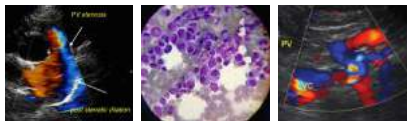
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/24/21

PATIENT

Budy Feller

SPECIES

Canine

BREED

Labrador

SEX

Male Neutered

AGE

3/21/20

WEIGHT

52.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

11898kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Lethargic; vomiting with blood, bloody diarrhea. In hospital on IVF for 1.5 days, total solids dropped as low as 3.2, but then back up had moderate bloody diarrhea, stopped, ate and went home. Returned on 9/23 b/c went home, got fed meal twice and vomited. Repeat films-- still no overt fb. Fecal was negative, na/k wnl

Assessment: PC: acute V+, r/o FBO, gastroenteritis, pancreatitis, toxin, metabolic dz, etc.

Current Medications: Proviable, Metronidazole, Ondansetron, Sucralfate, Omeprazole, Diphenhydramine, Buprenorphine, Pantoprazole.

Lab Results: PCV and baseline chemistry panel are unremarkable.

Radiographs: few gas-dilated loops of intestine, unclear if all colon or some is small intestine; cannot r/o FBO.

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 prostate is normal in size (1.29 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 (6.45 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 (5.88 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 (0.52 cm at cranial pole) (0.60 cm at caudal pole) (2.07 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 (0.54 cm at cranial pole) (0.78 cm at caudal pole) (2.56 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 (2.11 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 moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric wall is normal to mildly thickened (up to 0.76 cm in the region of the fundus with a normal layering pattern and appropriate mural detail. The gastric lumen is gas-distended. The small intestinal lumen is segmentally distended 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 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
There is no evidence of free fluid. A 0.99 cm gastric lymph node is visualized. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- The mild gastric wall thickening is most consistent with an inflammatory process.
- The prominent gastric lymph node is most likely reactive.

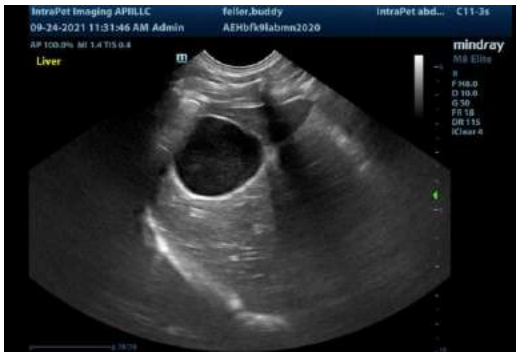
**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, and other.

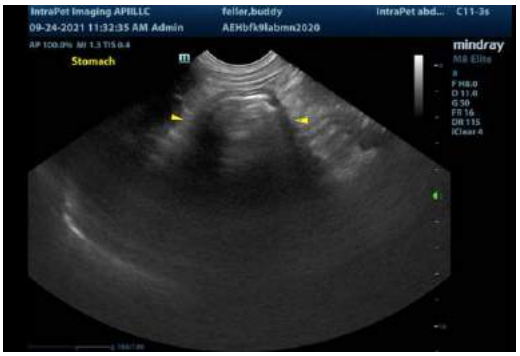
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

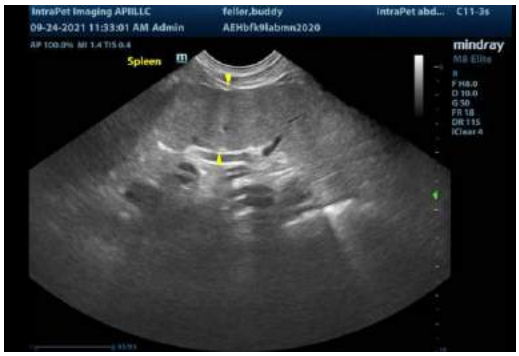
The following diagnostics/treatment recommendations can be considered:

