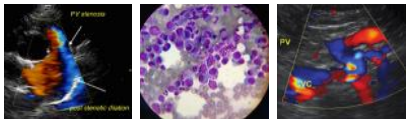
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/16/23

PATIENT

Oakley Stacy

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

2/27/22

WEIGHT

47 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

20604

PRESENTING CLINICAL SIGNS

History: Yesterday owner was at work all day - ate breakfast normal, had normal BM - around 5p vomited 3x in around an hour was mostly food - was not interested in eating dinner or drinking water This AM: not interested in eating, did try boiled chicken but she did not want to eat - did not want to drink - no vomiting today On Thursday: was crated with a blanket - found a big hole in it. Presenting to rdvm: - vomiting and not eating for 24 hrs - Rads: concerns for obstructive pattern

Current Medications: Trazodone, Gabapentin, Proviable, Metronidazole, Omeprazole, Protonix, Ondansetron.
Lab Results: See attached.
Radiographs: Repeat rad- stomach has small amount of gas/ fluid. Small intestines uniform. Gas dilated colon. No obvious foreign material or
obstructive pattern
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (6.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.28 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.38 cm long x 0.55 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.8 cm long x 0.6 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in

echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

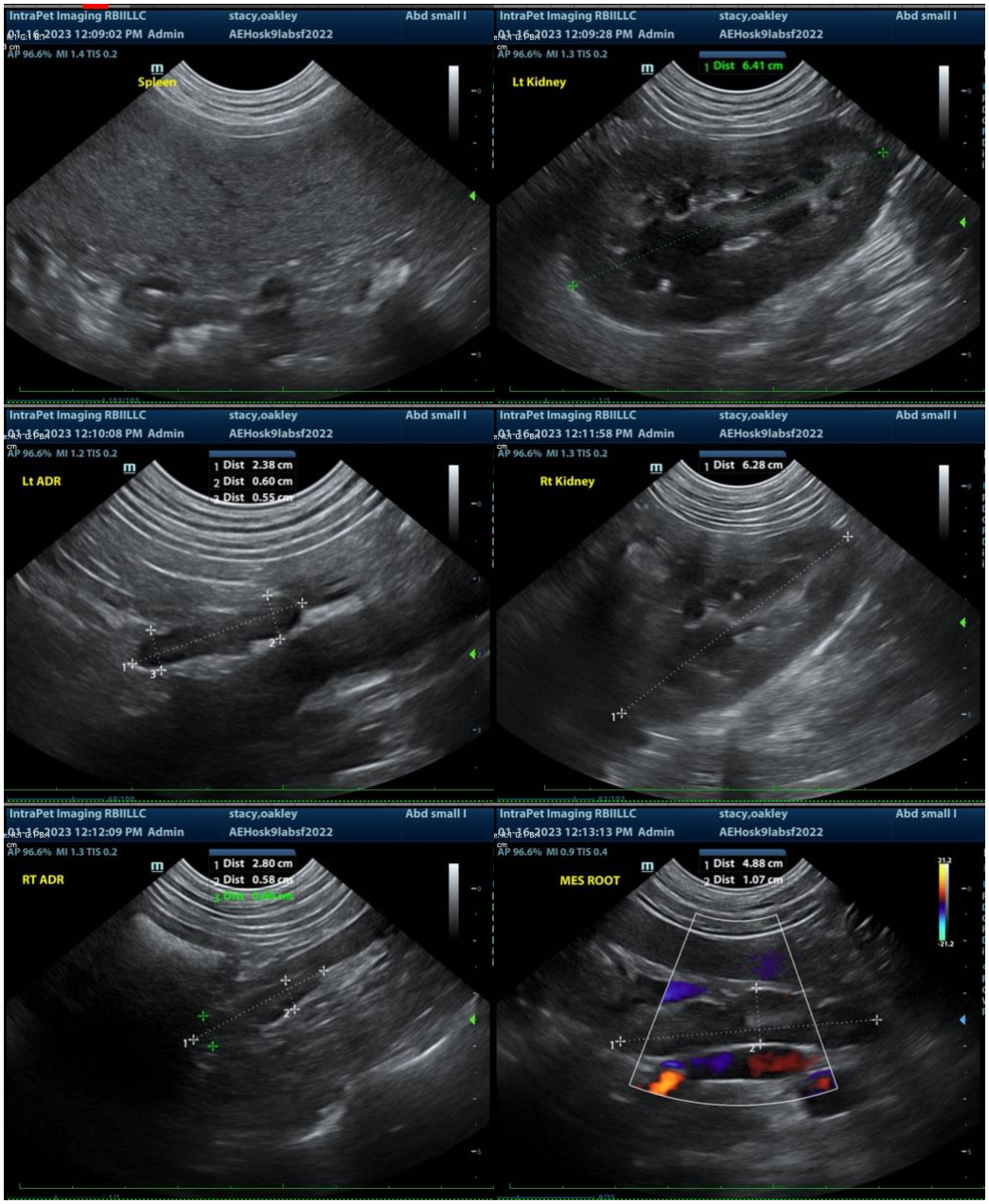
- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

