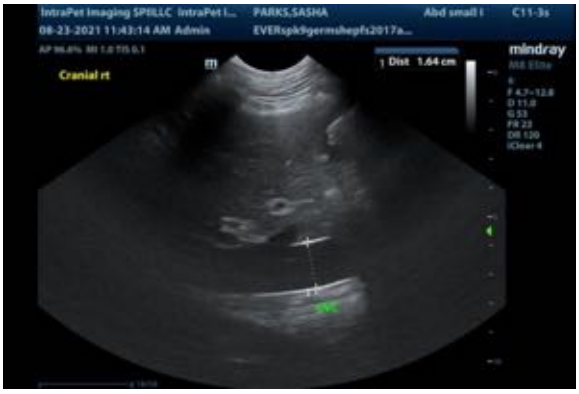
mindray
mesenteric lymph
1 Dist 2.58 cm
2 Dist 3.00 cm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PARKS,SASHA
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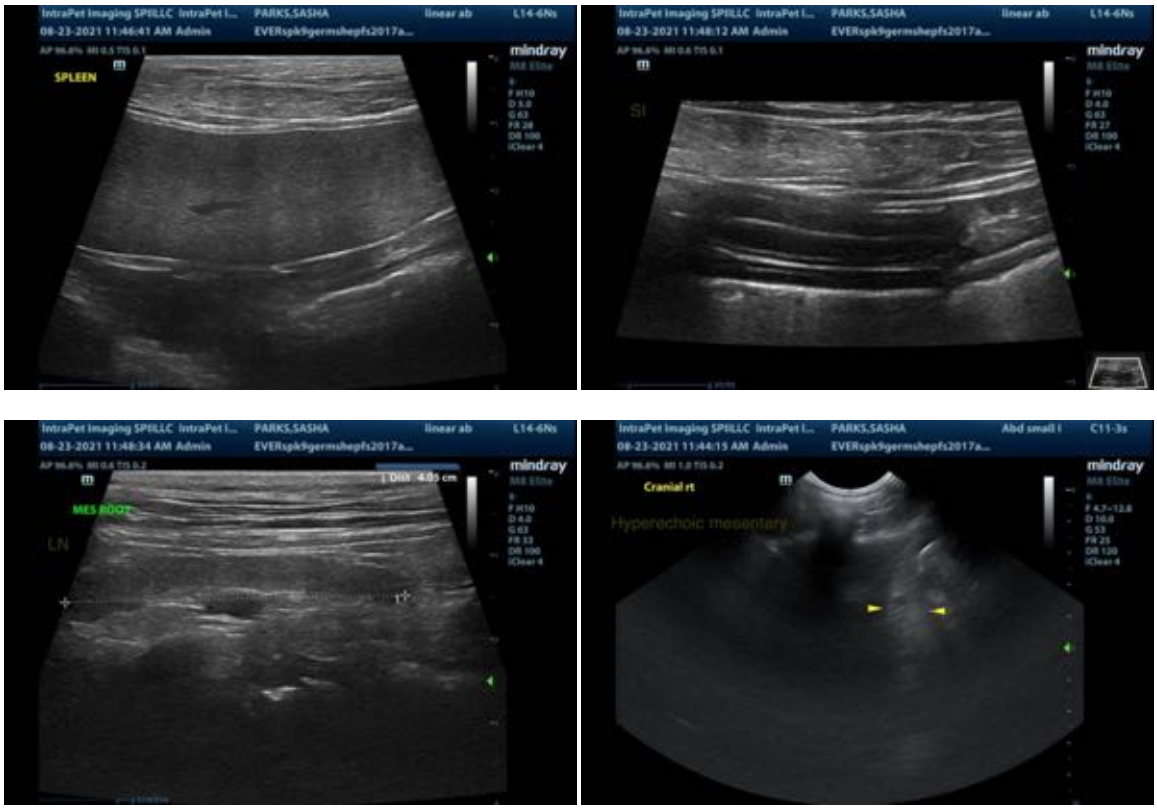
mindray
Cranial rt
1 Dist 1.64 cm



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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Andrea.nicastro@sonopath.com