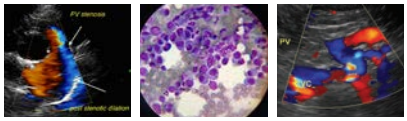
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/5/22

PATIENT

Murphy Sanford

SPECIES

Canine

BREED

Irish Setter X

SEX

Spayed Female

AGE

3/17/17

WEIGHT

47.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

39203

PRESENTING CLINICAL SIGNS

Known hx of ITP; dx in February (o had noticed bruising at that time, did all imaging, US workup). Has been doing well with medications, able to wean down prednisone) . On Saturday, began defecating blood. went to rdvm, PLT at 300,000, sent home with proviable. Unsure if got into something, or if from medication. Did vomit tonight around 9:30pm. current medications: - pred 5mg SID (9pm) - mycophenalate 250mg BID (9am and 9pm) - proviable (ran out of paste, still have capsules) has been eating chicken and rice fecal is pending at RDVM

Current Medications: Maropitant, ampicilin, famotidine, mycophenolate and pred.
Lab Results: coags wnl, platelets 286, 000, chemistry /lytes /cbc -- all wnl.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (6.53 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.

The left kidney is normal in size (6.62 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

The adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 2.93 cm long x 0.31 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 1.89 cm long x 0.49 cm at the cranial pole and 0.39 cm at the caudal pole.

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

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.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is an approximately 3-4 cm long, curvilinear, hyperechoic interface with strong acoustic shadowing, concerning for a gastric foreign body. No distention/obstructive pattern is appreciated. 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. Contents are consistent with normal formed feces and gas.

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.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Non-fully obstructing gastric foreign body.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.
- Flat adrenal glands – consistent with the history of Prednisone administration.

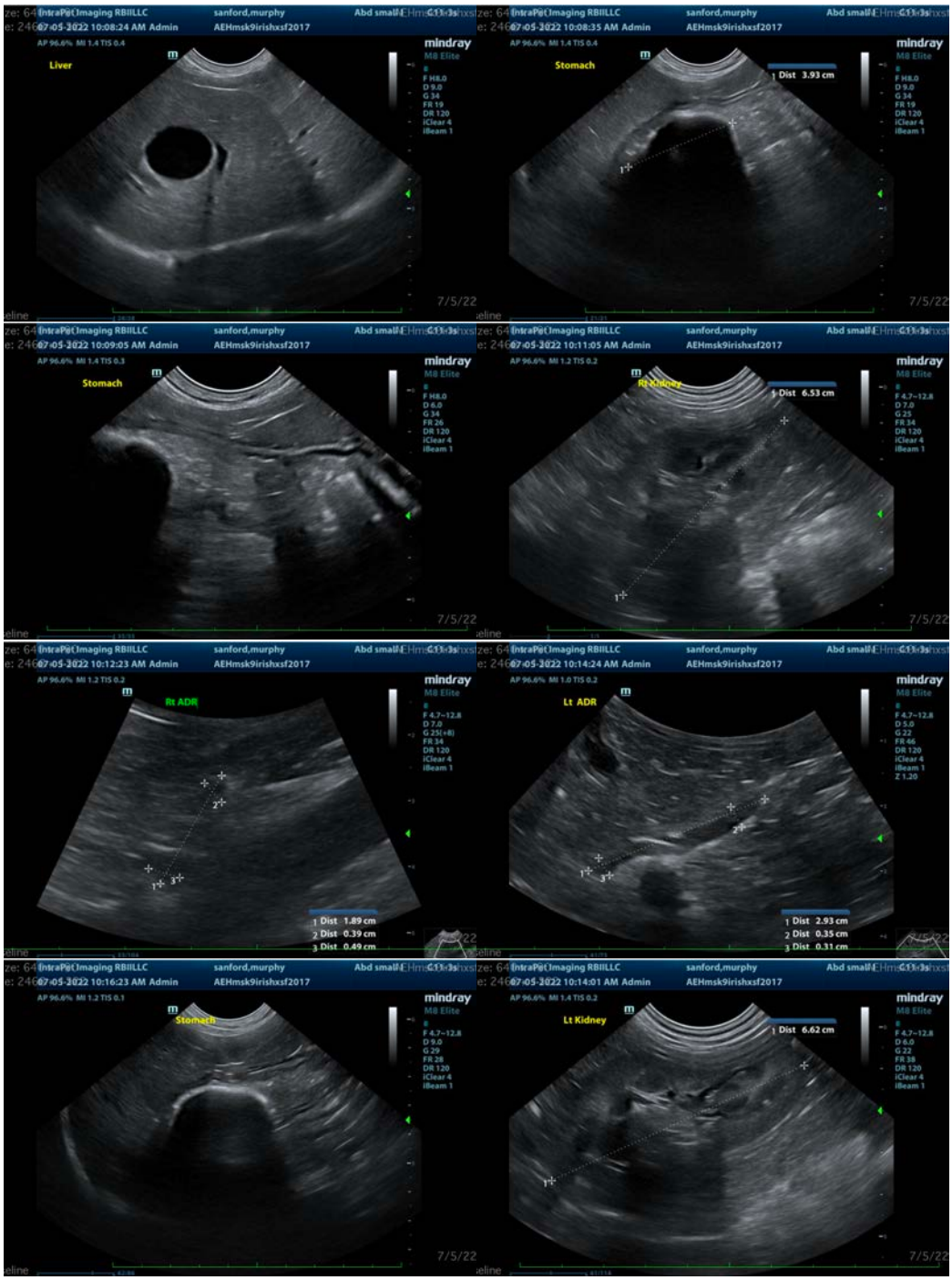
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of ITP and chronic steroid administration combined with the hematochezia versus just vomiting, the gastrointestinal signs are believed to be related to more than just the gastric foreign body, and recommendations include:

- Probiotics (reportedly being administered) as well as an antibiotic such as Metronidazole or Tylosin.
- Empirical deworming with a 5-day course of Panacur.
- Addition of Omeprazole as an antacid is recommended with plans to continue as long as the patient is taking Prednisone.
- If possible, further tapering of the Prednisone as well as the Mycophenolate, which can contribute to gastrointestinal signs, is recommended.

If the gastric foreign body is moving, it could be occasionally obstructing the pyloric outflow tract and resulting in vomiting, or this could be an unrelated incidental finding. However, removal of the gastric foreign

body is indicated via either endoscopy, if possible, or gastrotomy. Endoscopy is preferred to prevent incisions in the gastrointestinal tract while the patient is receiving steroids.



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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