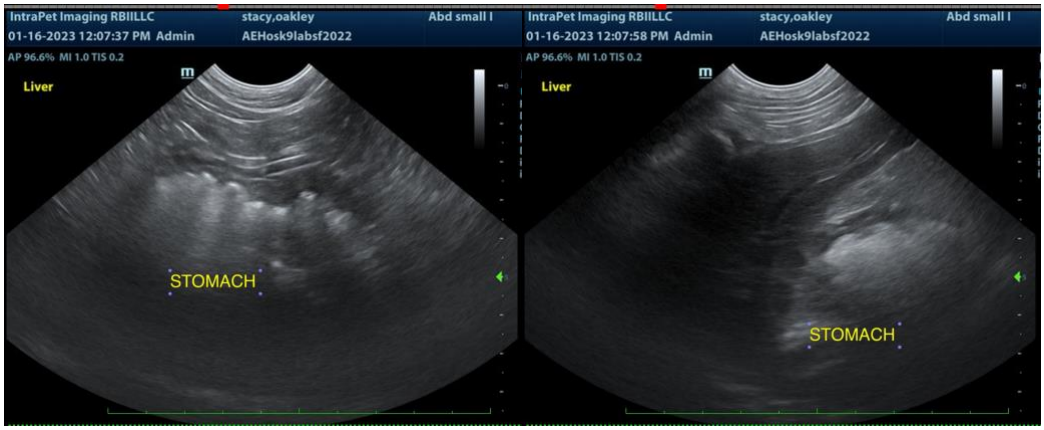
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- Given the mild amount of gastric ingesta appreciated, foreign material can't be definitively ruled out but is not suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no visible evidence of an obstructive pattern, plication, etc. Therefore, recommendations include supportive/symptomatic medical management of gastroenteritis, dietary indiscretion, including deworming with a 5-day course of Panacur, antiemetics, a bland easy-to-digest-diet, a probiotic such as Visbiome or Proviable, if concurrent diarrhea is noted, followed by further diagnostics, beginning with recheck imaging, if clinical signs persist.


IntraPet Imaging RBIILLC
stacy,oakley
Abd small I
01-16-2023 12:09:02 PM Admin
AEHosk9labsf2022
AP 96.6% MI 1.4 TIS 0.2
Spleen
IntraPet Imaging RBIILLC
stacy,oakley
Abd small I
01-16-2023 12:09:28 PM Admin
AEHosk9labsf2022
AP 96.6% MI 1.3 TIS 0.2
1 Dist 6.41 cm
Lt Kidney
IntraPet Imaging RBIILLC
stacy,oakley
Abd small I
01-16-2023 12:10:08 PM Admin
AEHosk9labsf2022
AP 96.6% MI 1.2 TIS 0.2
Lt ADR
1 Dist 2.38 cm
2 Dist 0.60 cm
IntraPet Imaging RBIILLC
stacy,oakley
Abd small I
01-16-2023 12:11:58 PM Admin
AEHosk9labsf2022
AP 96.6% MI 1.3 TIS 0.2
Rt Kidney
1 Dist 6.28 cm
IntraPet Imaging RBIILLC
stacy,oakley
Abd small I
01-16-2023 12:12:09 PM Admin
AEHosk9labsf2022
AP 96.6% MI 1.3 TIS 0.2
RT ADR
1 Dist 2.80 cm
2 Dist 0.58 cm
IntraPet Imaging RBIILLC
stacy,oakley
Abd small I
01-16-2023 12:13:13 PM Admin
AEHosk9labsf2022
AP 96.6% MI 0.9 TIS 0.4
MES ROOT
1 Dist 4.88 cm
2 Dist 1.07 cm



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.

Beth Johnson, DVM DACVIM
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