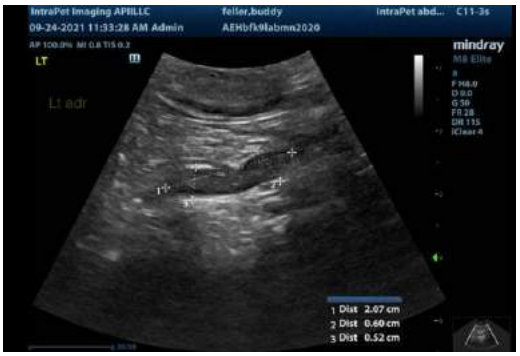
1. Serum cobalamin, folate, PLI and TLI
2. A fecal PCR fast panel for infectious diseases can also be considered
3. Despite the negative fecal evaluation, prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. If clinical signs persist, consider a 6-week limited antigen diet trial to assess for food allergies.
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

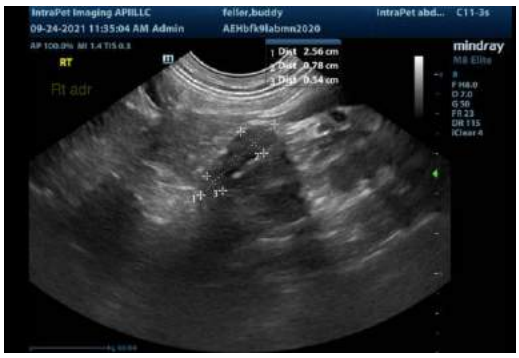
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.

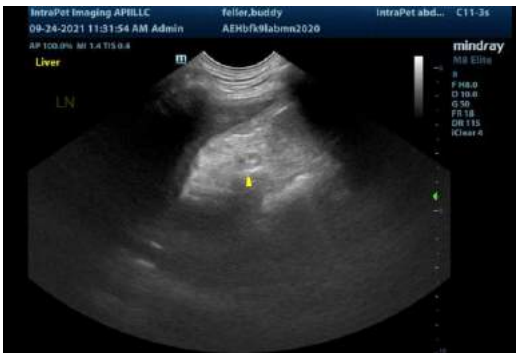


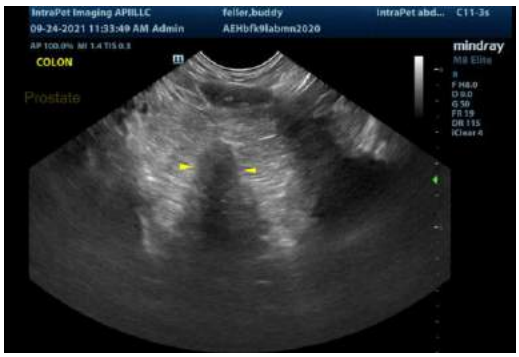


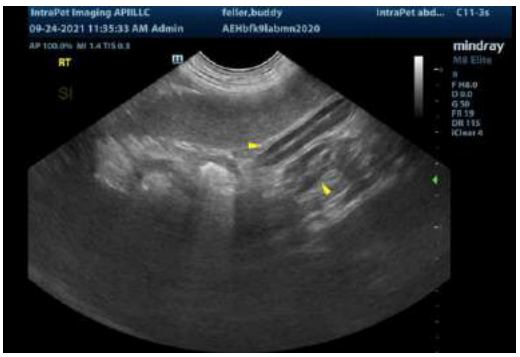


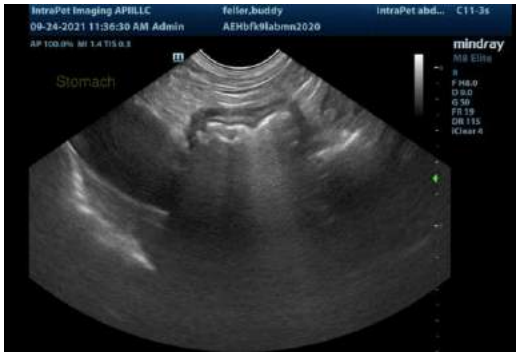












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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