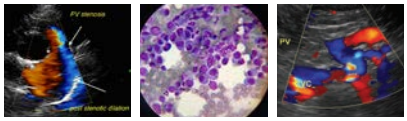
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/4/23

PATIENT

Eevee Roberts

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

12/29/13

WEIGHT

27 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Bel Air Vet Hospital

REFERRING VET

Dr. Stevenson

INVOICE

45892

PRESENTING CLINICAL SIGNS

3/5/23 visit to ER- panting/labored breathing. T 106.3, stool- diarrhea, watery, mucus. 3/6/23 visit with us- depressed, T 104.7, tense but NSF. 3/7/23- temp down to 103.7 then to 101.8. 3/8/23 T increased to 103.1- dribbling urine when walking; clinically improving each day but still lethargic.

Current Medications: Amoxi 200mg BID #20, Enrofloxacin 136mg SID #10, Cerenia 24mg 1-2 SID #4, Gabapentin 100mg 1 BID-TID #20- all started 3/6/23.
Lab Results: Abnormal CPL 3/6/23 at our facility.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (5.88cm), 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.

The left kidney is normal in size (5.35 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

The right adrenal gland is normal in size (2.43 cm long x 0.61 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.73 cm long x 0.41 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

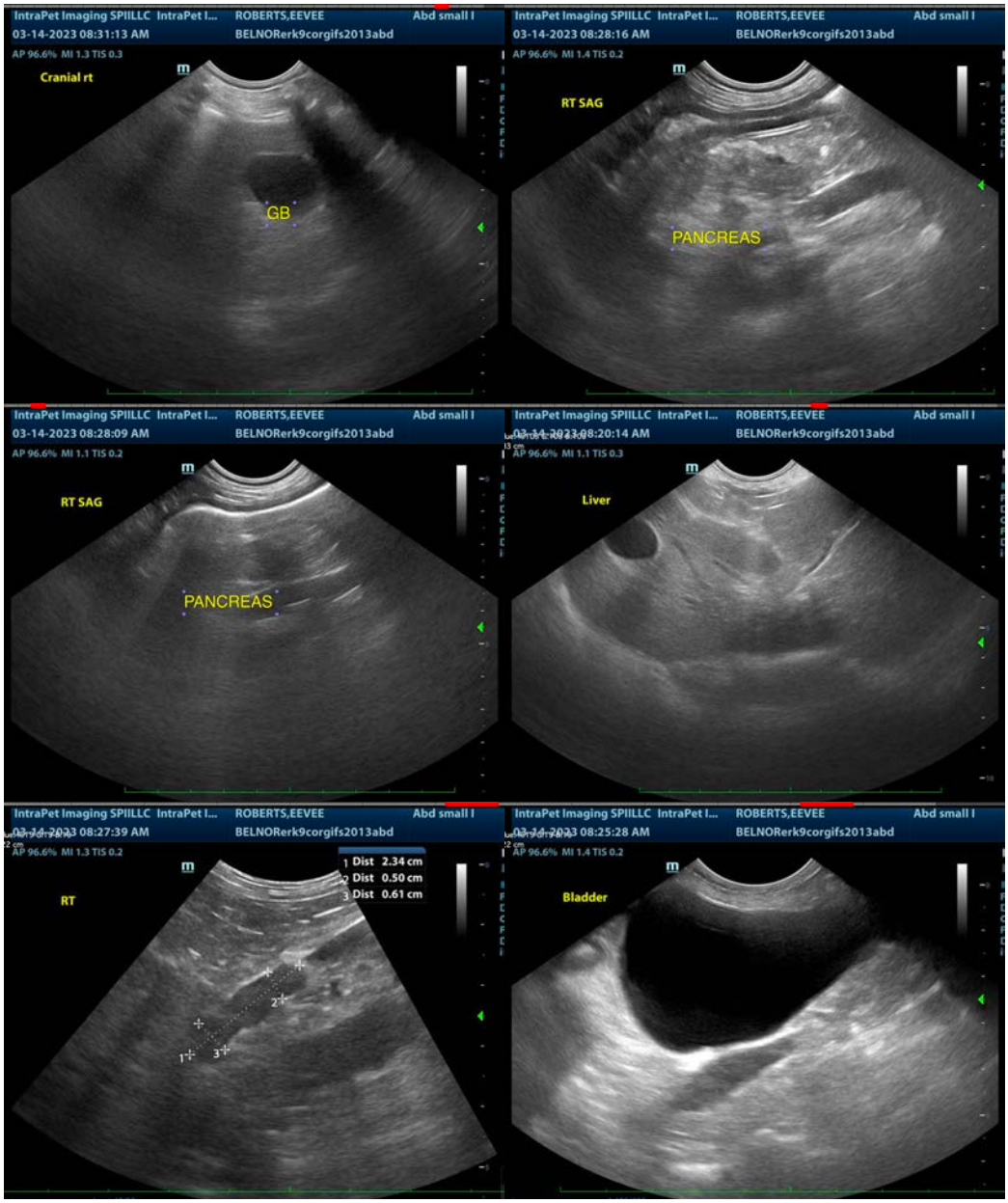
- **Hyperechoic hepatomegaly -** This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not an ultrasonographically visible explanation in these images to explain the patient's fever, clinical signs, and or urine dribbling. Differentials for the urine dribbling could include just overall weakness, malaise, etc., or there could be an underlying neurologic component. Given the concurrent fever, further evaluation of neurologic and/or orthopedic causes of pain, fever, etc. such as discospondylitis, immune mediated polyarthritis, etc. should be investigated. Additionally, if not already evaluated, a urine culture could be considered, unless patient does not have a urine sample obtained prior to being on antibiotics. If pre-antibiotic urine is not available, then a follow up culture a week to 10 days after finishing antibiotics would be recommended.

