

**DATE**

2/17/22

PRESENTING CLINICAL SIGNS

History: Acting abnormally (hiding, refusing to come inside x 72 hours). Softer stool with what looks concerning for sloughing of intestinal lining present. Hx of severe allergic reactions/urticaria -recently on a 2 week pred taper due to persistent allergic reaction. BW showed elevated WBC.

PATIENT

Rose Honablue

Current Medications: Sucralfate 1g, Amoxicillin 500mg.

Lab Results: Attached separately within request.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

BREED

Pitbull Terrier Mix

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 (6.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

7/12/15

Right kidney is normal in size (5.61 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

50.3 lbs

Adrenal Glands

Left adrenal gland is normal in size (2.6 cm long x 0.46 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.02 cm long x 0.72 cm at cranial pole and 0.6 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. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Bayside AMC

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. Buchanan

INVOICE

96145

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

Mild, reactive mesenteric lymphadenopathy is noted.

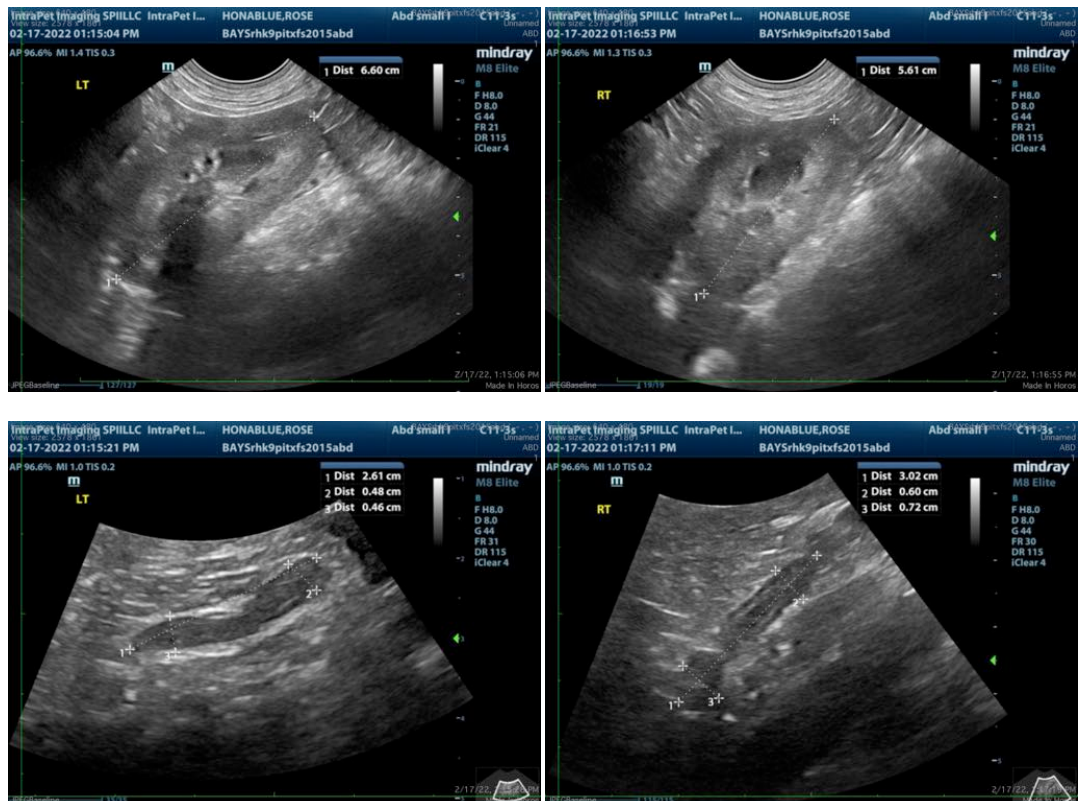
ULTRASONOGRAPHIC FINDINGS

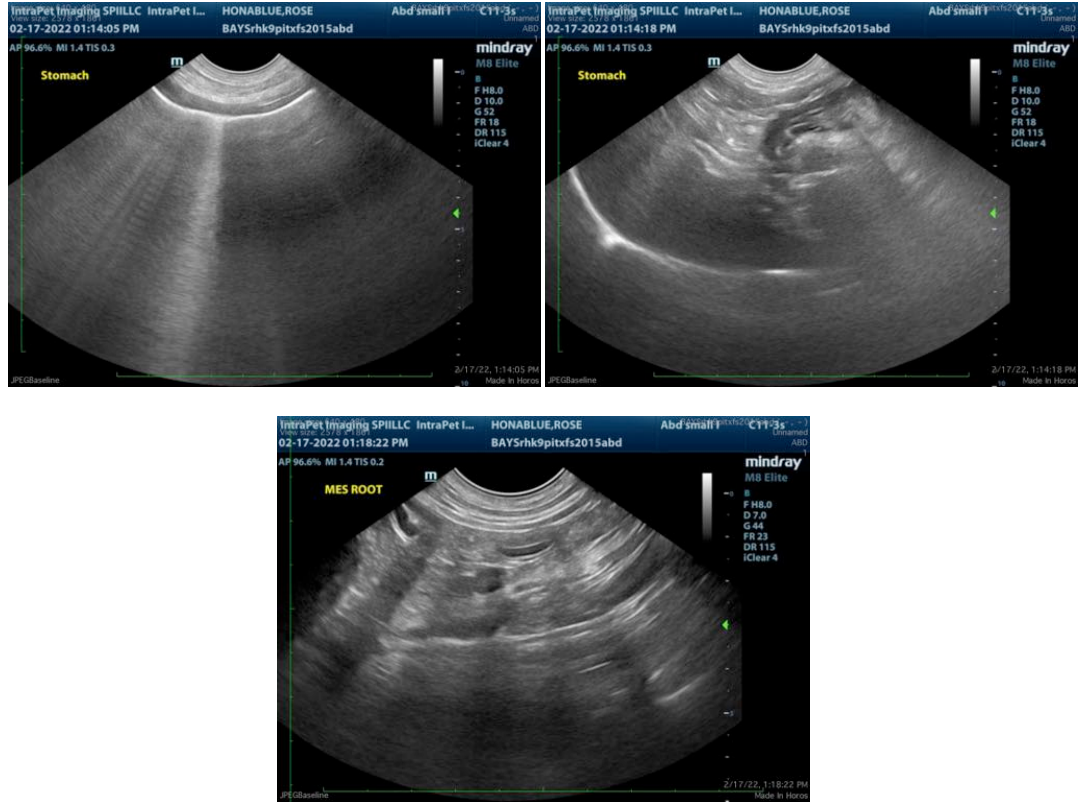
PRIMARY FINDINGS:

Mild mesenteric lymphadenopathy. Likely reactive infiltrative neoplasia cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no ultrasonographic reasons for the hiding and changes in stool reported as clinical signs. Full assessment for possible pain is recommended, cervical pain and/or back pain if not already evaluated. A gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended given the reported changes in stool to further assess the gastrointestinal tract. Empirical deworming can be considered with a 5 day course of Panacur as could a change in diet if the stool changes persist. Given the history of steroids antacid therapy is also a reasonable empirical approach.





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