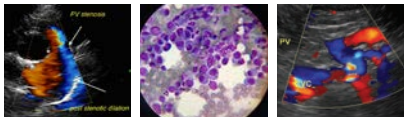
IMAGING PERFORMED BY

IntraPet.com



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

DATE

12/21/21

PATIENT

Bennett Long

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

12/20/20

WEIGHT

66.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

33629

PRESENTING CLINICAL SIGNS

History: 12-20-2021
Presenting Complaint: Bloody Diarrhea; Vomiting; Foreign Body. Date: 12-20-2021 Notes: Bennett ate some plastic ornaments 2 weeks ago and threw them up a few days later. His stool has been a mixture of solid and runny with a small amount of blood in it, and he vomited again today. He does act normally recently. We want to get approval for an ultrasound and skip the other steps between because he is presenting symptoms similar to our other dog who had a foreign body. Vomiting- Threw Up A Few Days After Eating Them (2 Weeks Ago) And Threw Up Again Today Diarrhea- blood in feces ATO: ate Christmas ornaments 2 weeks ago, still eating, v this am. defecated a little bit, small amount of blood defecated pieces of ornaments last week didn't get into anything, no people food. Assessment: Dietary indiscretion- Ingestion of FB 2 weeks ago Bloody diarrhea, Vomiting- 2 weeks ago and vomiting today. BAR and anxious on PE; < 5% dehydrated- no obvious evidence of dehydration, abdomen soft/ not painful, rectal soft brown stool- no blood. DDX: Dietary indiscretion leading to gastroenteritis vs pancreatitis vs Foreign body vs GI parasites vs viral vs bacterial vs Addison's vs other
Plan: Os came in looking for AUS drop off for tomorrow Only- Os are extremely concerned about foreign body ingestion and obstruction. Os are $ concerns. Had another dog here Bonnie - x ray didn't show obvious fb however had AUS that showed obstruction then had surgery. Os state that Bennett is much more BAR than Bonnie and is still eating. Os explained he vomited once this am but then ate held it down and defecated since. Offered: HCT/CHEM 10/LYTES, X rays, Fecal - Os decline All diagnostics until AUS tomorrow. Offered: SQ fluids, ondansetron/ famotidine injection, TGH with Metronidazole, Proviable, Omeprazole - Os decline all treatment at this time- Os elect TGH only with exam and elect Drop off AUS tomorrow- Os want to ensure that no FB is seen prior to continuing treatment/ diagnostics.

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 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 6.2 cm. The right kidney measured 5.79 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 2.76 cm x 0.56 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 2.67 cm x 0.69 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Reactive mesenteric lymph nodes noted, measuring 1.89 cm and 1.27 cm. Some soft stool was noted in the colon.

Pancreas

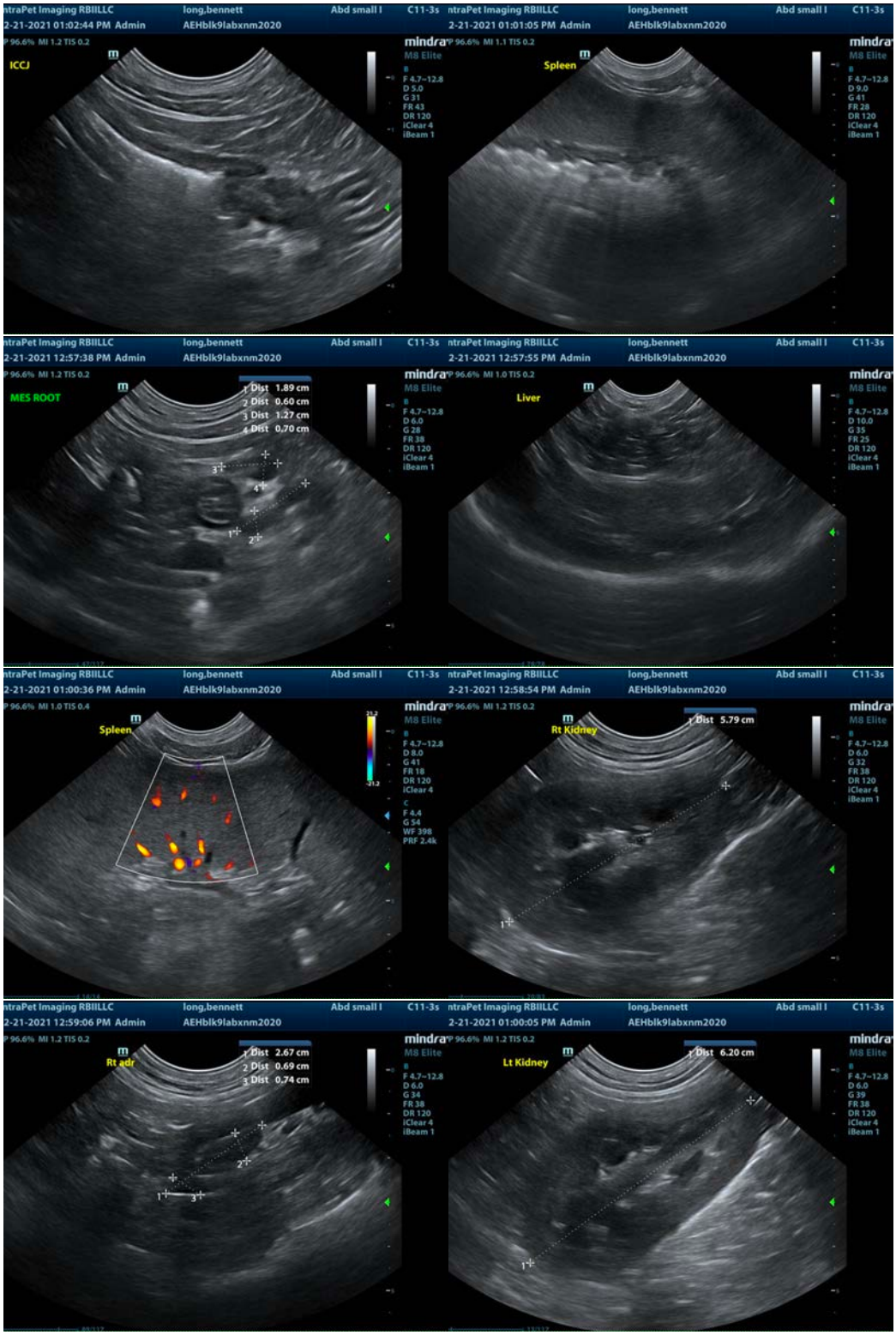
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

