IMAGING PERFORMED BY

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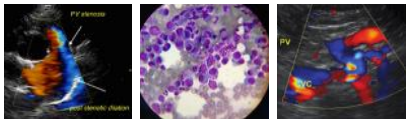


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
12/17/21

PATIENT
Aggie Wertz

SPECIES
Canine

BREED
Schnauzer

SEX
Neutered Male

AGE
7/18/11

WEIGHT
36.1 Lbs.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Animal Emergency H

REFERRING VET
Dr. Thompson

INVOICE
13100

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting; Dehydrated. Date: 12-16-2021 Notes: Aggie is a 10 y/o MN Schnauzer who presents for chronic vomiting - vomiting bile twice daily, initially started vomiting 8-10 times per day - only eating approximately 1/2 cup of food (bland chicken or turkey) - Seen by RDVM, BW/AXR unremarkable treated with Metronidazole and Famotidine - continued to vomit, AXR repeat, treated outpatient again - Continued to not eat much and vomit referred for AUS and IVF - loose to liquid diarrhea 1-2 times daily - Decreased urination and drinking - will eat paper towels, no known toxin exposure, no previous FB sx - No previous medical conditions. Assessment: Vomiting, hyporexia pancreatitis vs ? Plan: Recommended AUS, repeat BW, hospitalization and supportive care. Owner elected to move forward with treatment plan. Discussed limitations of AXR, AUS can evaluate thickness and texture of organs, some FB not visible on AXR. O elects to move forward with treatment plan. Diagnostics: PCV/TP, Chem 10/lytes, AUS.

Current Medications: At home: Metronidazole 250 mg PO BID - Famotidine 10 mg PO BID - Heartgard – Advantix. In-house: Plasmalyte Pantoprazole Metronidazole Gabapentin, Buprenorphine 0.02 mg/kg IV q8h PRN.

Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia (0.6 cm) was noted in the left kidney. The right kidney measured 6.2 cm. The left kidney measured 6.1 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.52 cm x 0.63 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.2 cm x 0.81 cm at the caudal pole and 0.88 cm at the cranial 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 were 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

The **stomach** revealed a polypoid mass, measuring 1.9 cm x 1.69 cm, appeared to be in the pyloric outflow. Submucosal and muscularis layers appeared intact. The remainder of the pyloric mucosa maintained curvilinear patterns; however, some level of remodeling was present. Ulcerative disease is a strong potential. The small intestine and colon were unremarkable.

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.

Free Abdomen

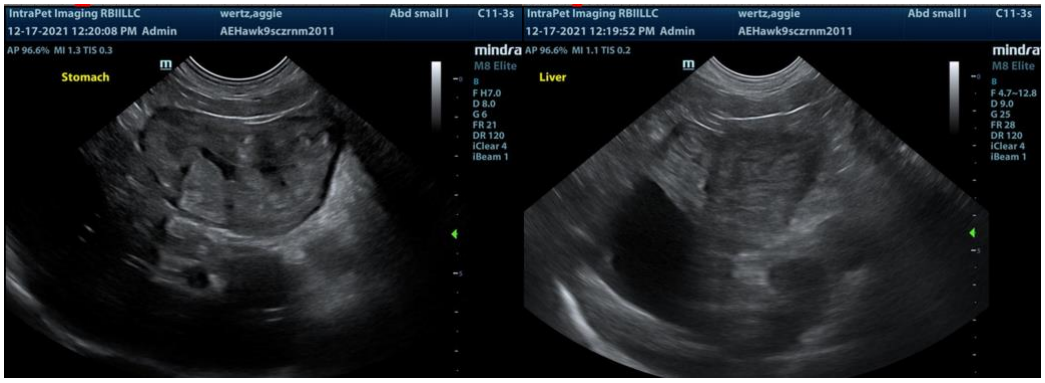
A mesenteric **lymph node** (4.2 cm x 0.79 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Regional hepatic lymph node (1.7 cm x 1.36 cm) was enlarged, rounded and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

