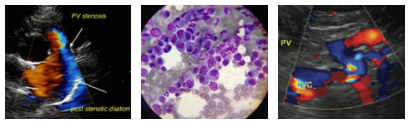
IMAGING PERFORMED BY

IntraPet.com



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DATE
6/28/22

PATIENT
Iris Khawar

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
2018

WEIGHT
110 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
31307

PRESENTING CLINICAL SIGNS

Vomiting- multiple days ~2-3- Bubbles/ acid reflux - vomit with little blood --> Vomit straight blood. Vomited 2x today so far - Not eating - Stool abnormal- starts hard, ends soft - Diet: Royal Canin Satiety. ATO- - ADR 4-5 days - 2-3 days ago started vomiting- increased in amount, acid, and food. - Strict diet attempting to have her lose weight- eats twice a day, with some boiled chicken, brocchli, carrots etc - Today vomited with blood then straight blood - Drinking less - No hx of FB,nNo hx of DI/ Table scraps - No hx of heart murmur, kidney disease - No hx of toxic ingestion/ no chance of ibuprofen History - Obesity - Scares of hip dysplasia - Black mass groin area - Vomiting intermittently - Allergies - Panel ran in past for her - Unsure what by rDVM.
Medications: - Apoquel – Probiotic
Current Medications: None.
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 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 (7.41 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, mineral or infarcts observed.

Right kidney is normal is size (7.49 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 3.08 x 0.74 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measured 3.13 cm x 0.59 cm at the cranial pole and 0.59 cm at the caudal pole. .

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness 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. 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

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images. No pericardial effusion was noted in these images.

ULTRASONOGRAPHIC 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.

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered. This is a normal patient variant with lack of supporting laboratory changes and/or clinical signs.

- **Splenic micronodular hyperplasia pattern–** This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

- **Gallbladder debris-** 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.

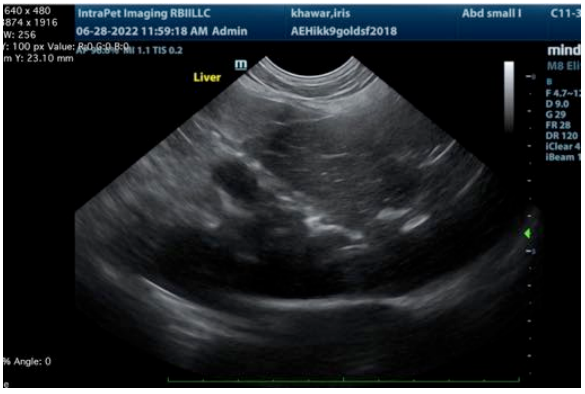
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

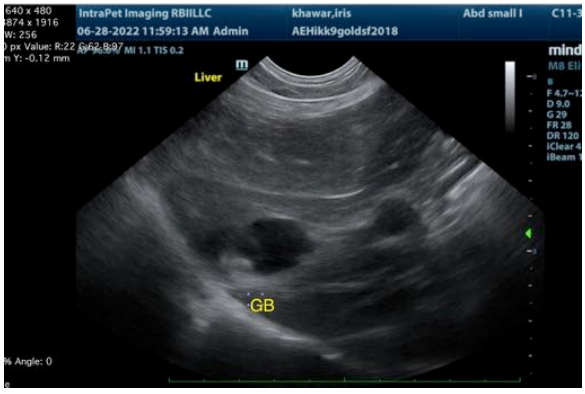
Given the gastrointestinal signs recommendations include:

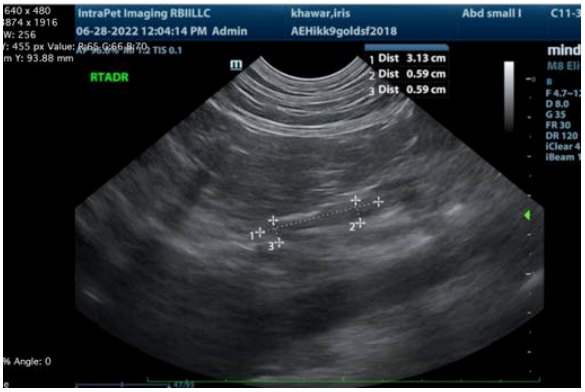
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. Baseline cortisol is recommended and if the baseline cortisol is less than 2 a full follow-up ACTH stimulation test is recommended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

