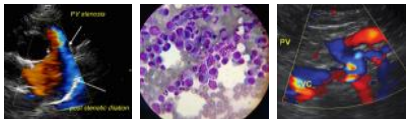
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
9/19/22

PATIENT
Drax Rajvanshi

SPECIES
Canine

BREED
German Shepherd

SEX
Intact Male

AGE
12/18/20

WEIGHT
85 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Fullerton AH

REFERRING VET
Dr. Unger

INVOICE
17386

PRESENTING CLINICAL SIGNS

History: Presented to ER on 9/13/22 for decreased appetite, lethargy, vomiting and weakness. Had exam and vaccines on 9/7/22 and weight loss was noted at that time (7 lbs). Pet has always had a history of intermittent diarrhea/soft stools. Also has a history of allergies and will lick at feet. On 9/7 had some papules between toes and was placed on Cefpodoxime. It was recommended at that time to consider ultrasound and bloodwork due to decreased appetite and weight loss. Exam at that time was unremarkable. On 9/13 bloodwork and radiographs were taken. Pet was treatmed symptomatically with Omeprazole and Ondansetron with sq fluids.

Current Medications: Cefpodoxime 200mg SID, Omepreazole 20mg Bid
Carprofen 75 mg bid prn lameness after overexertion, Tylan Powder 1/4 tsp sid, probiotics sid
Lab Results: Labs at ER unremarkable. Fecal neg on 7/22.
Radiographs: Unremarkable at ER.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor 0.4 ml with Butorphanol 0.8 ml IV
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.

Prostate is normal in size (5.0 cm wide) for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal is size (7.47 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 (7.11 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

Left adrenal gland is normal in size (2.9 cm long x 0.69 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.0 cm long x 0.63 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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). 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 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 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 free fluid.

Medial iliac and 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.

Other
The testicles are both visualized without evident testicular pathology.

