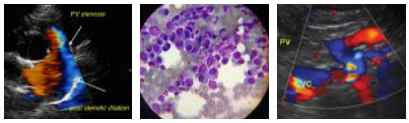
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/13/22

PATIENT

Colt Hunter

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

6/12/16

WEIGHT

69.1 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

16078

PRESENTING CLINICAL SIGNS

History: 06-12-2022 Notes: Yesterday AM was normal - in the afternoon urine had a dark brown to reddish color that has continued into today Has not eaten or drank since yesterday AM - owner had to carry him int the car on the way in Was given chocolate around 2 day ago -was park of a kinder egg Known to eat grass: do have mushrooms that grow in the yard and recently put some topsoil down. Depressed, febrile and slightly dehydrated on PE,

Current Medications: Buprenorphine, Maropitant /citrate, Vitamin B, Amp/Sulb, Pantoprazole.
Lab Results:
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

Urinary bladder is empty with a foley catheter in place. No apparent pathology is noted.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male

Left kidney is normal is size (7.16 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 is size (6.92 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 (2.73 cm in length x 0.68 cm at cranial pole and 0.71 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.14 cm in length x 0.8 cm at cranial pole and 0.64 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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 enlarged. Margins are smooth but round. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. There could be a nonshadowing cholecystolith present, given the smooth contour of the debris.

Gastrointestinal

The stomach wall is normal in thickness with a normal layering pattern, but the stomach is markedly fluid distended without obstructive material/foreign body/etc. present in these images.

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

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 fluid or lymphadenopathy noted in these images. There is a suggestion of pulmonary lesions noted incidentally cranial to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic hepatomegaly is most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible but considered less likely.

- Markedly fluid distended stomach without the presence (in these images) of an obstructive object. Differentials include an outflow obstruction (not visible) versus ileus, secondary to other metabolic disease.

Secondary Findings

- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Possible cholecystolith is noted.

  **Suspicion for possible pulmonary nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

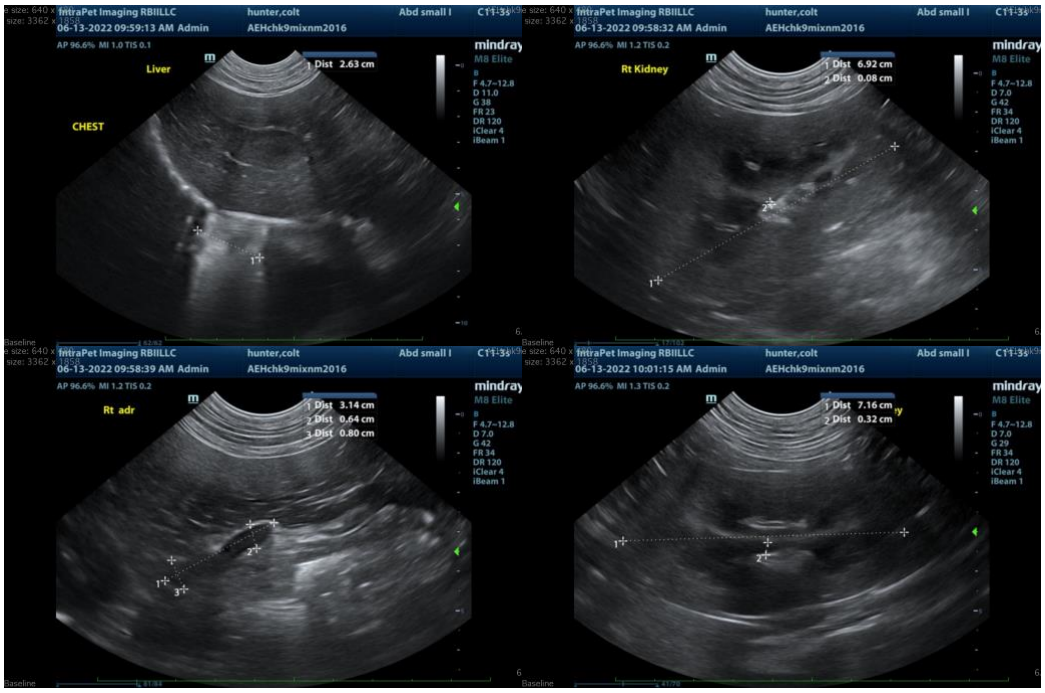
Recommendations for this patient include:

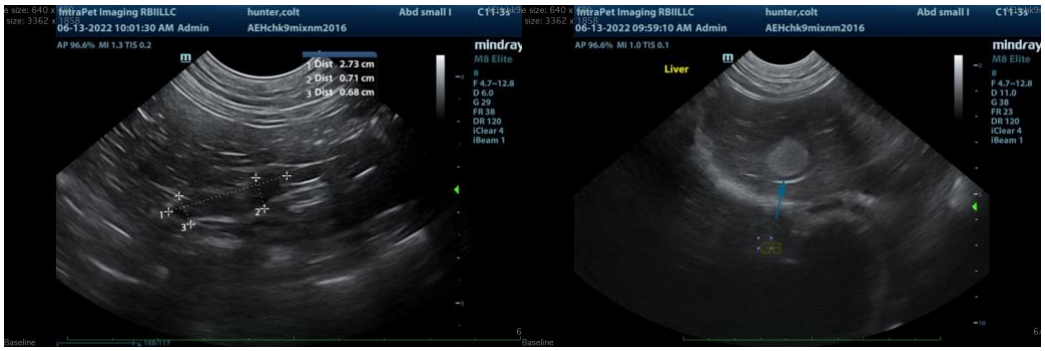
Three-view thoracic radiographs for further investigation of the suspected pulmonary lesions, if not already evaluated, followed potentially by thoracic CT, if indicated, based on radiograph results.

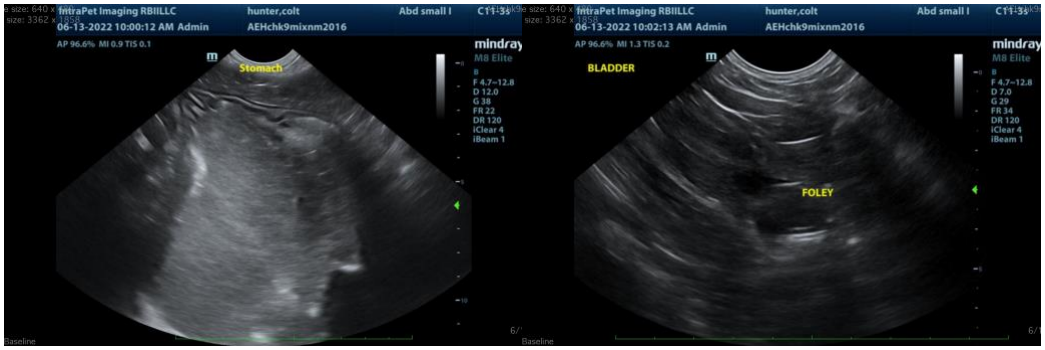
These is no evidence of post- or intrahepatic cholestasis in these images to explain the high bilirubin. Given the concurrent anemia, considerations should be given to prehepatic cause for the high bilirubin, such as hemolysis.

With hemolysis being a top differential for this patients clinical signs, immune mediated hemolysis should be considered, and further diagnostics could include pathology review of the cells, as well as comprehensive infectious disease testing, including tick borne disease primarily.

In the meantime, medical management of possible gastric ileus, contributing to the gastrointestinal signs, could include antiemetics, gastroprotectants, as well as promotility medications, such as metoclopramide, while continuing to diagnose and start medical management of suspected immune mediated hemolysis.







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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