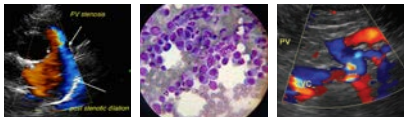
IMAGING PERFORMED BY

IntraPet.com



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

DATE

12/22/21

PATIENT

TJ Krabitz

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/21/14

WEIGHT

77 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Riehl

INVOICE

33627

PRESENTING CLINICAL SIGNS

History: 7 yo MN Golden Retriever. 1 week history of lethargy. Decreased appetite; will eat but takes a while to finish food/comes back to it. Marked lethargy.
Current Medications: Cerenia: 80 mg SID.
Lab Results: BW not performed, 3-V CXR not performed to prioritize ultrasound.
Radiographs: Rads show gastric distension with mass effect causing displacement of intestines. No pericardial effusion.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: **Requested.**

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 right kidney measured 6.59 cm. The left kidney measured 7.69 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 right adrenal gland measured 2.8 cm x 0.71 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland measured 3.5 cm x 0.71 cm at the caudal pole and 0.85 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** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was overdistended with mildly echogenic fluid. Hyperperistaltic, edematous small intestine present. Transiting soft foreign body noted measuring 1.5 cm with other smaller soft foreign matter. The

pylorus appeared mildly thickened with inflammatory pattern and nebulous mural changes. Minor reactive mesentery noted around the small intestine. Some other shadowing chyme/material present in the stomach with significant stasis. The colon was 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.

