

**DATE**

2/14/22

PRESENTING CLINICAL SIGNS

History: Chronic GI upset and chronic low cobalamine.

Lab Results: Attached separately.

Radiographs: Attached separately.

PATIENT

Jack Yannotti

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

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.

BREED

Greyhound

SEX

Neutered male

Left kidney is normal in size (6.95 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.71 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

9/13/13

Adrenal Glands

Left adrenal gland is normal in size (2.72 cm long x 0.73 cm at cranial pole and 0.73 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

WEIGHT

68.2 lbs

Right adrenal gland is normal in size (3.16 cm long x 0.78 cm at cranial pole and 0.57 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Spleen**

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

HOSPITAL NAME

Happy Tails 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. Calpeno

Gastrointestinal**INVOICE**

96051

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is moderately distended with very echogenic reverberation artifact from intraluminal gas and fluid. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The muscularis layer is mildly thick relative to the other layers. 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

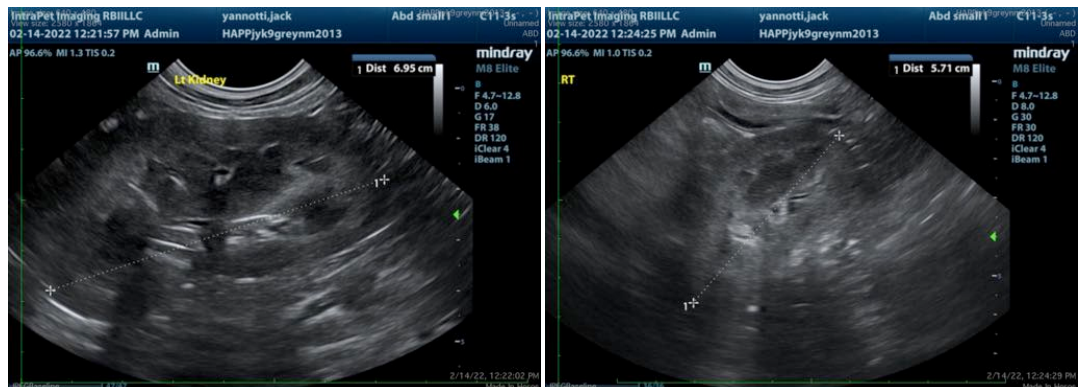
Lymph nodes are normal with no observed enlargement.

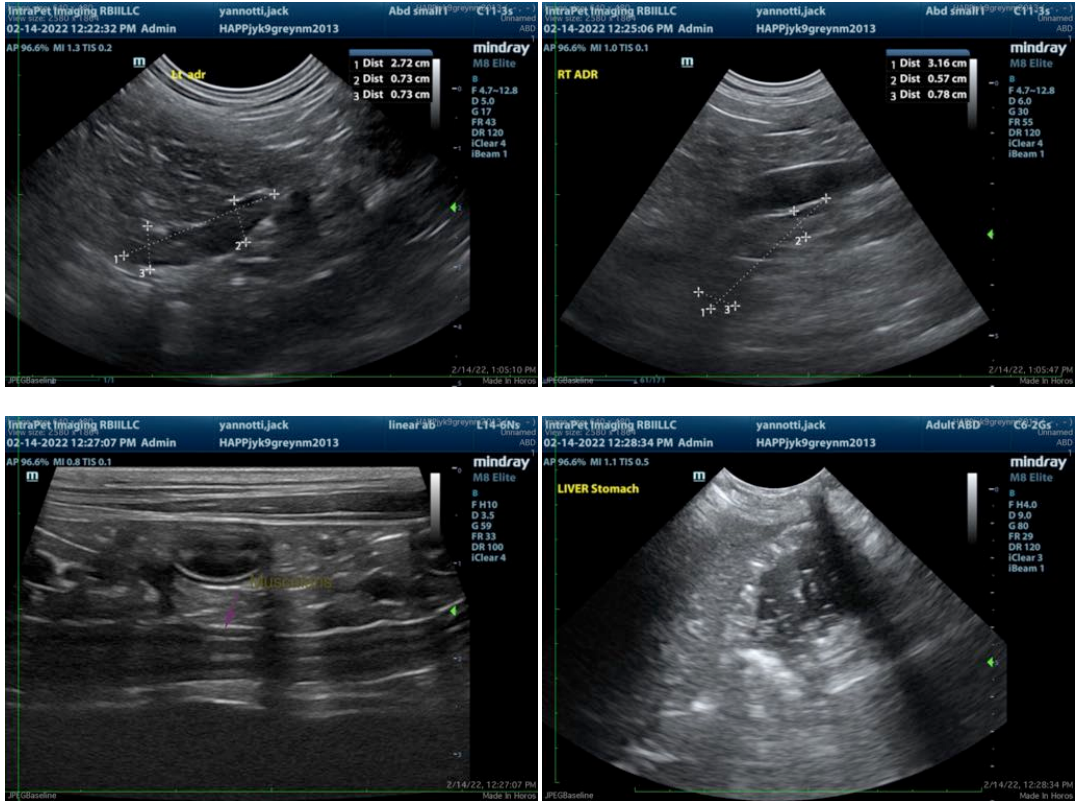
ULTRASONOGRAPHIC FINDINGS

- Mildly thick muscularis layer relative to the other layers, which is suggestive of infiltrative inflammatory bowel disease.
- Moderately fluid distended stomach. Potentially suggestive of gastritis/ileus secondary to suspected inflammatory bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a TLI if not previously evaluated to rule out exocrine pancreatic insufficiency which can be associated with low cobalamin followed by biopsies of the gastrointestinal tract to further investigate suspected inflammatory bowel disease. If biopsies are not pursued empirical therapy recommendations include transition to a novel or hydrolyzed protein diet, increasing cobalamin supplementation if already in place or beginning it if not +/- empirical Prednisone.





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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