

**DATE**

2/17/22

PRESENTING CLINICAL SIGNS

History: P is significantly overweight and has been having loose stools on/off for about two months. Bloodwork prior had been normal. Controlled better with initial treatment of Metronidazole; however, has not been controlling well with latest Provable. Suspected lipomas - otherwise, p seems healthy. Current Medications: Carprofen 100mg BID/PRN, Interceptor Plus monthly, Bravecto q 3 months, Provable DC capsules (1 daily) - off Metronidazole since 1/15/2022

PATIENT

Riley McNulty

Lab Results: Attached separately.

SPECIES

Canine

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.

BREED

Golden Retriever

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

Neutered male

The prostate is normal for a neutered dog.

AGE

8/14/11

Left kidney is normal in size (7.04 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

98.9 lbs

Right kidney is normal in size (6.92 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (3.22 cm long x 0.82 cm at cranial pole and 0.9 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.07 cm long x 0.85 cm at cranial pole and 0.94 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Fullerton AH

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.

REFERRING VET

Dr. Stock

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.

INVOICE

96142

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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

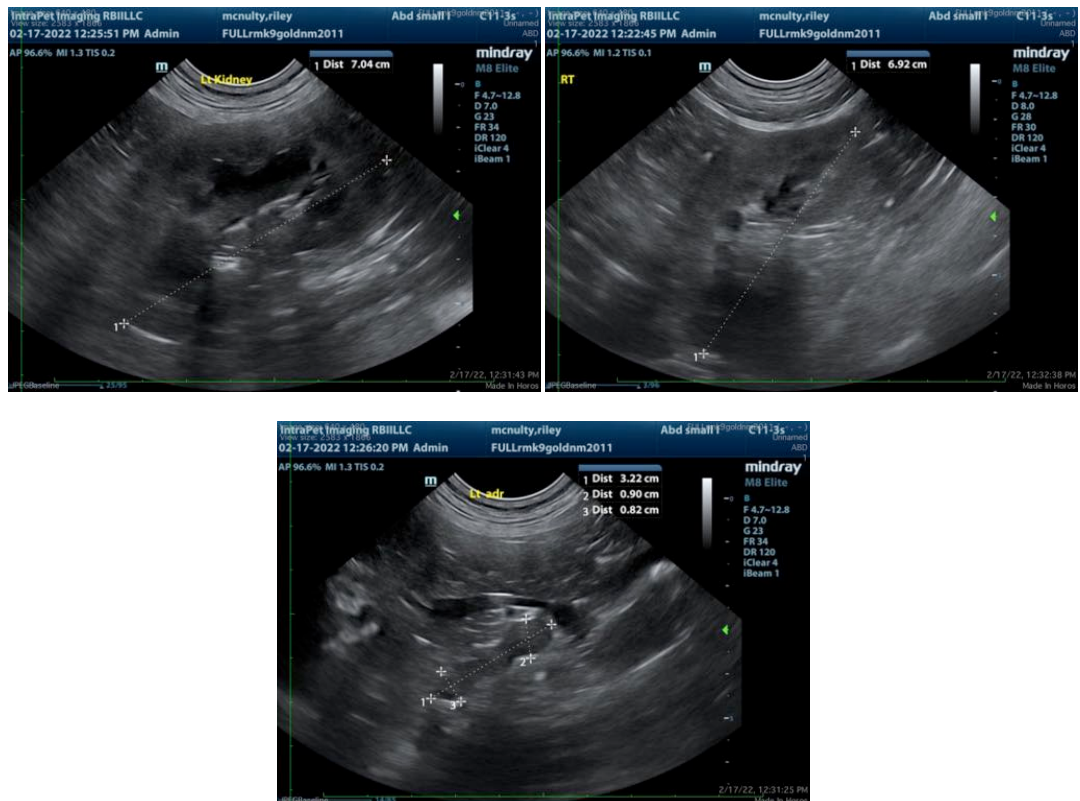
Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

This is an unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Therefore, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory followed by dietary trial and error approaches being sure to use one diet for at least 3 or so weeks before calling it a success or not. Recommendations are to begin with a novel or hydrolyzed protein diet if that doesn't help, potentially move to a higher fiber diet and if that doesn't help trying a low fat diet, etc. 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

Beth.Johnson@SonoPath.com