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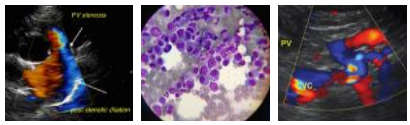

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DATE

9/10/21

PATIENT

Hanibal Mahaffey

SPECIES

Canine

BREED

German Shepherd

SEX

Male intact

AGE

8/31/20

WEIGHT

42.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

11799kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Diarrhea with blood, appetite decreased. History: Date: 09-09-2021 Notes: Owner feeds some raw (from pet store) and Purina changed food- did store brand, and he went from 57 to 37 lbs. Returned to old diet and gained back some, not all about 2 months ago ate chicken bones, was sick. Vomiting blood, had x-rays. , got better 2 weeks ago. Health check - per owner - panel was wnl, gets HW and Flea and tick from RDVM no vomiting, but is defecating bloody diarrhea. Owner is concerned urine smells strong/bleach? Assessment: spoke owner and discussed concern about his severe cachexia indicating a serious GI issue. Rule out PEI, IBD, parasitism, Addison, cancer, other metabolic. Discussed that he is dehydrated and very ill, needs IVF and workup to look for causes of the body condition and GI signs. Discussed lab work, fecal, GI panel --, +/- US IVF and support. Cannot do sendoff testing. Plan: limited labs, 1 x-ray, IVF, GI support, prophylactically deworm --, discontinued as rDVM completed 5d Panacur starting 8/31, B 12.

Current Medications: Metronidazole, Omeprazole, Fenbendazole, Metoclopramide.

Lab Results: The dog is mildly anemic, hematocrit is 33%.

Radiographs: Results not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Butorphanol and Acepromazine administered prior to the scan.

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

There is excessive bowel gas obscuring portions 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 mildly 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 (6.86 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 (6.87 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 in length with a slightly flattened contour (0.37 cm at cranial pole) (0.43 cm at caudal pole) (2.82 cm in length). 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 in length with a slightly flattened contour (0.47 cm at cranial pole) (0.43 cm at caudal pole) (3.03 cm in length). 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 (1.74 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature appears congested. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended, 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 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 segmentally dilated with gas and chyme. 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. The colonic lumen contains soft shadowing fecal material. There is no obvious evidence of obstruction.

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

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.77 cm in length.

Other

The testicles are subjectively normal in size and symmetrical with normal curvilinear peripheral contours and homogeneous parenchyma. No focal lesions are observed.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

**An obvious cause for the patient's clinical signs is not identified in this study. Although there is no obvious evidence of a foreign body/obstruction, it is difficult to completely rule out these differentials due to excessive bowel gas.

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

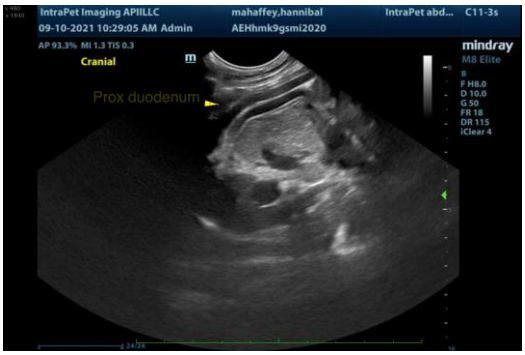
- The trace ascites is likely secondary to bowel inflammation +/- concurrent low oncotic pressure and/or increased vascular permeability.

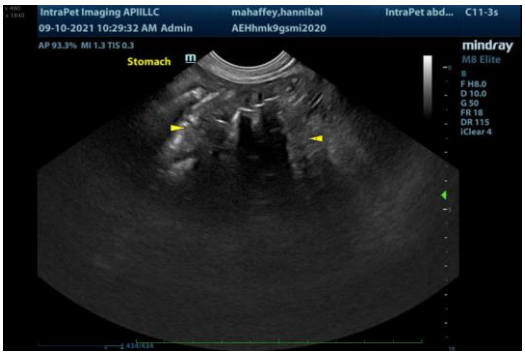
Secondary Findings:

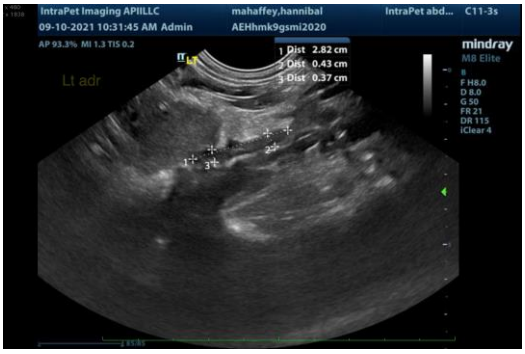
- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism).
- The significance of the dilated hepatic vasculature in the face of a subjectively normal heart is unclear. This may be a normal variant for this patient or may represent increased hydrostatic pressure (i.e., due to fluid therapy), if applicable.

