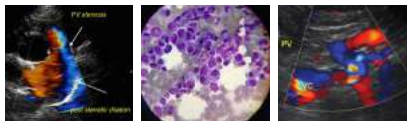
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/10/21

PATIENT

Peanut Rains

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

12/16/19

WEIGHT

5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

American Emergency Hospital

REFERRING VET

Dr. King

INVOICE

11798kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting/diarrhea. Date: 09-09-2021 Notes: Seen for V/D had elevated ALT, Bun and Creat. The renal values normalized, ALT better, was eating so went home on Omeprazole. Owner contact me last night, vomited after Omeprazole and then had diarrhea and continued to vomit. Assessment: occult Addison's, shunt, pancreatitis, occult pyometra (do not see on FAST scan), IBD, lepto, other IVF, repeat lab work, liver/GI support, UA and get US. Plan: swo-- owner was concerned she was given topical Revolution 5-10 lb. dose right before this all started. They are worried she is just 5 lbs., if not under. Discussed is not often toxic and safe but can never say never-- will do bath, Toxiban, as that is the best to try to decontaminate at this point if it was involved. We can call poison control and ensure they have no further recommendations.

Current Medications: Universal Animal Antidote, Metronidazole, Pantoprazole, Cerenia, Buprenex.

Lab Results: Attached separately.

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 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 (3.03 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 (3.27 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 (0.33 cm at cranial pole) (0.40 cm at caudal pole) (1.38 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 (0.65 cm at cranial pole) (0.35 cm at caudal pole) (1.55 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 (0.69 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. The portal vein to caudal vena cava ratio is approximately 1:1. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat. No focal lesions are observed. Surrounding mesentery is hyperechoic.

Free Abdomen
Trace free fluid is present. The abdominal lymph nodes are normal/not visible.

Other
The left ovary is normal in size (0.83 x 0.52 cm) with a normal shape and glandular echogenicity. No obvious lesions are observed.

The right ovary is subjectively normal in size (1.10 x 0.60 cm) with a normal shape. A few cystic follicles are observed. There is no obvious evidence of pathology.

The uterus is visible and is normal in size with a scant amount of fluid within the lumen. No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

- Reactive mesentery in the right cranial quadrant with trace ascites. These changes are consistent with mild peritonitis. Possible causes include low-grade pancreatic inflammation, gastroenteritis, and other.

- Based on the portal vein to caudal vena cava ratio, a congenital extrahepatic portosystemic shunt is unlikely.

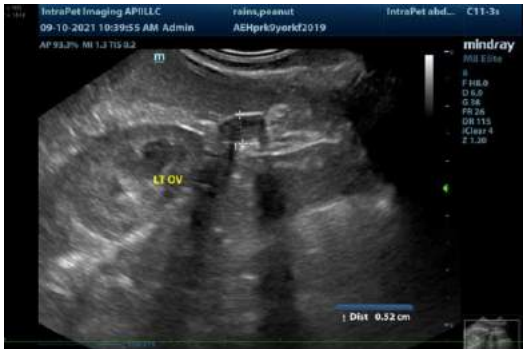
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

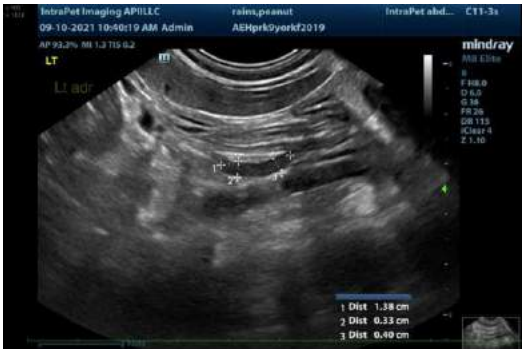
1. A fecal evaluation for ova/Giardia

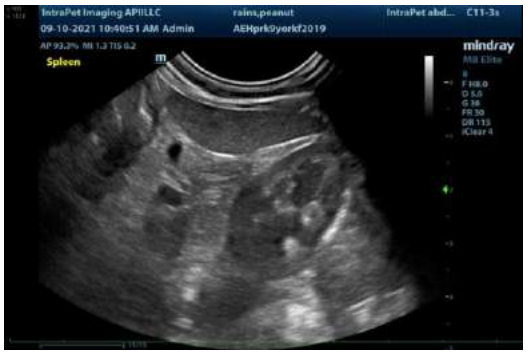
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