- Minor left renal pyelectasia
- Polypoid mass noted in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend endoscopy to biopsy the mass in general pyloric mucosa. The regional lymph node is concerning; therefore, it may be a better opportunity to perform surgical biopsies as well as remove regional lymph nodes. Gastric carcinoma versus lymphoma are primary differentials. Polypoid hyperplasia and gastritis with lymphadenitis possible.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Stomach
mindra
M8 Elite
IntraPet Imaging RBIILLC
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Liver
mindra
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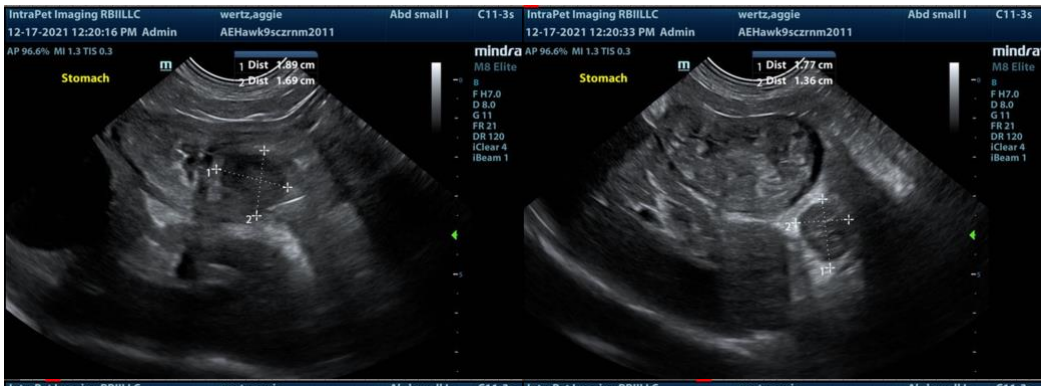
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Stomach
1 Dist 1.89 cm
2 Dist 1.69 cm
mindra
M8 Elite
IntraPet Imaging RBIILLC