In the meantime, continued supportive/symptomatic medical management of clinical signs, broad-spectrum antibiotics, fluids, etc. is recommended, as the patient is reportedly improving.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AP 96.6% MI 1.3 TIS 0.3
Cranial rt
GB
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PANCREAS
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Liver
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RT
1 Dist 2.34 cm
2 Dist 0.50 cm
3 Dist 0.61 cm
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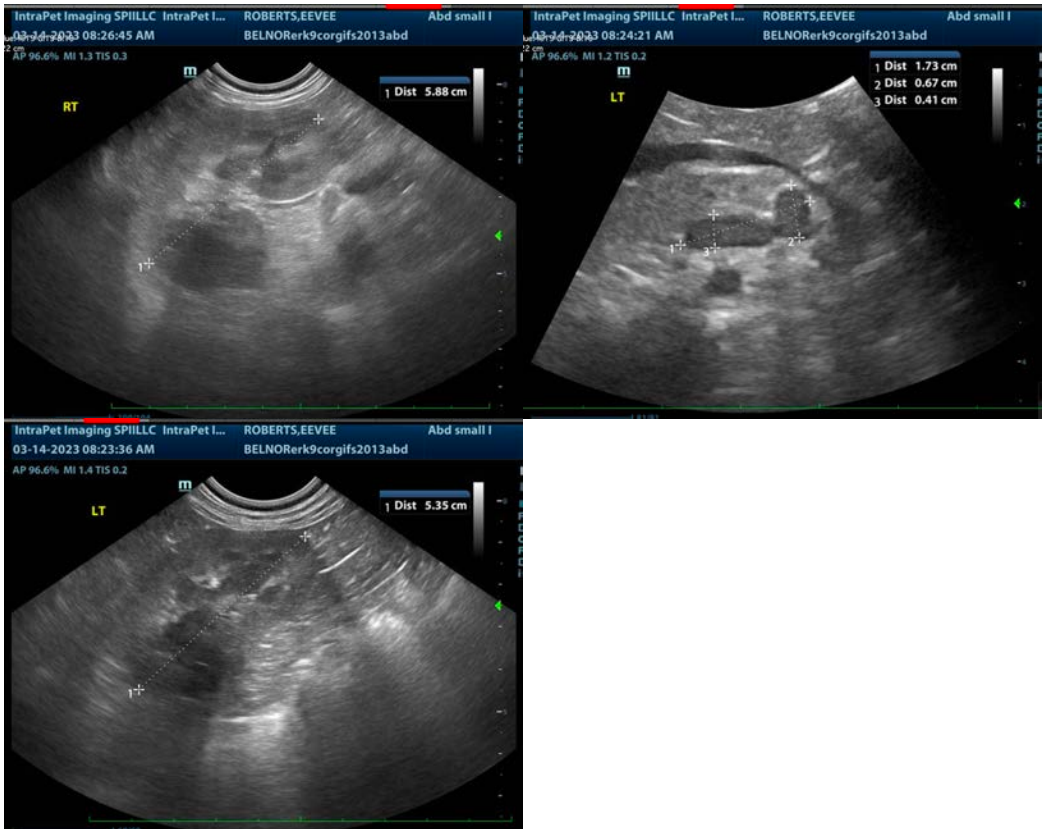
AP 96.6% MI 1.4 TIS 0.2
Bladder



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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