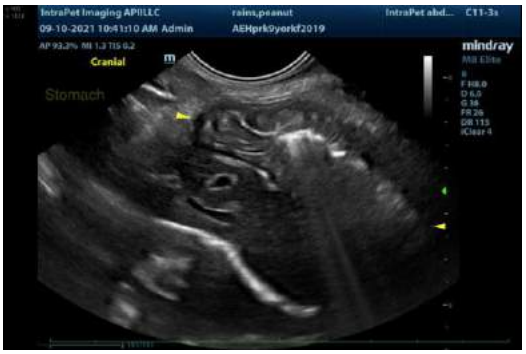
3. Supportive care for acute gastroenteritis/mild pancreatitis is recommended. If clinical signs do not

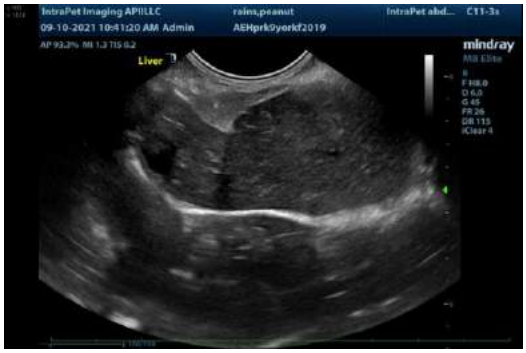
signs do not improve with supportive care, a more advanced GI work up may be warranted.

