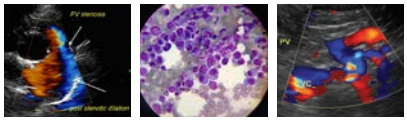
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/17/23

PATIENT

Romeo Rickell

SPECIES

Canine

BREED

German Shepherd x

SEX

Neutered Male

AGE

8/17/15

WEIGHT

88.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

44748

PRESENTING CLINICAL SIGNS

Seizure like activity, possible diarrhea, lethargic Panting, Runny Nose, Loss Appetite, Right Hind Leg Weakness. Mark On Nose, And Believe He Possibly Had Seizure Like Activity no vomiting Unsure if diarhea is his. Lost weight- Right Hip Weakness/Discomfort, Bad Breathe, Wound On Nose And Bald Spot On Right Hip _____ ATO in room: - Last month P started slowing down, not playing with other dogs - 2 weeks ago clear nasal discharge constant dripping - Started licking lips a lot, seems nausous- found vomit in house- unsure who vomited - Right hip bald spot- possible gnawing at the aea - Sunday found wound on her nose- blood and puss- diagnosed skin infection. Put spray on it - Betagen topical spray and seemed to help - Called rDVM couldnt get in until Monday 21st- rDVM Rx Rimadyl but was not evaluated physically by vet - O worried because she has multiple lumps- had rottie die from bone cancer. Friend is a vet tech and was worried for ruptured splenic mass - O thinks weight loss- used to be +- 98 lbs in march but O unsure - Earlier today laying on floor twitching/ shaking with eyes open- O thought P was dreaming- laying there breathing and moving eyes- O lifted up head then seemed ok- unsure if seizure? - Did ok on ride here - Decreased appetite - not really even wanting treats- usually gets lots of table food - O worried if hip pain- not wanting to go outside - O worried about nasal tumor - O has 3 dogs unsure if diarrhea- urinated today, no defecation - O knows hes old, GSD unsure if hip dysplasia or something more going on - P now has bad breath- never had before - Eye boogers- never had before - Today moved like he was 1000 years old- comes in waves - No medical hx, UTD on shots – increased panting, comes in waves

Current Medications: Buprenorphine, Acepromazine.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Dexdomitor and IM antisedan.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents as well as some suspect mineral/sand debris suspended within the trigone. No masses, inflammatory changes, or distinct cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (7.71 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 (7.57 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 (0.89 cm at the cranial pole and 0.71 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 (0.62 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen
Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. 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.

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 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 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 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.

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. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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.

The mesenteric 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.

ULTRASONOGRAPHIC FINDINGS

- **Hypersplenism –** Likely normal patient/breed variant. However, this can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- **Moderate 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.

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

- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

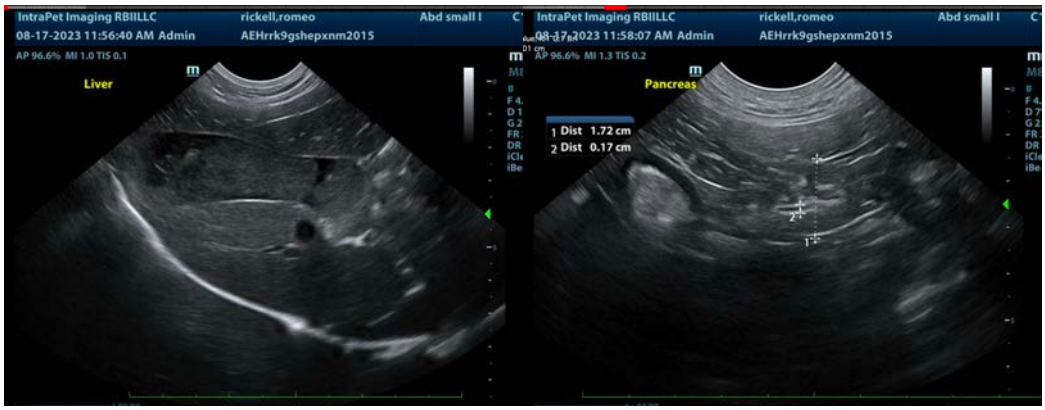
Given this patient's reported weight loss +/- diarrhea and vomiting combined with breed:

