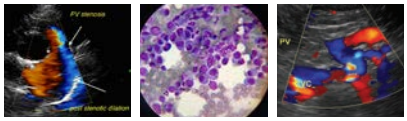
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7/8/22

PATIENT

Camo Kelly

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

1/27/10

WEIGHT

63 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Bel Air Vet Hospital

REFERRING VET

Dr. Kelly

INVOICE

39353

PRESENTING CLINICAL SIGNS

Recheck after abdominal surgery. Draining from incision site.

Current Medications: Clavamox 375mg BID.
Lab Results: No abnormalities 7/5/22.
Date of Previous IntraPet Ultrasound: 6/22/22. See attached.
Sedation: Dexdomitor/Torbugesic IV.
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 (5.6 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 (5.9 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 right adrenal gland is normal in size (3.47 cm long x 0.70 cm at the cranial pole and 0.59 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 (2.67 cm long x 0.87 cm at the cranial pole and 0.81 cm at the 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. 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 mildly distended with very echogenic reverberation artifact from intraluminal gas . There is no

evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

Medial iliac 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.

In the cranial abdomen, around the stomach and pancreas, there is mildly enhanced hyperechoic fat. The incision is markedly hyperechoic with a cystic fluid pocket adhered to the cranial end of the incision.

There is no definitive evidence of free fluid or bowel perforation or foreign material in the abdomen.

PRIMARY FINDINGS

- Mild acute pancreatitis with enhanced fat in the cranial abdomen – this is likely a normal focal peritonitis, mild pancreatitis expected post-op gastrotomy and should be interpreted in combination with clinical signs such as cranial abdominal pain, vomiting, inappetence, fever, etc.

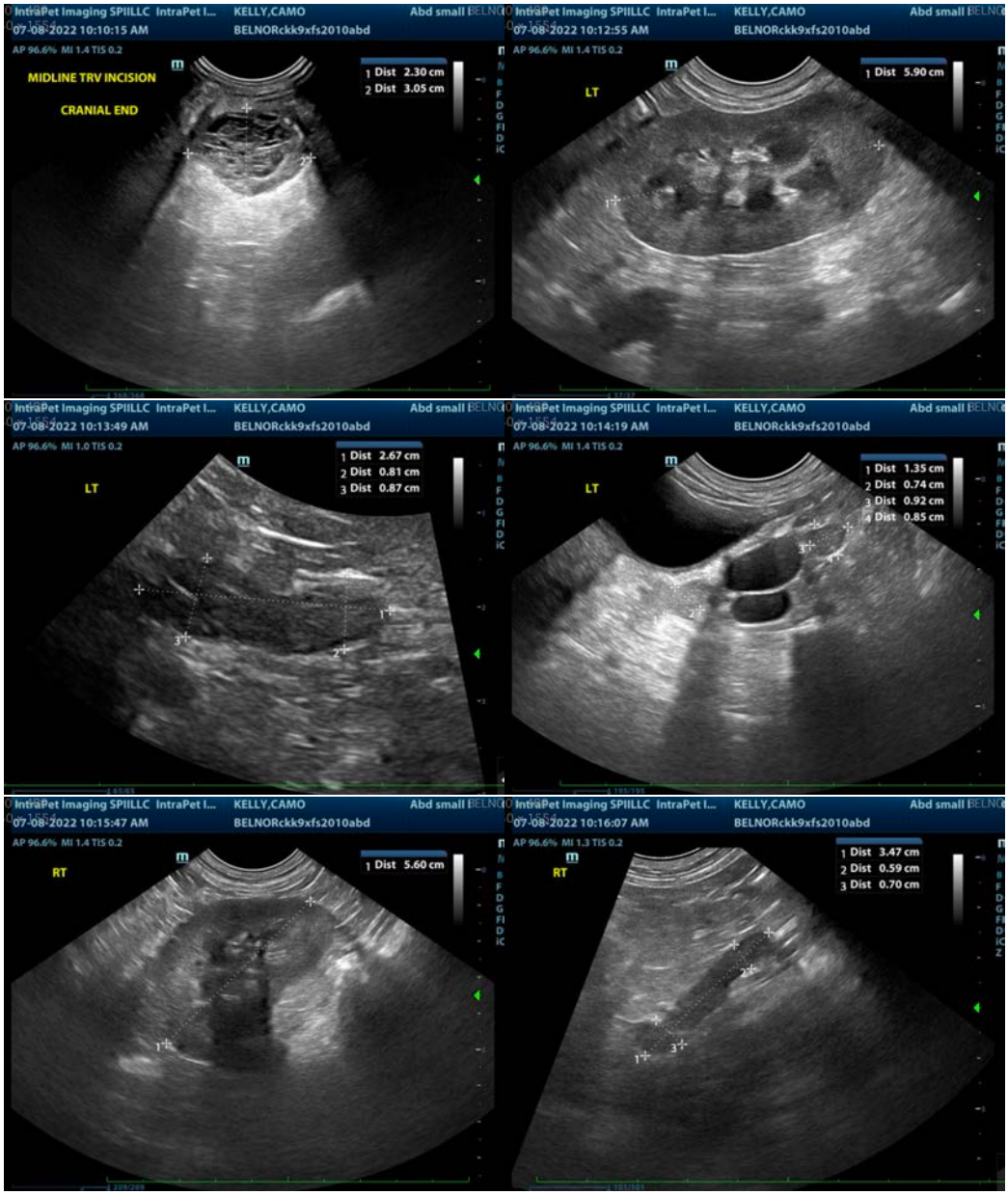
- The incision appears inflamed, characterized by enhanced fat with a cystic area adhered to the cranial end of the incision, rule outs for which include seroma, hematoma, abscess, other.