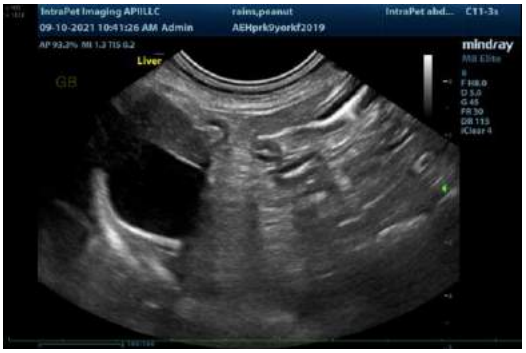


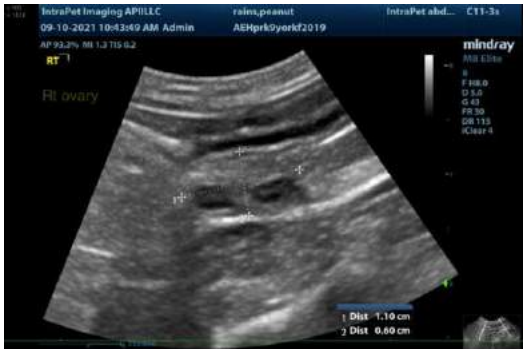


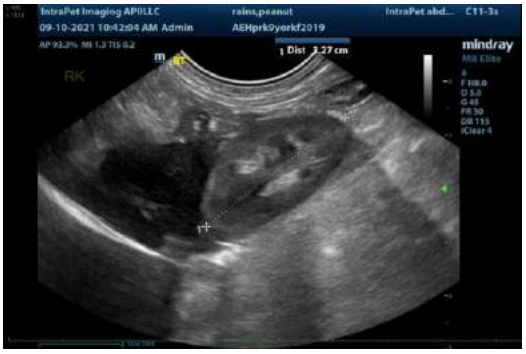


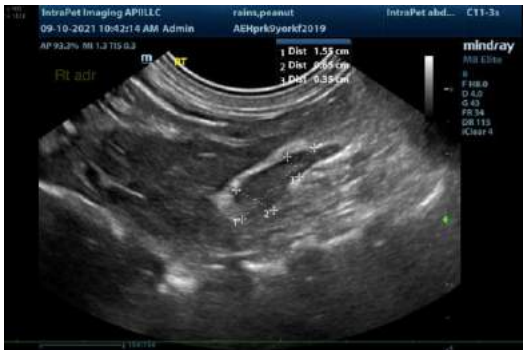


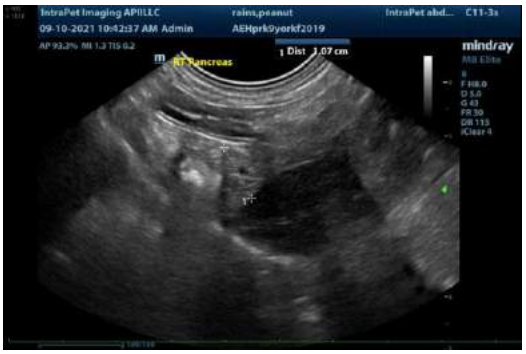


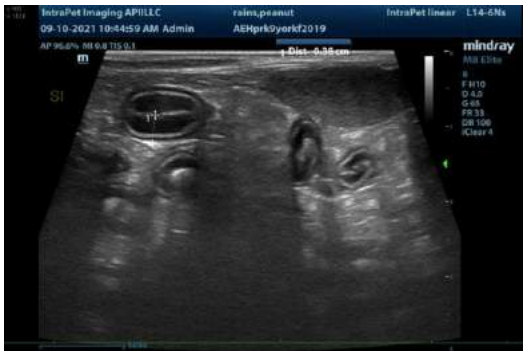


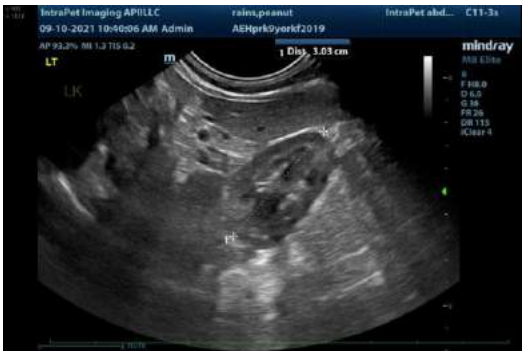


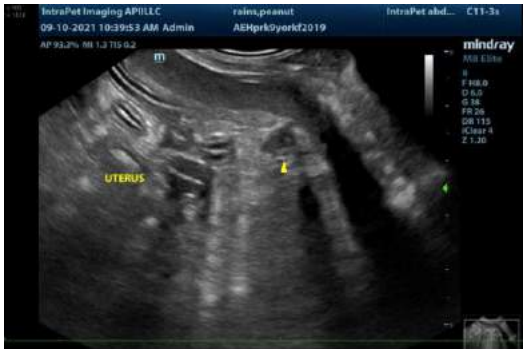


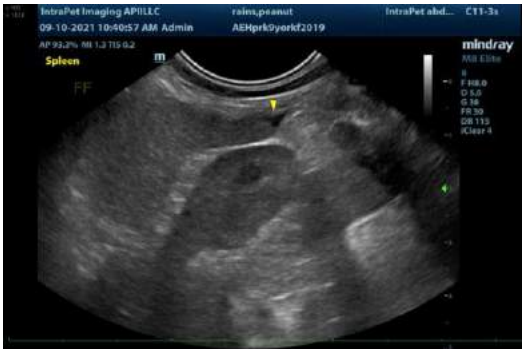


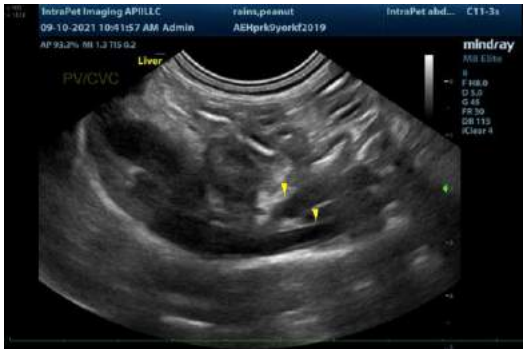


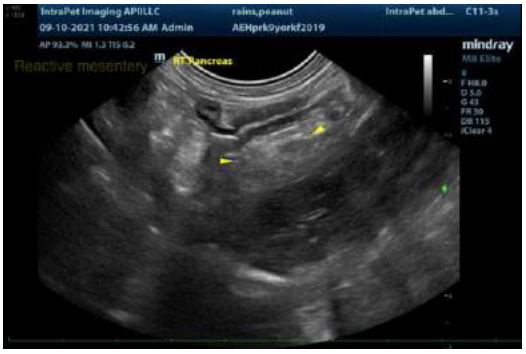












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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