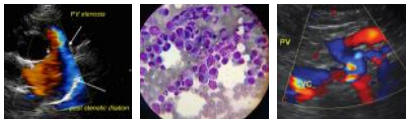
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/20/23

PATIENT

Ayita Kraus

SPECIES

Canine

BREED

American Staffordshire Mix

SEX

Spayed Female

AGE

7/21/13

WEIGHT

55.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

21727

PRESENTING CLINICAL SIGNS

History: 3/6/23 AEH for vomiting with blood, diarrhea Initial exam: BAR, slight dehydration, abdomen soft Hx CCL tear- given galliprant 1/2 tab SID PCV/TP: 56/7 2 view xray abdomen- no obvious fb/ obstruction SQ fluids Injectable: Maropitant, proviable. Rx: Metronidazole, maropitant. P returned to AEH today for same symptoms Os concern for blockage. Still urinating Stool has blood in it. Feeding less due to vomiting. No blood in vomit. Has been feeding chicken and rice for 3 weeks Just switched to Purina pro plan sensitive digestion but mostly eating chicken and rice Lost weight. ATO in room: - Diarrhea started about 4 weeks ago - here 3 weeks ago- wasn't severely abnormal has gotten worse with more blood - Not getting better from signs - She has diarrhea every day 3-4 x / day small amounts, straining, increased frequency. Stool loose but also has dark red blood color - Vomiting ~1x / day overnight- food - No weight loss, no lethargy, eating and drinking but thinks drinking and urinating less, still active- barks at mailman - Feeds nutro food- has been feeding it for years with no issues - O looked at ingredient saw word "beet pulp" then thought that the beet pulp was causing the issues - States she her personality is fine - hungry all the time - Fed chicken and rice- some improvement in stool but never firm – Switched to sensitive diet 1/4 cup dry food- O worried that she is getting "no nutrition" - O understands she weighs the same but is seeing some muscle loss- can feel bones on spine - In past has had few episodes of sensitive stomach- would eat dirty tissues - Hx torn"ACL" galliprant not given since diarrhea- never had surgery for it.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV: Ace.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (5.87 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.

Right kidney is normal in size (5.13 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

Left adrenal gland is normal in size (2.53 cm long x 0.58 cm at cranial pole and 0.77 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.89 cm long x 0.77 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen
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 normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is very mildly distended with fluid, as well as a small amount of echogenic nonshadowing luminal contents and gas, most consistent with fluid and some chyme. In one view, there is a slightly curvilinear echogenic structure with some subtle acoustic shadow that could represent a nonobstructive foreign body, however, normal gas is considered more likely, given the lack of ability to replicate a foreign object in other views.

The visible small intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

- A small nonobstructive gastric foreign body can't be ruled out but is considered less likely than normal gas and gastric chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a fecal exam is recommended.

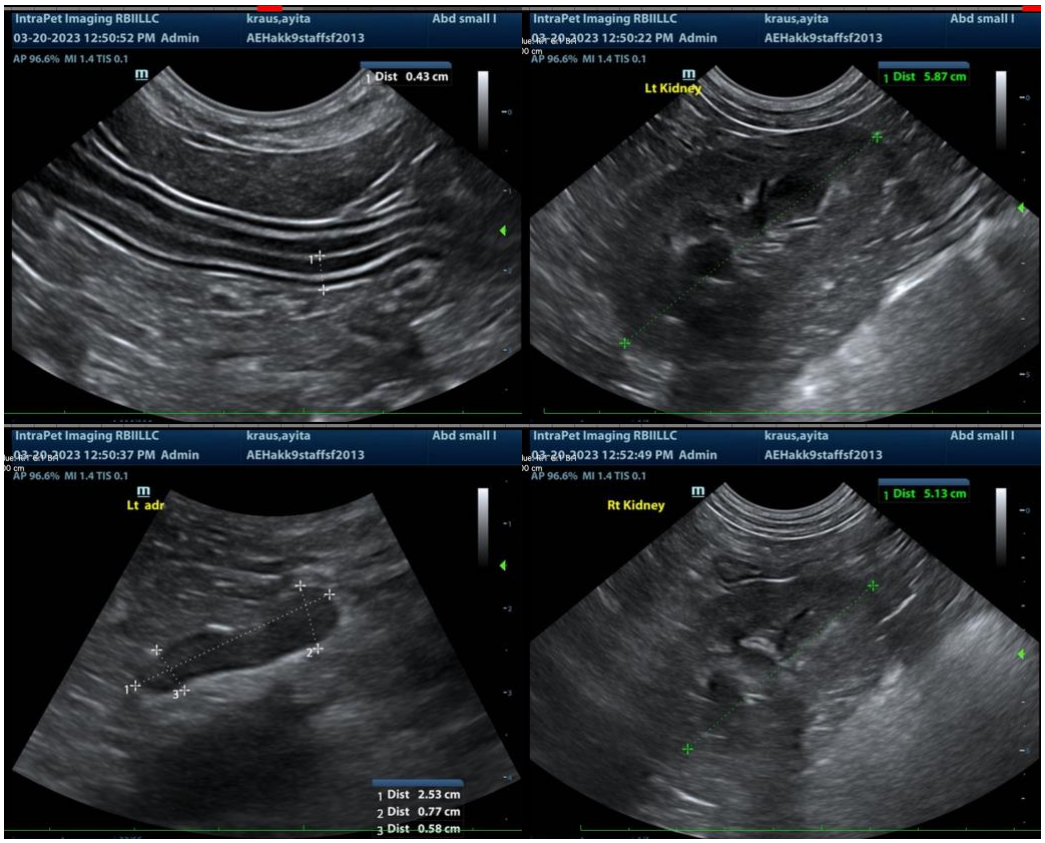
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