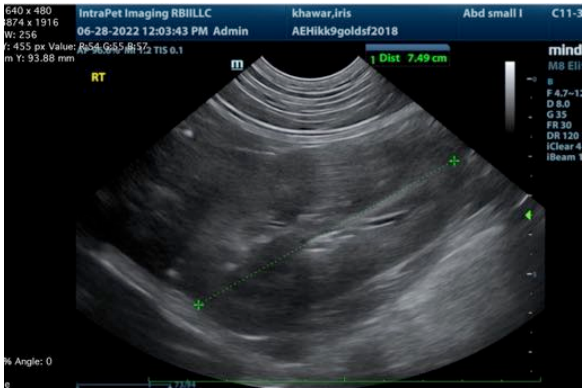
- A fecal exam and fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease

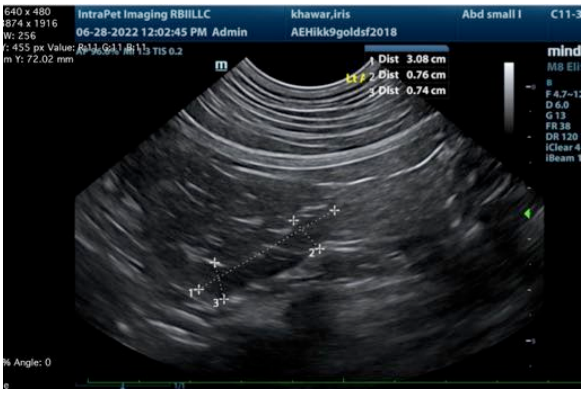
- FNA of the spleen and/or liver can be considered if the patient's coagulation status is appropriate.
- Given the reported hematemesis premedication with Diphenhydramine is recommended in case of mast cell disease. In the meantime, in addition to supportive care for the gastrointestinal signs including antiemetics, gastroprotectants, etc. and empirical deworming, a 5 day course of Panacur is recommended.

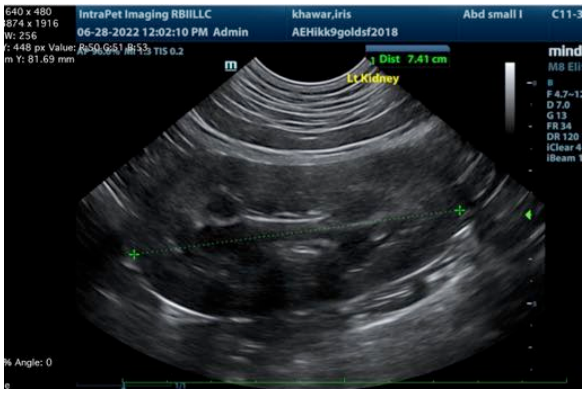


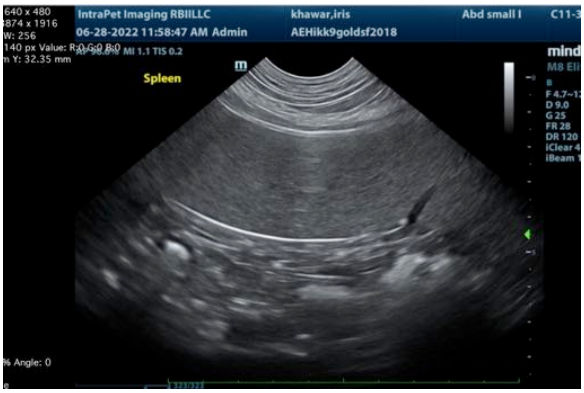












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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