wertz,aggie
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Stomach
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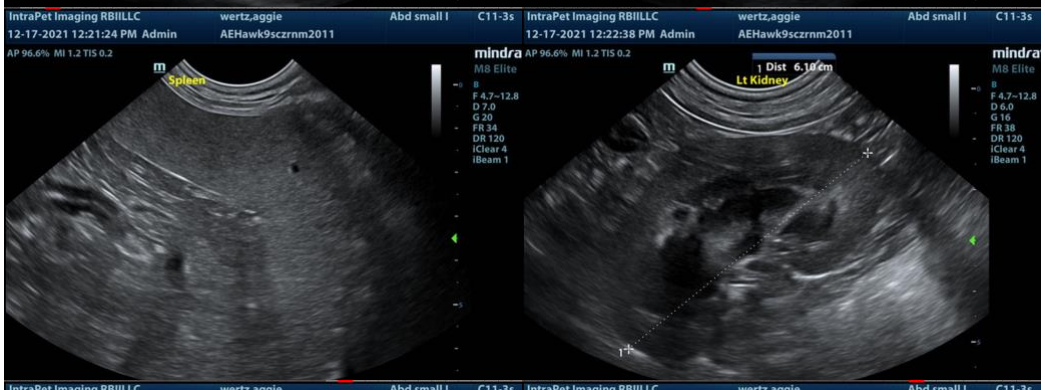
2 Dist 1.36 cm
mindra
M8 Elite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AP 96.6% MI 1.2 TIS 0.2
Spleen
mindra
M8 Elite
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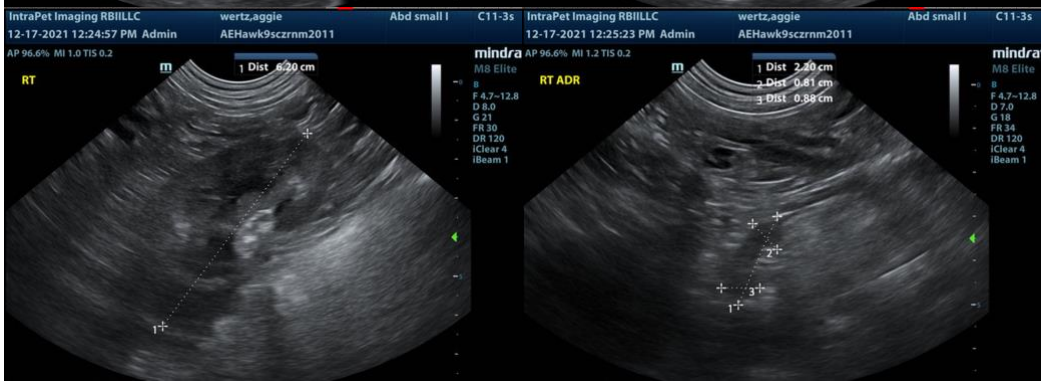
1 Dist 6.18 cm
Lt Kidney
mindra
M8 Elite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AP 96.6% MI 1.0 TIS 0.2
RT
1 Dist 6.20 cm
mindra
M8 Elite
IntraPet Imaging RBIILLC
wertz,aggie
Abd small I
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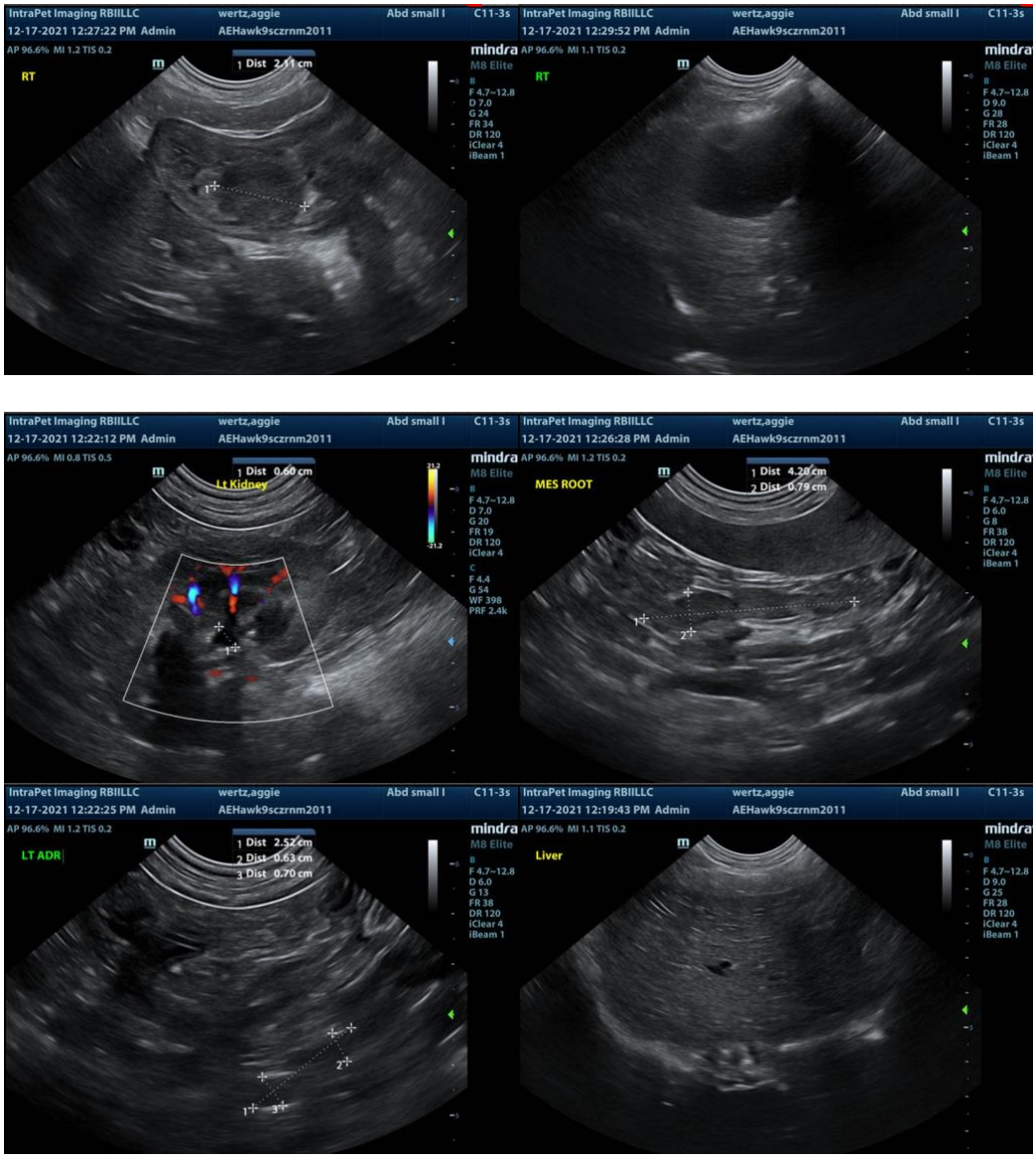
RT ADR
1 Dist 2.20 cm
2 Dist 0.81 cm
3 Dist 0.88 cm
mindra
M8 Elite



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com