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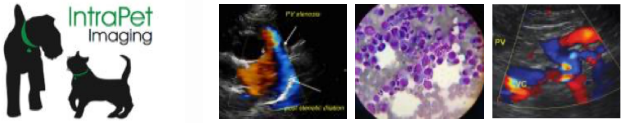
IntraPet.com



SonoPath
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DATE

8.31.2022

PATIENT

Asha Chambers

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

1/8/2013

WEIGHT

10.8lbs

INTERPRETED BY

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

HOSPITAL NAME

Frederick Rd VH

REFERRING VET

Dr. Cannon

INVOICE

11537

PRESENTING CLINICAL SIGNS

Pet was seen at ER beginning of August for HE. Diagnosed with pancreatitis. Continuing to have bouts of bloody stool and vomiting.

Current Medications: Treated at ER 8/8 with Cerenia 5.5 mg SID; Metronidazole 80mg BID; Sucralfate 1/4g TID; Buprenorphine
0.09mg BID. Sent home with Metronidazole 125mg PO BID x 7d and Proviable. Refilled Metronidazole on 8/17 and 8/26 for reoccurring bloody diarrhea
Lab Results: Snap CPL abnormal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The **left kidney** is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.44 cm at cranial pole) (0.40 cm at caudal pole) (1.97 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 (0.38cm at cranial pole) (0.44 cm at caudal pole) (1.62 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 (1.53 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 mildly distended. The wall is normal in thickness. A scant amount of aggregated, echogenic 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 mildly gas 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. There is no evidence of an obstructive pattern.

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

Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Differentials include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), pancreatic disease, underlying metabolic issue (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronic intermittent nature of the GI signs, consider the following:

1. A fecal evaluation for ova and Giardia, if not already performed.
2. Prophylactic deworming with Fenbendazole
3. Fecal PCR infectious disease panel
4. Malabsorption panel (i.e., serum cobalamin and folate, TLI and PLI)
5. Resting cortisol level to screen for hypoadrenocorticism
6. Hydrolyzed protein or limited antigen diet trial
7. Depending on the results of the above diagnostic/therapeutic, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.

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