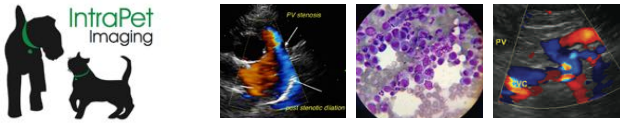
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
12/15/21

PATIENT
Kodiak Mak

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered male

AGE
5/27/18

WEIGHT
76 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Maryland Mobile VC

REFERRING VET
Dr. Powel

INVOICE
94650

PRESENTING CLINICAL SIGNS

History: Pt presents for 6 mo. history of weight loss (92lb in 5/12/2021; 76lb on 11/29/2021); on Purina Sensitive Skin diet; some isolated incidents of diarrhea but not a chronic issue; no vomiting. All lab work was normal - including total protein, TLI, folate & B12.
Current Medications: Trazodone PRN for nail trims, etc (200-300mg PO).
Lab Results: NSF.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV sedative.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.22 cm. The right kidney measured 8.93 cm.

Adrenal Glands

Both **adrenal glands** were flattened and isoechoic to the surrounding fat. The left adrenal gland measured 3.27 x 0.48 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 3.27 x 0.55 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A large amount of gas was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

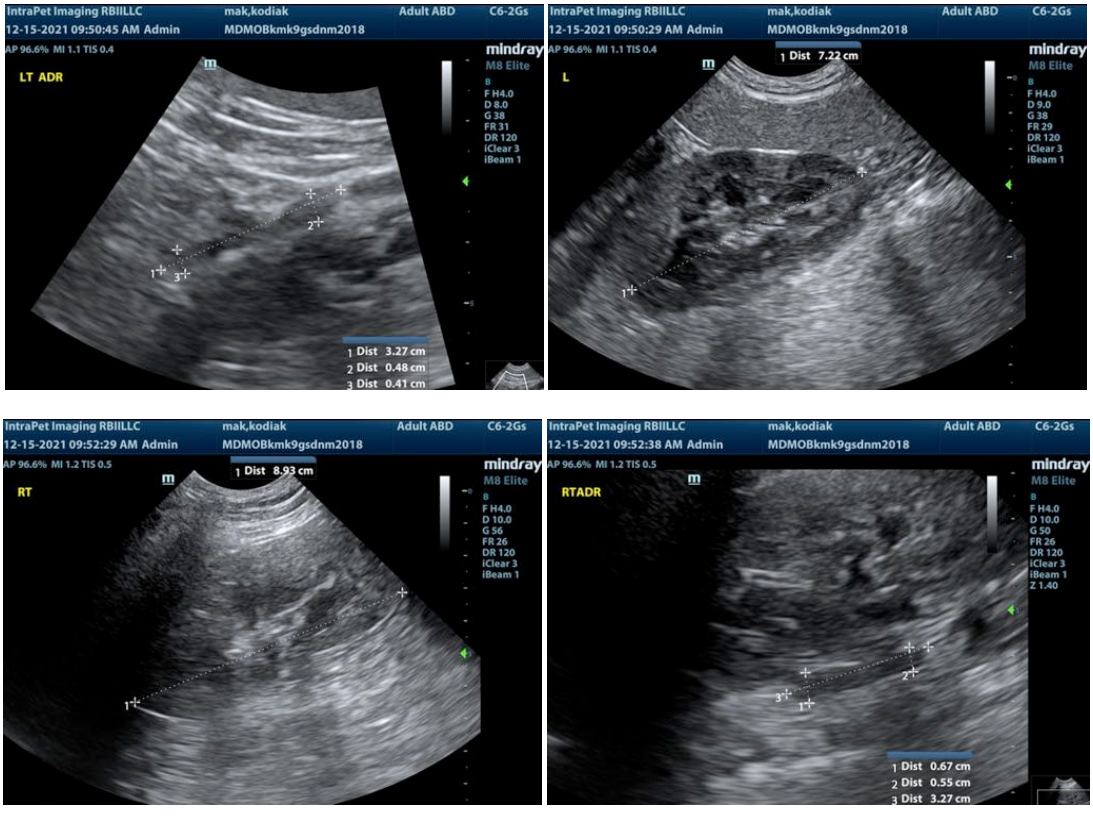
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

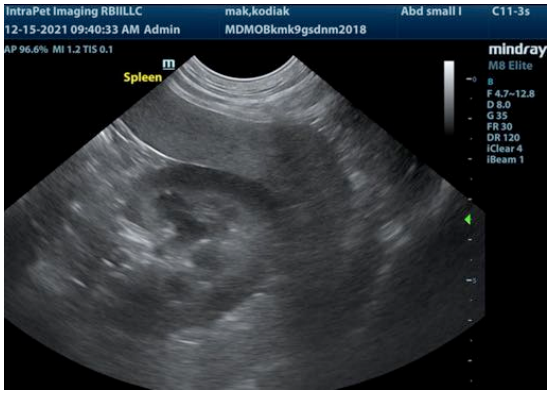
ULTRASONOGRAPHIC FINDINGS

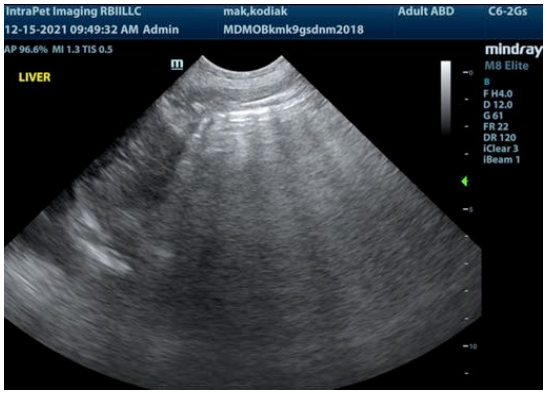
Excessive GI gas and inflammatory event.
Flattened adrenal glands.

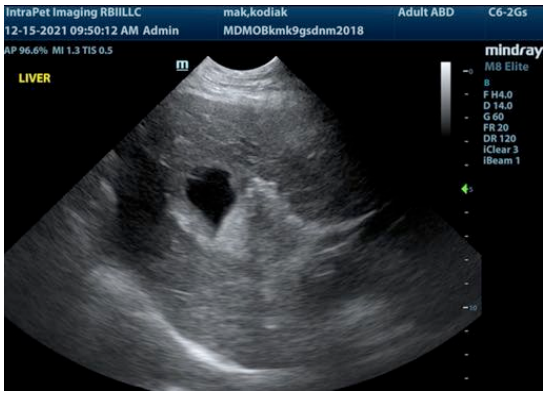
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation of nutrients is a strong potential in this patent. There was no obvious evidence of neoplasia and no obvious evidence of obstruction. 24 hour n.p.o., IV fluid support and testing for Addison's with ACTH stimulation is indicated. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Significantly poor visibility was noted throughout the GI tract owing to gas content.









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.

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