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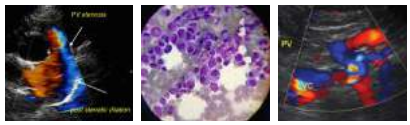

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DATE

9/14/21

PATIENT

Rocky Perry

SPECIES

Canine

BREED

Great Dane

SEX

Intact Male

AGE

5/2021

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Center

REFERRING VET

Dr. Kalwa

INVOICE

11817kk

PRESENTING CLINICAL SIGNS

Defecation Abnormal - Decreased Frequency.

History: Date: 09-14-2021 Notes: 910/21: 4 month male great dane puppy PC: 2 days history of inappetence and vomiting x rays from rDVM concern for GI obstruction, retook on admittance at AEH concern for material in stomach and abnormal GI pattern xray here- gas no obvious fb No specific hx of Dietary indiscretion but did try to eat IVC in hospital repeat xray bunching - had blow out diarrhea 3rd x ray after diarrhea- improved bar, abdomen soft, diarrhea no vomiting performed diet trial went home Since home eating multiple small meals- eating ravenously no vomiting at all has had small stools this am strained little blood Today at AEH had large amount of formed stool O still worried about obstruction.

Plan: Fecal. AUS today - risk cannot get ideal scan risk since P ate twice. Will need sedation for AUS VS fecal and TGH AUS Friday.

O states she is extremely happy P had formed stool today, has been doing well otherwise O would still like AUS - understands risk for P to not get good scan.

Current Medications: Sent home on metronidazole, Proviable, omeprazole, fenbendazole

Lab Results: attached

Radiographs: Previous x rays previously concerned for obstruction but resolved

Date of Previous IntraPet Ultrasound: no previous.

Sedation: Butorphanol & Acepromazine (Injection)

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Patient was not fasted for the study. Therefore, evaluation of the GI tract is somewhat limited.

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 (1.19 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 (8.60 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 (8.11 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 (0.56 cm at cranial pole) (0.46 cm at caudal pole) (2.92 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 (0.79 cm at cranial pole) (0.71 cm at caudal pole) (2.63 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 (1.47 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. 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 gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
A portion of the pancreas is obscured by the gastric distension. In the visualized region, no obvious pathology is observed.

Free Abdomen
There is no evidence of free fluid. Several prominent to enlarged lymph nodes are observed throughout the abdomen including those at the mesenteric root and sublumbar region. The largest node measures 3.99 cm in length.

Other
The testicles are subjectively normal in size and symmetrical with smooth peripheral contours and homogeneous parenchyma. No pathology is observed.

ULTRASONOGRAPHIC FINDINGS

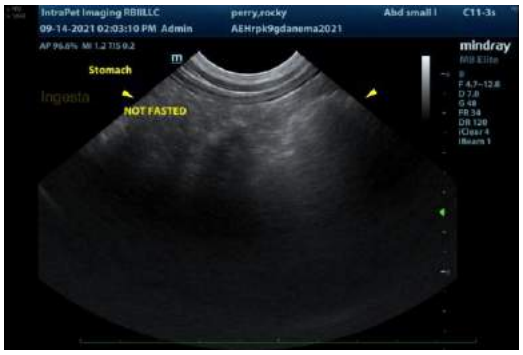
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

- The prominent abdominal lymph nodes could be consistent with immunologic immaturity and/or reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely given the age of the patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Continued supportive care for acute gastroenteritis is recommended.

2. If clinical signs do not resolve, further GI work up +/- fine needle aspirates of the spleen and abdominal lymph nodes 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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