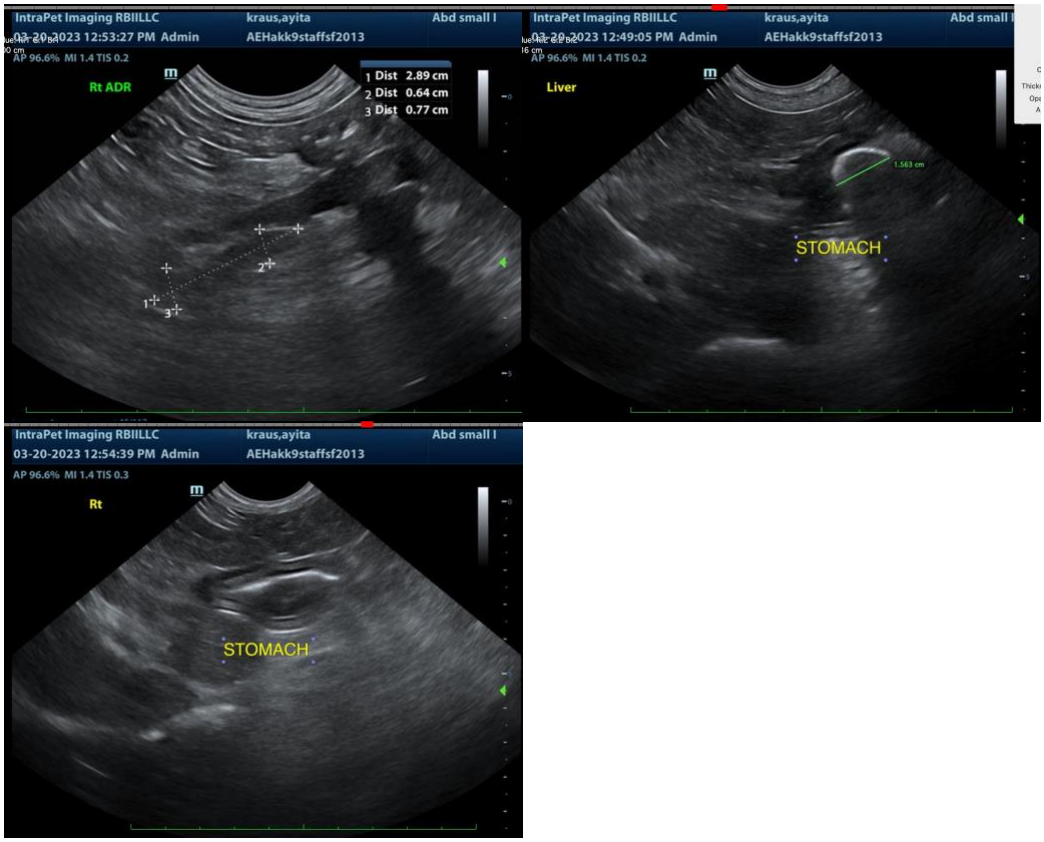
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, supportive/symptomatic medical management of clinical signs, possible HE, including antiemetics, gastroprotectants, including sucralfate, a probiotic, such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur, +/- Metronidazole or Tylosin, and if tolerated, a short-term course of a bland easy-to-digest (or possibly fiber responsive) diet is recommended.

Ultimately, if clinical signs persist, and a diagnosis is not reached , further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.





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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