SECONDARY FINDINGS

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Decisions regarding how to proceed with incisional findings are dependent on patient's clinical status. If there is suspicion for an abscess due to pain, fever, purulent discharge, etc., an aspirate of the cystic area around the cranial end of the incision for cytology and culture could be considered. If not, continued supportive medical management of possible seroma, incisional irritation with broad-spectrum antibiotics, anti-inflammatories and monitoring is recommended. If signs of abdominal discomfort, etc. develop, recheck of the cranial abdomen via ultrasound (of the pancreas and area around the stomach) is recommended.


IntraPet Imaging SPIILLC IntraPet I... KELLY,CAMO Abd small
07-08-2022 10:10:15 AM BELNORckk9xfs2010abd
AP 96.6% MI 1.4 TIS 0.2
MIDLINE TRV INCISION
CRANIAL END
1 Dist 2.30 cm
2 Dist 3.05 cm
IntraPet Imaging SPIILLC IntraPet I... KELLY,CAMO Abd small
07-08-2022 10:12:55 AM BELNORckk9xfs2010abd
AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 5.90 cm
IntraPet Imaging SPIILLC IntraPet I... KELLY,CAMO Abd small
07-08-2022 10:13:49 AM BELNORckk9xfs2010abd
AP 96.6% MI 1.0 TIS 0.2
LT
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2 Dist 0.81 cm
3 Dist 0.87 cm
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07-08-2022 10:14:19 AM BELNORckk9xfs2010abd
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LT
1 Dist 1.35 cm
2 Dist 0.74 cm
3 Dist 0.92 cm
4 Dist 0.85 cm
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RT
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RT
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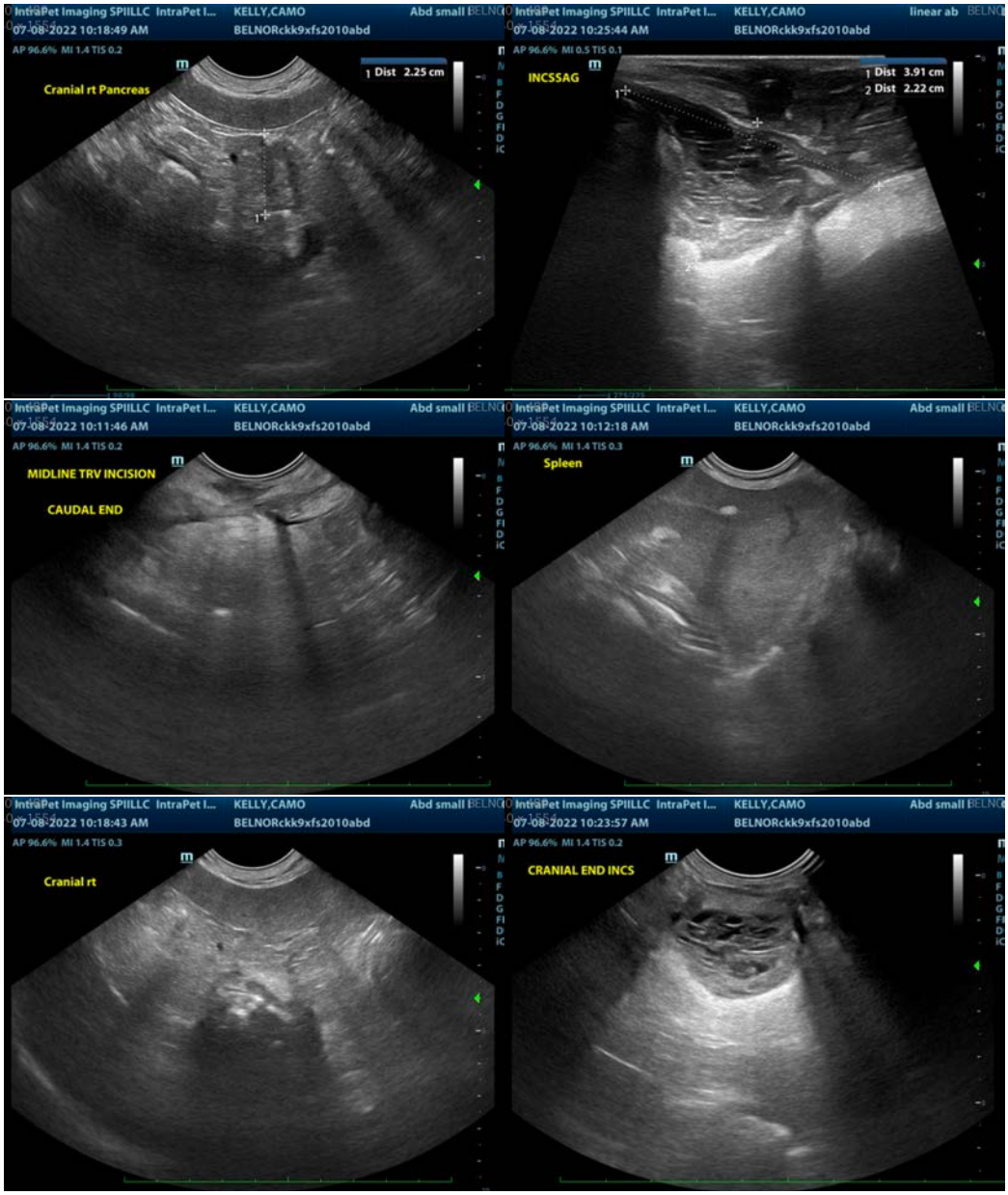
2 Dist 0.59 cm
3 Dist 0.70 cm



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
Beth.Johnson@sonopath.com