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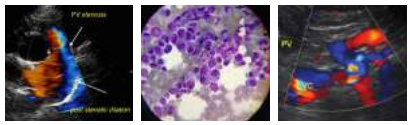

SonoPath
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DATE

8/25/21

PATIENT

Tiny Hutchison

SPECIES

Canine

BREED

Rottweiler

SEX

Male Neutered

AGE

8/18/12

WEIGHT

123 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Rt. 140 Veterinary Hospital

REFERRING VET

Dr. Pierpont

INVOICE

11701kk

PRESENTING CLINICAL SIGNS

History: Presented 8/21/21 - Vomiting x2 months several times a week, urinating in house x 2 days, pacing, anxious, whining all night. PU/PD. Abdomen seems painful to owner. Hx of aggressive cancer (per owner, still no prev. records to confirm) on front paw, mass removed and not clear if bx performed.

Current Medications: Gabapentin 300mg - 1 BID.

Lab Results: Chem/CBC/T-4/Accuplex/urine/fecal- NSF

Radiographs: Rads 8/21/21: Small Liver? Large spleen? No obvious obstruct pattern or masses. Poss. increase soft tissue opacity mid abd. (Spleen?)

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

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 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 normal in size (1.11 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.41 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 (7.37 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 (0.68 cm at cranial pole) (0.79 cm at caudal pole) (3.09 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 (0.86 cm at cranial pole) (0.75 cm at caudal pole) (3.79 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 (2.90 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. 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 debris is observed within the lumen, some of which is partially dependent and some of which is adherent. 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 minimally distended with fluid. 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 peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**An obvious cause for the patient's vomiting is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease or an underlying metabolic issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
2. Other diagnostic considerations for the vomiting include the following:
    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    b. A fecal evaluation for ova/Giardia
    c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
    d. +/- endoscopic or surgical gastrointestinal biopsies.
3. Given the constellation of clinical signs, the following additional diagnostics can be considered:
    a. Urine culture and sensitivity.
    b. Thorough neurologic examination.

c. +/- referral to a board-certified veterinary neurologist, particularly if the neurologic deficits are identified.

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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