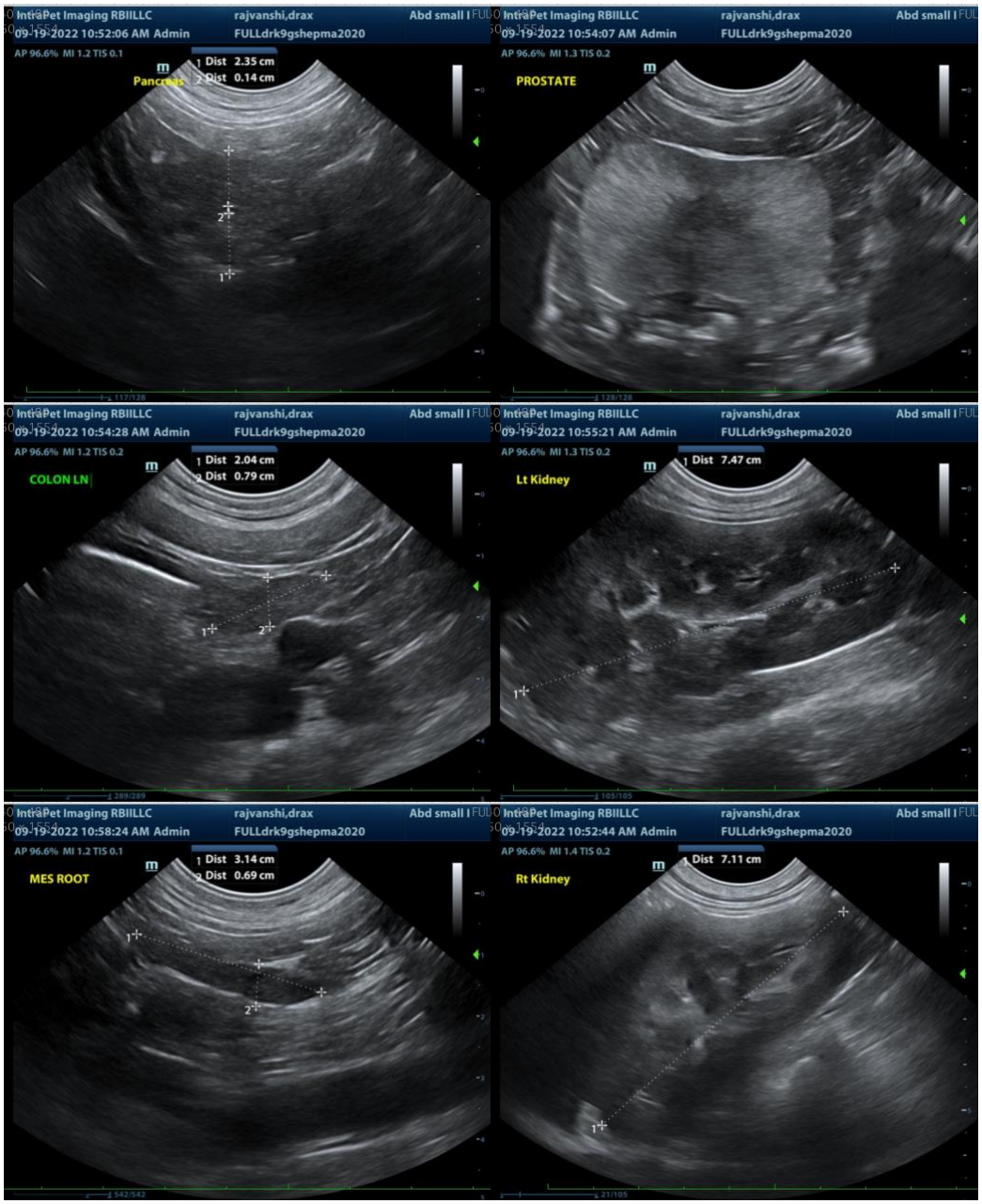
ULTRASONOGRAPHIC FINDINGS

- Reactive medial iliac and mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients signalment, further evaluation of possible maldigestive/malabsorptive disorders, especially, exocrine pancreatic insufficiency or EPI is recommended in the form of 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.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, in addition to supportive/symptomatic medical management of GI signs.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Abd small I
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2 Dist 0.14 cm
Pancreas
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rajvanshi,drax
Abd small I
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AP 96.6% MI 1.3 TIS 0.2
PROSTATE
IntraPet Imaging RBIILLC
rajvanshi,drax
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COLON LN
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rajvanshi,drax
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Lt Kidney
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MES ROOT
IntraPet Imaging RBIILLC
rajvanshi,drax
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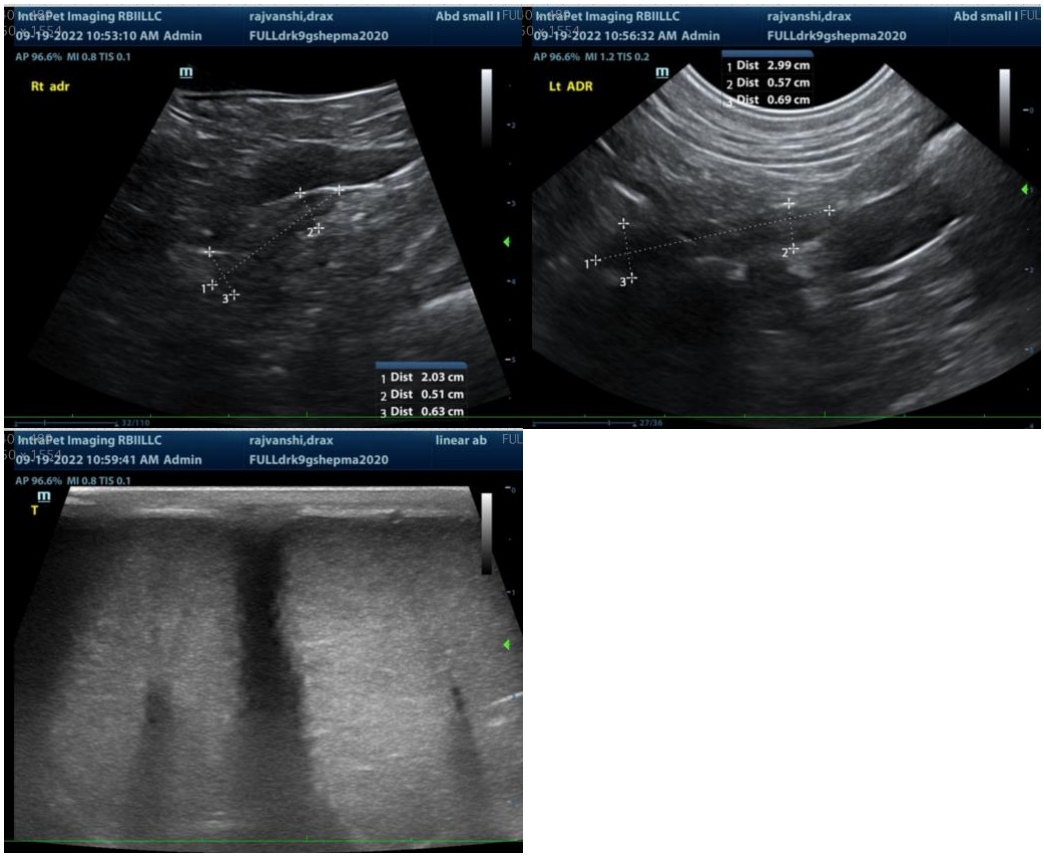
Rt Kidney



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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