IMAGING PERFORMED BY

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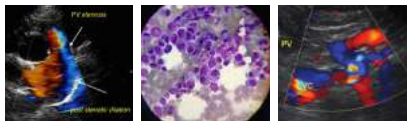

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DATE

9/16/21

PATIENT

Rosie Campbell

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

3/27/11

WEIGHT

16.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Charm City Veterinary Hospital

REFERRING VET

Dr. Karbonik

INVOICE

11840kk

PRESENTING CLINICAL SIGNS

History: diarrhea for past few months; has lost 3# since July 2021; good appetite; no vomiting.

Current Medications: Not provided by the veterinarian.

Lab Results: Declined by owner.

Radiographs: Not provided by the veterinarian.

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 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 is normal.

The left kidney is normal size (5.16 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 (4.89 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. One to two pinpoint foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.76 cm at caudal pole) (1.91 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 mildly enlarged (0.67 cm at cranial pole) (0.81 cm at caudal pole) (2.52 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 (0.89 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 is distended. The wall is normal in thickness. A large

amount of aggregated, echogenic, suspended sludge 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 not dilated. The small intestinal wall is mildly to moderately thickened (up to 0.56 cm) with a normal layering pattern. There is evidence of mucosal speckling and striations in several segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular appearing fecal material. There is no obvious evidence of obstruction.

Pancreas

The body/right limb of the pancreas is enlarged with minimal deviation from the normal peripheral contours. The parenchyma is diffusely heterogeneous in appearance. No focal lesions are observed. The pancreatic duct is borderline dilated (0.34 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse enteropathy. Differentials include inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, emerging neoplasia (i.e., lymphoma), and other.
- The pancreatic changes are consistent with chronic active pancreatitis.
- The diffuse peritonitis is likely secondary to bowel and/or pancreatic pathology.
- The gall bladder changes are concerning for a developing mucocele; although, cholestasis cannot be completely excluded.

Secondary Findings:

- Mild bilateral adrenomegaly.

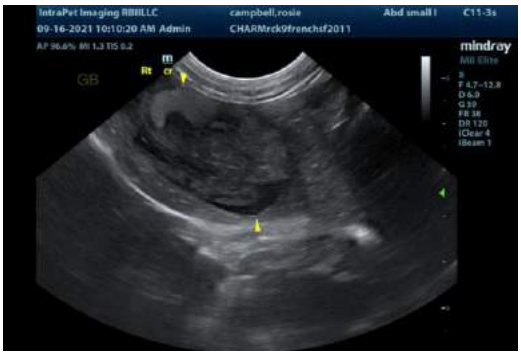
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended along with three-view thoracic radiographs to assess cardiopulmonary status.
2. Also consider the following:
    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    b. A fecal evaluation for ova/Giardia
    c. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    d. Supplementation with a probiotic with a high count (i.e., Proviable Forte or Visbiome)

e. Empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin

f. A 6-week limited antigen diet trial to assess for food allergies

g. Ultimately, endoscopic, or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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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