

**DATE**

1/31/22

PRESENTING CLINICAL SIGNS

History: p has been restless and seems uncomfortable after eating. There has been no vomiting or diarrhea.
Current Medications: Famotidine 10 mg SID to BID, Fluoxetine 20 mg SID.
Lab Results: Lab results WNL. Attached separately.

PATIENT

Keller Fullerton

Radiographs: Mild segmental gaseous dilation of small bowel within the right cranial abdomen may represent a regional enteritis or possibly a mechanical obstruction secondary to the radiolucent foreign body. Rad Review Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Oral meds given. No further sedation required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Australian Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Spayed Female

Left kidney is normal in size (5.54 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

5/29/13

Right kidney is normal in size (5.5 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

38.4 lbs

Adrenal Glands

Left adrenal gland is normal in size (2.4 cm x 0.56 cm at cranial pole and 0.44 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (2.4 cm x 0.66 cm at cranial pole and 0.59 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Charm City VH

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Eavers

INVOICE

95662

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty. A little bit of gas is present throughout the stomach and small bowel, but not believed to inhibit examination at all.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

The mesenteric lymph nodes are notably mildly enlarged.

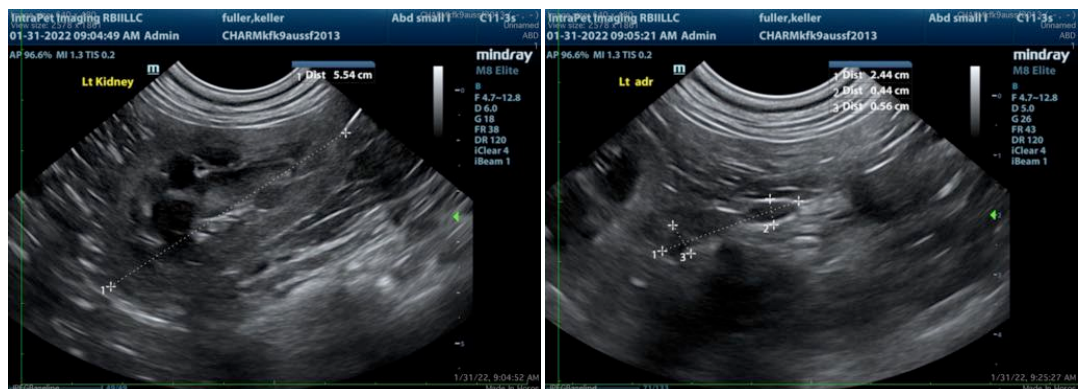
ULTRASONOGRAPHIC FINDINGS

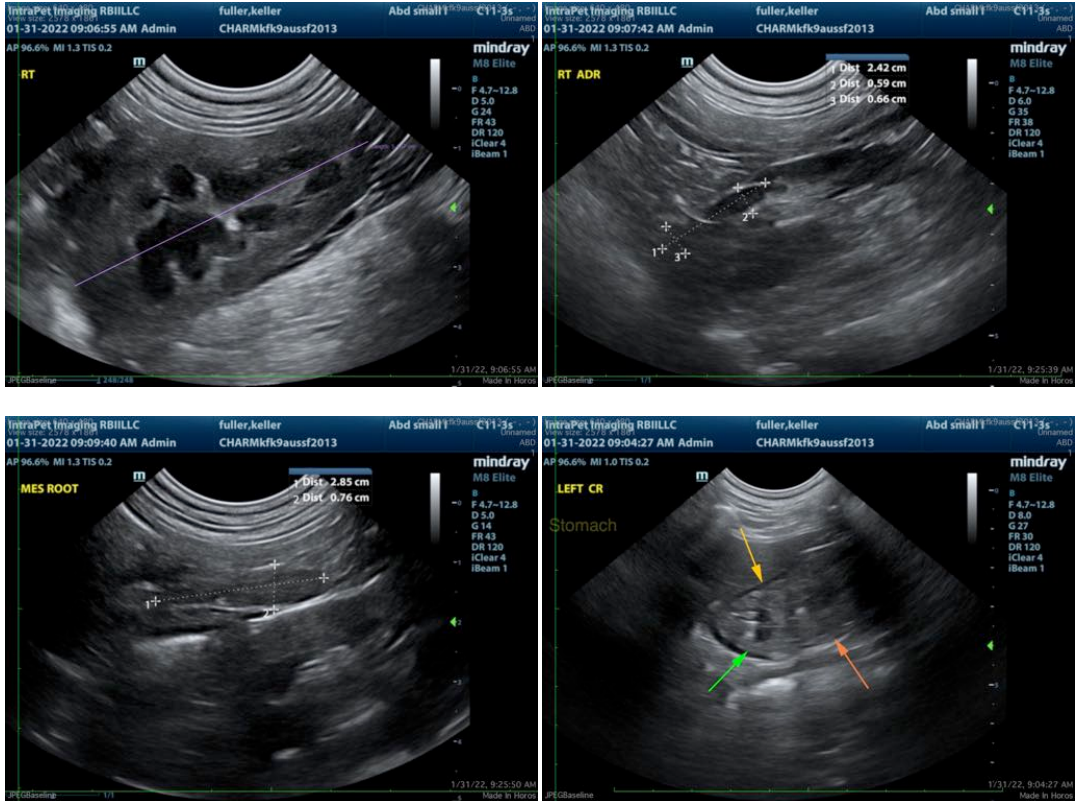
PRIMARY FINDINGS:

- Reactive mesenteric lymphadenopathy (infiltrative neoplasia cannot be ruled out, but is considered less likely).
- Mild gas accumulation in the stomach and small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of an obstructive pattern or foreign body present in these images. Therefore, recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the gastrointestinal tract and pancreas. Baseline cortisol could also be considered to rule out unlikely, but possible anytime there are GI signs, hypoadrenocorticism. Empirical therapy recommendations include a diet change to a novel or hydrolyzed protein diet. If that does not result in improved clinical signs a bland, easy to digest diet may be warranted. If clinical signs persist recheck ultrasound is recommended to assess for any development of an obstructive pattern. Empirical deworming with a 5 day course of Panacur is also recommended.





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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