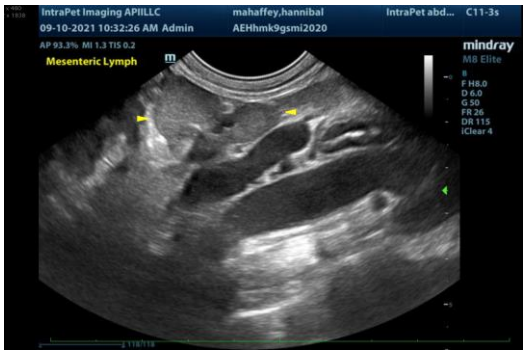
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If the patient does not respond to supportive care, the following diagnostics are recommended:
    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    b. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
    c. A 6-week limited antigen diet trial to assess for food allergies
    d. +/- fecal PCR panel for infectious diseases.
    e. +/- endoscopic or surgical gastrointestinal biopsies. Endoscopy is the safest way to perform colonic biopsies.
2. Ideally, three-view thoracic radiographs would be performed to assess cardiopulmonary status, particularly given the dilated hepatic vasculature.





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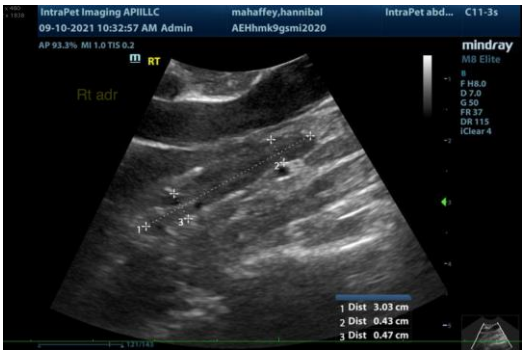
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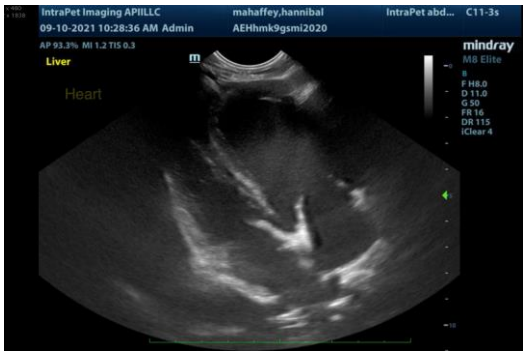
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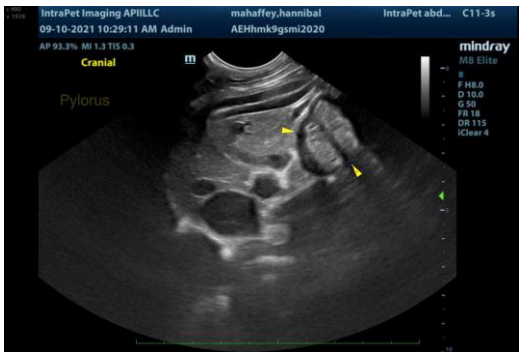
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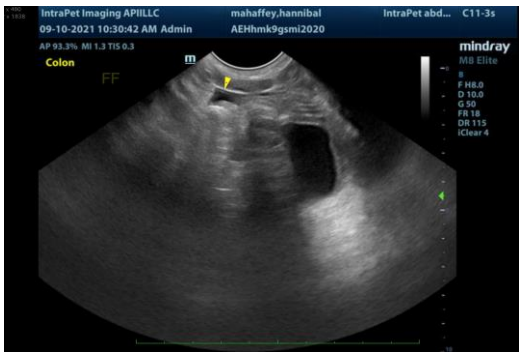
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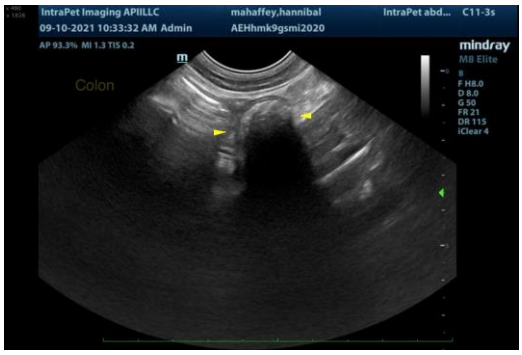

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
Andrea.nicastro@sonopath.com