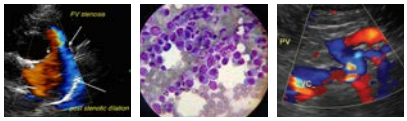
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

3/21/23

PATIENT

Ralph Vought

SPECIES

Canine

BREED

American Cocker Spaniel

SEX

Neutered Male

AGE

3/20/14

WEIGHT

26 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

46032

PRESENTING CLINICAL SIGNS

This afternoon was rolling in something in the yard - known to have deer and other wildlife in the yard. Ate dinner around 5p - was let outside afterwards and appeared to have bowel movement but unsure if it was normal. Was left alone in the house for around 20 mins Around 8p: owner came down to let patient out, patient was noted to defecated all over the floor - unsure if it was normal feces and if it was from tonight. Let patient outside and he was noted to strain to defecate Was noted to be shaking while laying in one of the chairs. Found vomit tonight as well but unsure when it happened Owner saw him vomit while he was laying in his bed. Did drink some water SO is known to leave stuff around that patient can get to Sometimes is known to not eat. Known to eat tissues May get excessive amounts of dog treats from family member

Current Medications: Unasyn, Buprenorphine, Metoclopramide, Protonix, Cerenia.
Lab Results: See attached.
Radiographs: Decreased serosal detail Subjectively thickened intestines
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (4.98 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 or infarcts observed. Non-obstructive punctate nephroliths are noted.

The left kidney is normal in size (4.41 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 or infarcts observed. Non-obstructive punctate nephroliths are noted.

Adrenal Glands

The right adrenal gland is normal in size (2.35 cm long x 0.83 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.

The left adrenal gland is normal in size (2.47 cm long x 0.74 cm at the cranial pole and 0.76 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

The 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.

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. Soft stool is noted. At the Ileocecocolic junction, the bowel wall is thick, measuring between 0.60 and 0.70 cm with a heterogeneous appearance, but layering intact. The cecum is dilated, and fluid filled, and the area is surrounded by enhanced hyperechoic mesenteric fat and reactive lymphadenopathy.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. 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.

As described above, the area around the Ileocecocolic junction exhibits enhanced hyperechoic mesenteric fat and mild lymphadenopathy.

PRIMARY FINDINGS

- Thick Ileocecocolic junction, fluid-filled cecum, and evidence of focal peritonitis surrounding the area – Suggestive of an inflammatory process that could be the result of infectious, bacterial, viral, parasitic, protozoal, or other benign infiltrative inflammatory disease. However, infiltrative neoplasia is also possible.

