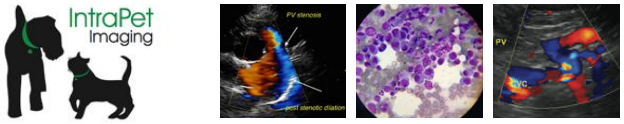
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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**DATE**
6/27/22

**PATIENT**
Paremsan Michelotti

**SPECIES**
Canine

**BREED**
Cavalier King Charles

**SEX**
Spayed Female

**AGE**
12/9/20

**WEIGHT**
15.8 lbs

**INTERPRETED BY**
Beth Johnson, DVM DACVIM

**HOSPITAL NAME**
Eastern AH

**REFERRING VET**
Dr. Cusack

**INVOICE**
31257

## PRESENTING CLINICAL SIGNS

Vomiting/ hematochezia since 6/25/22. 6/26/22 vomited while on cerenia. cbc/chem unremarkable 6/25/22 upon admission for supportive care hospitalization.
Current Medications: Cerenia 1 mg/kg IV q 24 h, Metronidazole 10 mg/kg q 12 h, Visbiome, IV fluid supplementation, Buprenorphine 0.015 mg/kg IV q 12 h.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 is size (4.24 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 (4.32 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*

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 1.64 cm long x 0.27 cm at the cranial and 0.36 cm at the caudal pole. The right adrenal gland measured 1.8 cm long x 0.51 cm at the cranial pole 0.47 cm at the caudal pole.

### *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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. The patient is reportedly fasting. The contents are visually consistent with ingesta however, cloth foreign material or the like cannot be definitively ruled out. There is no over distension to indicate an obstruction.

The visible small intestines are normal in wall thickness and layering. 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. 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*

Lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. No appreciable free fluid was noted.

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

**Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

**Stomach full of echogenic substance consistent with ingesta**; however, given the history of fasting soft cloth foreign material or the like cannot be ruled out. However, there is no over distension to indicate an obstruction.

**Reactive lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

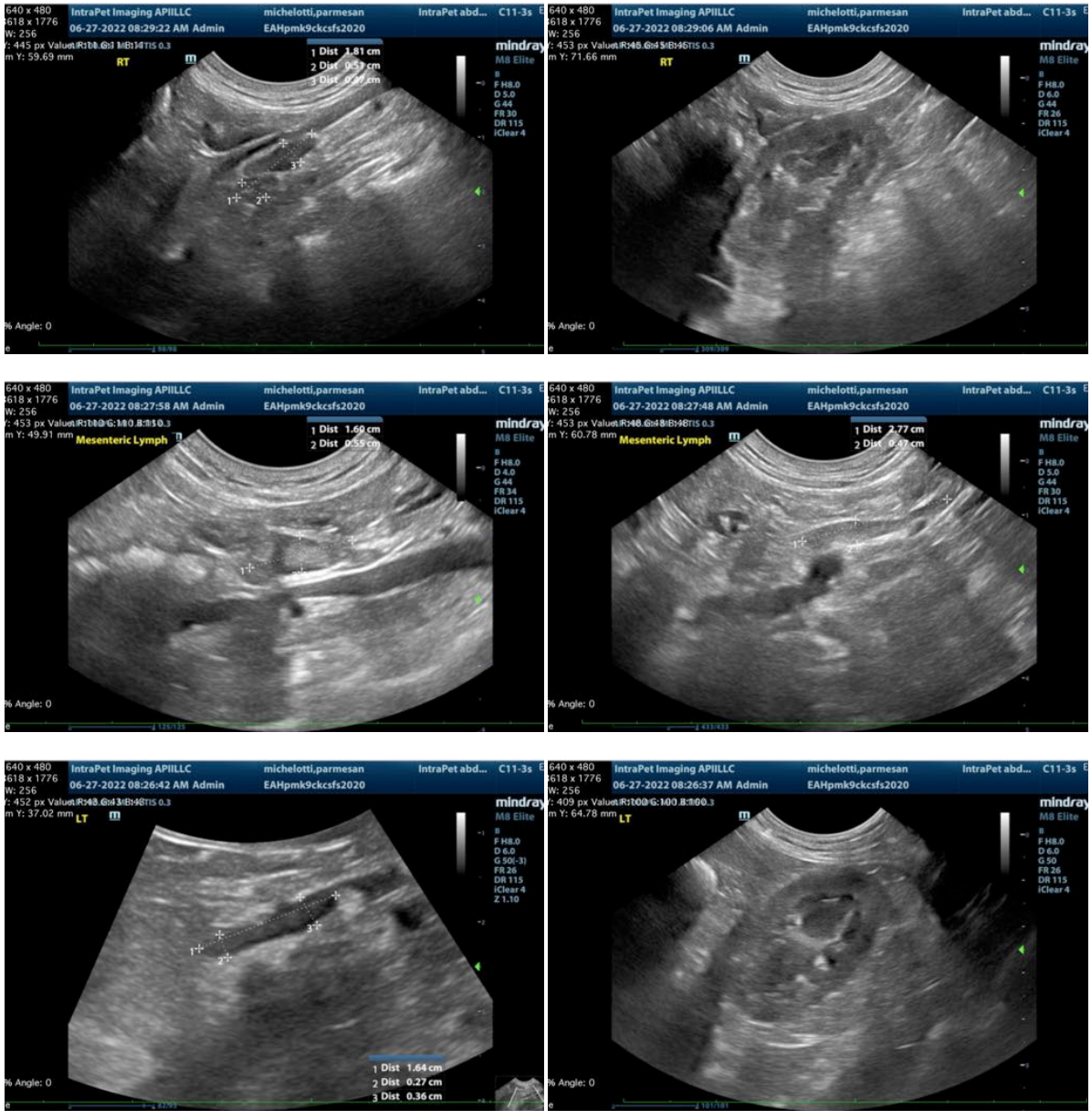
1. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function with a baseline cortisol. If the baseline cortisol returns to less than 2 a full follow-up ACTH stimulation test is recommended to rule out hypoadrenocorticism.