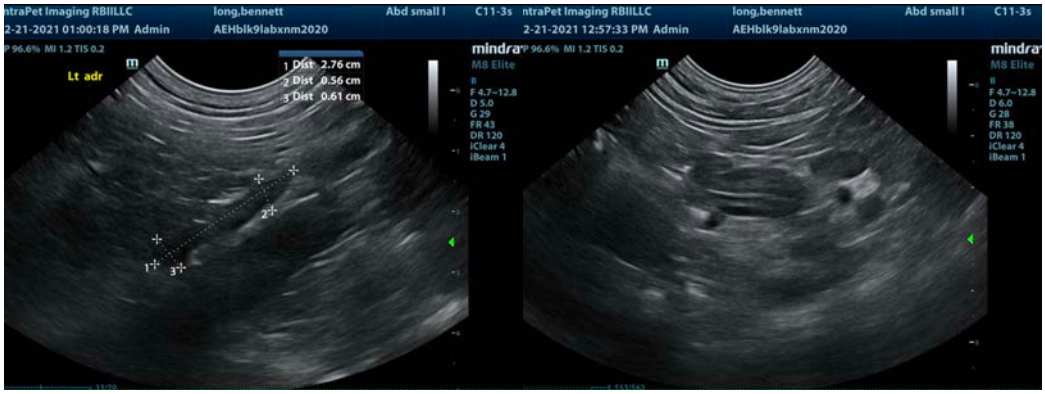
ULTRASONOGRAPHIC FINDINGS

- Mild intestinal thickening and mesenteric lymphadenopathy
- Reactive spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplastic criteria or foreign bodies in this patient. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Anti-parasitic protocol warranted, fecal test, and bland diet. Hydrolyzed diet may be in this patient's best interest long-term.


ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 01:02:44 PM Admin
AEHblk9labxnm2020
ICCJ
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 01:01:05 PM Admin
AEHblk9labxnm2020
Spleen
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 12:57:38 PM Admin
AEHblk9labxnm2020
MES ROOT
1 Dist 1.89 cm
2 Dist 0.60 cm
3 Dist 1.27 cm
4 Dist 0.70 cm
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 12:57:55 PM Admin
AEHblk9labxnm2020
Liver
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 01:00:36 PM Admin
AEHblk9labxnm2020
Spleen
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 12:58:54 PM Admin
AEHblk9labxnm2020
Rt Kidney
1 Dist 5.79 cm
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 12:59:06 PM Admin
AEHblk9labxnm2020
Rt adr
1 Dist 2.67 cm
2 Dist 0.69 cm
3 Dist 0.74 cm
mindra
M8 Elite
ntraPet Imaging RBIILLC
long,bennett
Abd small I
C11-3s
2-21-2021 01:00:05 PM Admin
AEHblk9labxnm2020
Lt Kidney
1 Dist 6.20 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
info@SonoPath.com