SECONDARY FINDINGS

- Punctate non-obstructive nephroliths bilaterally

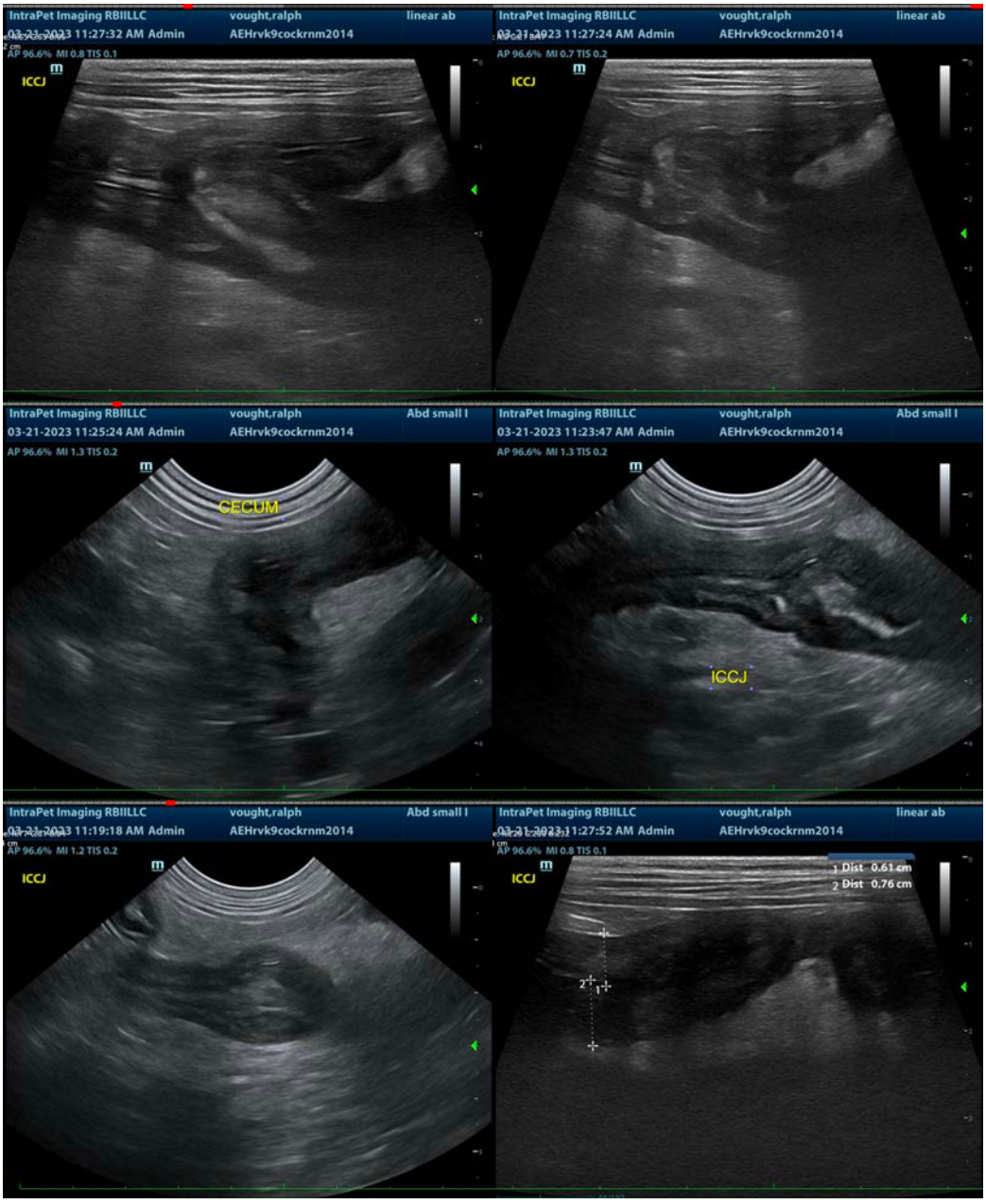
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