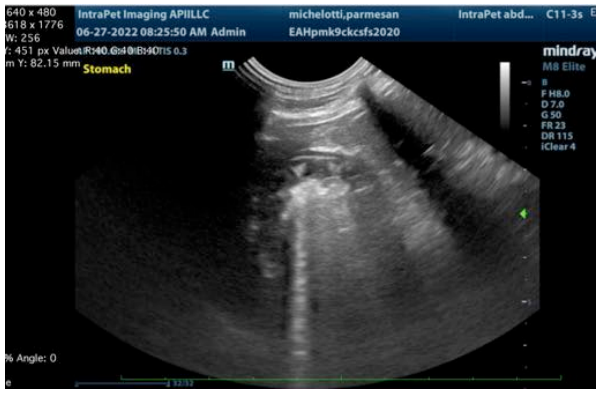
2. Fecal exam is recommended if not already evaluated as is a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

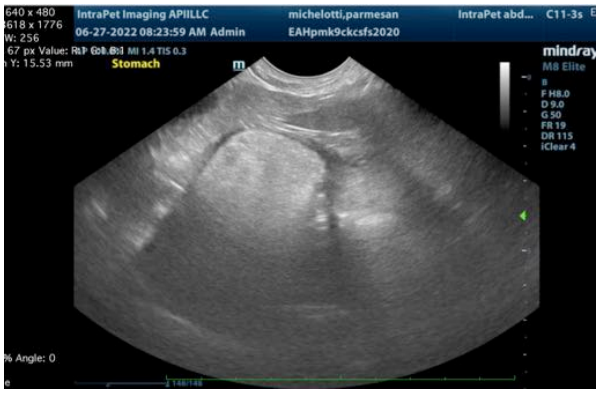
3. Coagulation panel can be considered given the reported hematochezia.

4. In the meantime, recommendations include medical management of acute gastroenteritis with anti-emetics, gastroprotectants including Sucralfate and empirical deworming with a 5 day course of Panacur.

If the clinical signs persist recommendations include continued fasting and reevaluation of the stomach with either abdominal radiographs or recheck ultrasound to more definitively rule out gastric outflow obstruction and/or foreign body.






**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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