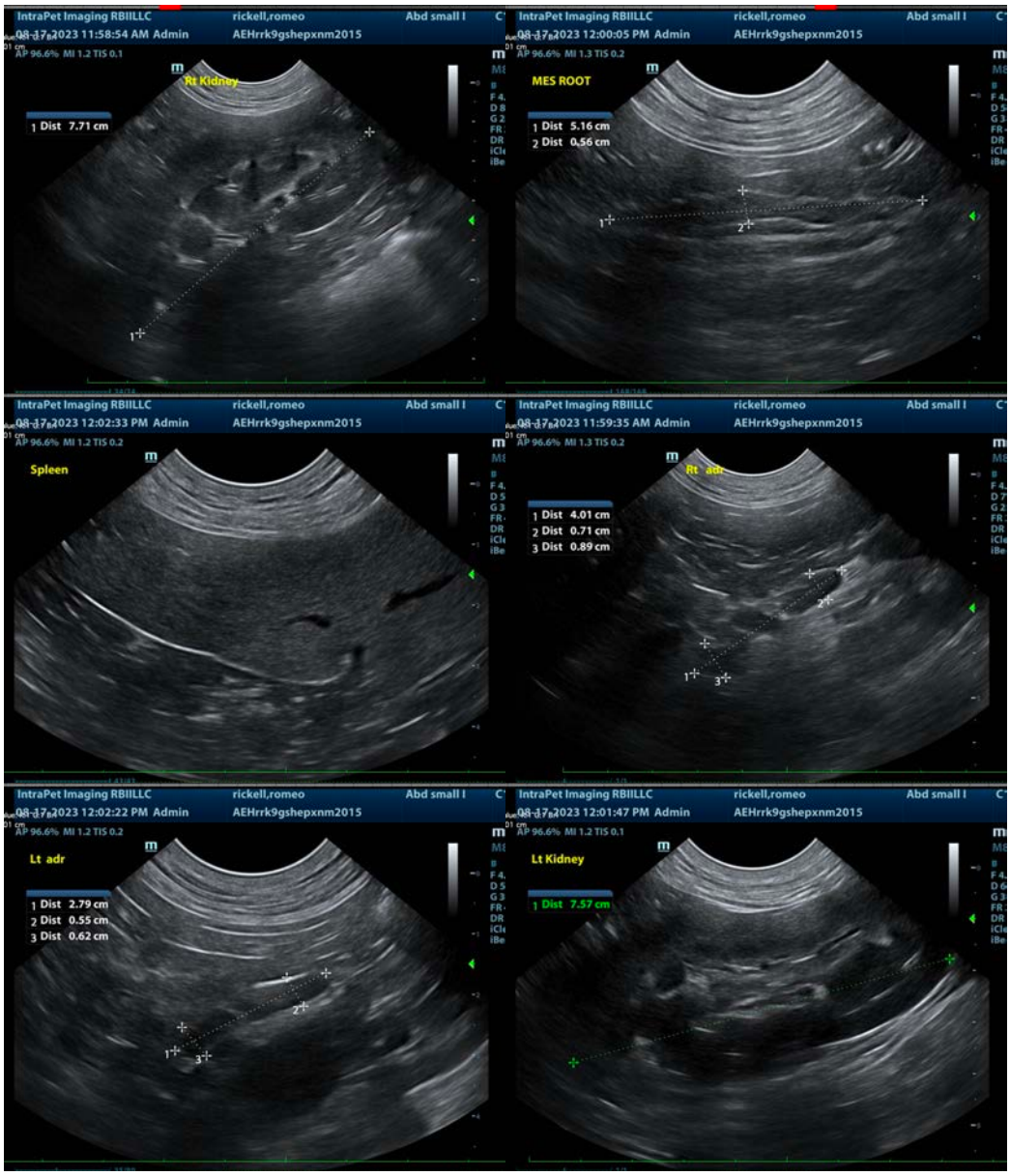
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

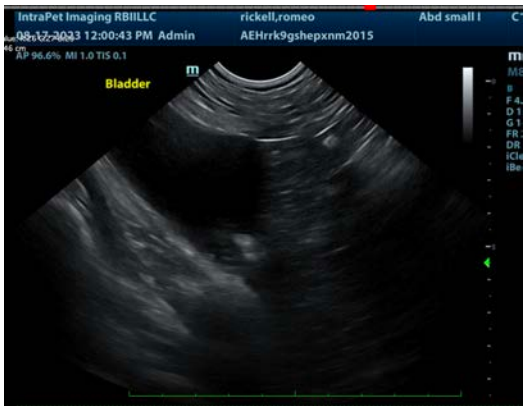
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Pending results, given the mild anemia and hyperglobulinemia, comprehensive infectious disease screening could be considered.

Additionally, given presenting complaints, further workup of possible neurologic and/or orthopedic contributing conditions is recommended, as is ultimately potentially a nasal workup in the form of ruling out dry eye (given the concurrent "eye boogers"), followed possibly by advanced imaging such as CT, rhinoscopy, etc.




IntraPet Imaging RBIILLC
rickell,romeo
Abd small I
08-17-2023 11:58:54 AM Admin
AEHrrk9gshepxnm2015
AP 96.6% MI 1.2 TIS 0.1
Rt Kidney
1 Dist 7.71 cm
IntraPet Imaging RBIILLC
rickell,romeo
Abd small I
08-17-2023 12:00:05 PM Admin
AEHrrk9gshepxnm2015
AP 96.6% MI 1.3 TIS 0.2
MES ROOT
1 Dist 5.16 cm
2 Dist 0.56 cm
IntraPet Imaging RBIILLC
rickell,romeo
Abd small I
08-17-2023 12:02:33 PM Admin
AEHrrk9gshepxnm2015
AP 96.6% MI 1.2 TIS 0.2
Spleen
IntraPet Imaging RBIILLC
rickell,romeo
Abd small I
08-17-2023 11:59:35 AM Admin
AEHrrk9gshepxnm2015
AP 96.6% MI 1.3 TIS 0.2
Rt adr
1 Dist 4.01 cm
2 Dist 0.71 cm
3 Dist 0.89 cm
IntraPet Imaging RBIILLC
rickell,romeo
Abd small I
08-17-2023 12:02:22 PM Admin
AEHrrk9gshepxnm2015
AP 96.6% MI 1.2 TIS 0.2
Lt adr
1 Dist 2.79 cm
2 Dist 0.55 cm
3 Dist 0.62 cm
IntraPet Imaging RBIILLC
rickell,romeo
Abd small I
08-17-2023 12:01:47 PM Admin
AEHrrk9gshepxnm2015
AP 96.6% MI 1.2 TIS 0.1
Lt Kidney
1 Dist 7.57 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
info@sonopath.com