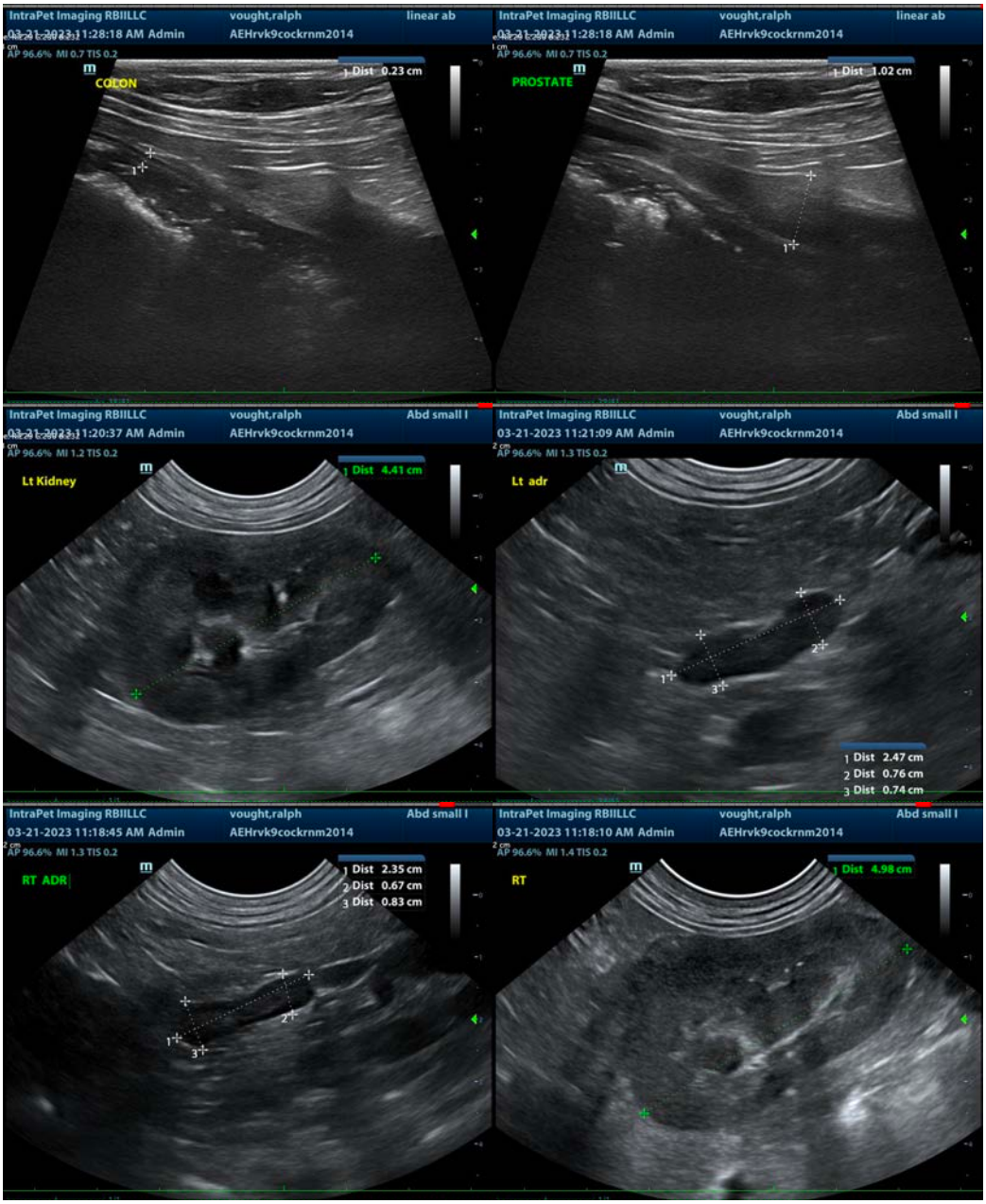
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fecal exam is recommended if not recently evaluated, as is a fecal enteropathogen PCR panel to Texas A&M GI Laboratory and a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

In the meantime, while awaiting results, supportive/symptomatic medical management of clinical signs is recommended in the form of antiemetics, gastroprotectants, a probiotic such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur, Tylosin, and if tolerated, a short-term course of a bland

easy to digest or possible fiber responsive diet. If however a diagnosis is not obtained, and clinical signs persist, ultimately, further evaluation of the colon and Ileocecocolic junction, etc. via colonoscopy for further visualization and biopsies may be necessary.




IntraPet Imaging RBIILLC
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COLON
1 Dist 0.23 cm
PROSTATE
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Lt Kidney
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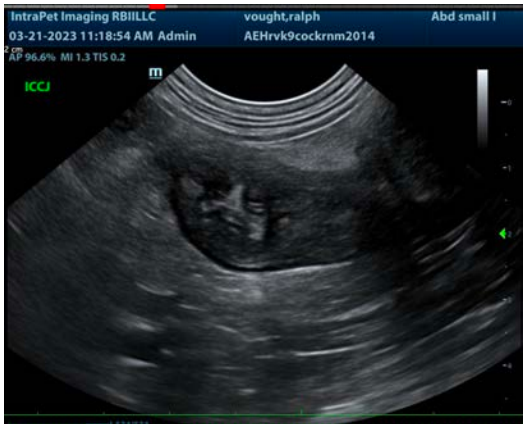

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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