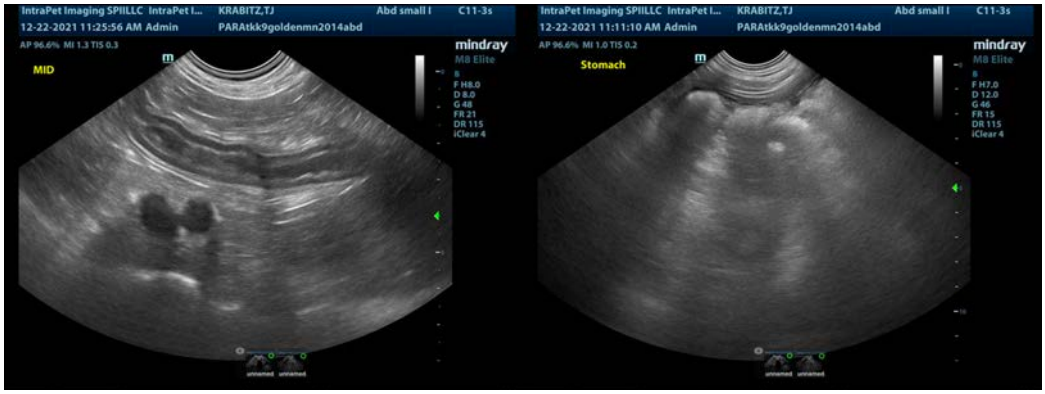
ULTRASONOGRAPHIC FINDINGS

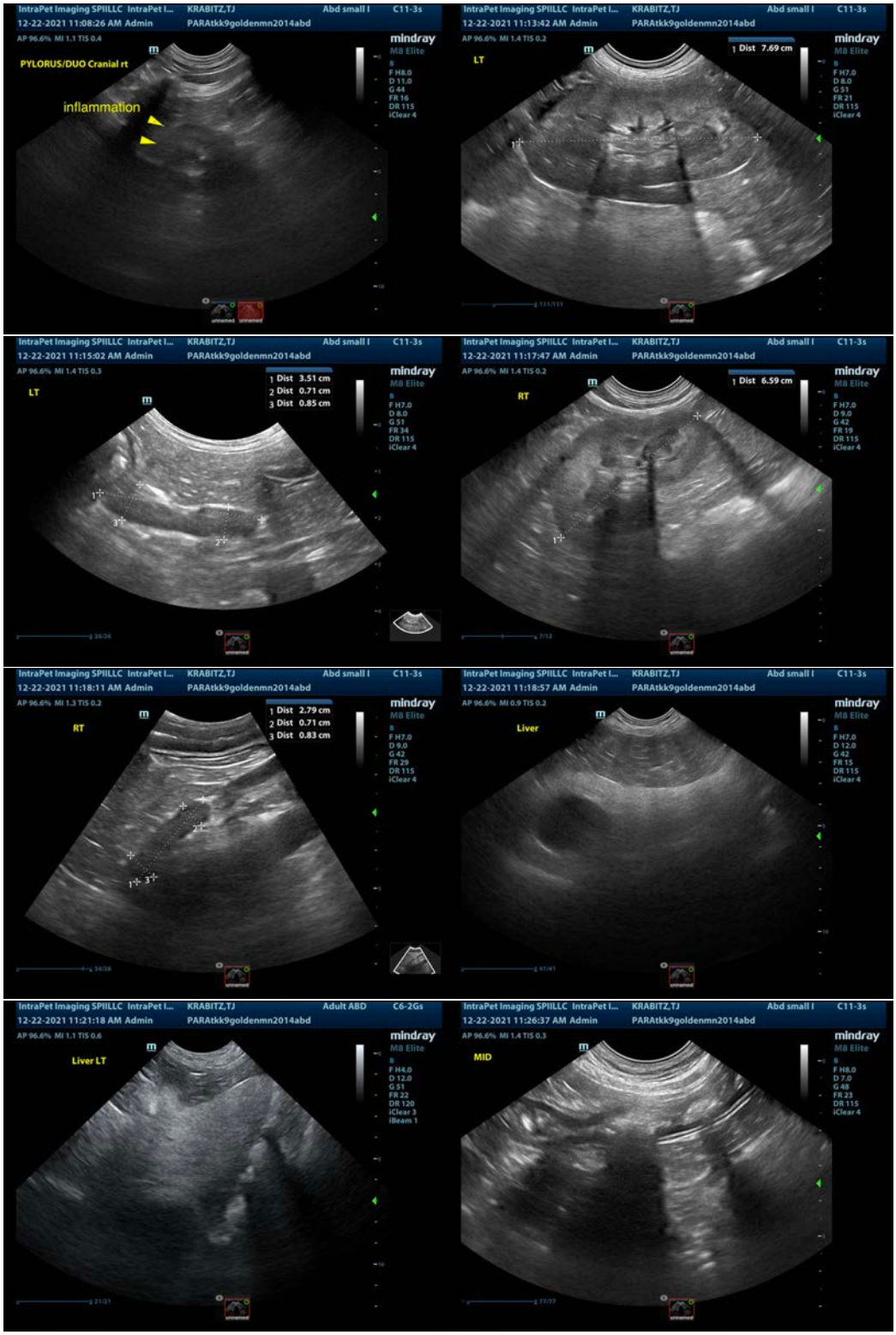
- Gastroenteritis with small, soft transiting foreign material and variable gastrointestinal thickening – underlying chronic inflammatory disease suspected.
- Hepatic lipidosis liver pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not full obstruction in this patient, and the soft material transiting may pass with medical therapy and plasma expansion. However, it would not be wrong to explore in order to obtain GI biopsies and evacuate the upper gastrointestinal tract. If surgery is to be performed, liver biopsy is warranted for long-term management. Eventual bile acid profile would be indicated. If conservative therapy is to be taken, which is a completely viable approach in this patient in my opinion, aggressive GI protectants, broad-spectrum antibiotics, and plasma expanders all indicated. Recheck sonogram in 24 hours, earlier if clinical decline occurs. I recommend a fresh fecal smear and fecal floatation analysis. The evaluation of this report should take into consideration when the patient was fed prior to the sonogram.

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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mindray
PYLORUS/DUO Cranial rt
inflammation
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12-22-2021 11:13:42 AM Admin PARAtkk9goldenmn2014abd
mindray
LT
1 Dist 7.69 cm
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mindray
LT
1 Dist 3.51 cm
2 Dist 0.71 cm
3 Dist 0.85 cm
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12-22-2021 11:17:47 AM Admin PARAtkk9goldenmn2014abd
mindray
RT
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mindray
RT
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2 Dist 0.71 cm
3 Dist 0.83 cm
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mindray
Liver
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mindray
Liver LT
IntraPet Imaging SPIILLC IntraPet I... KRABITZ,TJ Abd small I C11-3s
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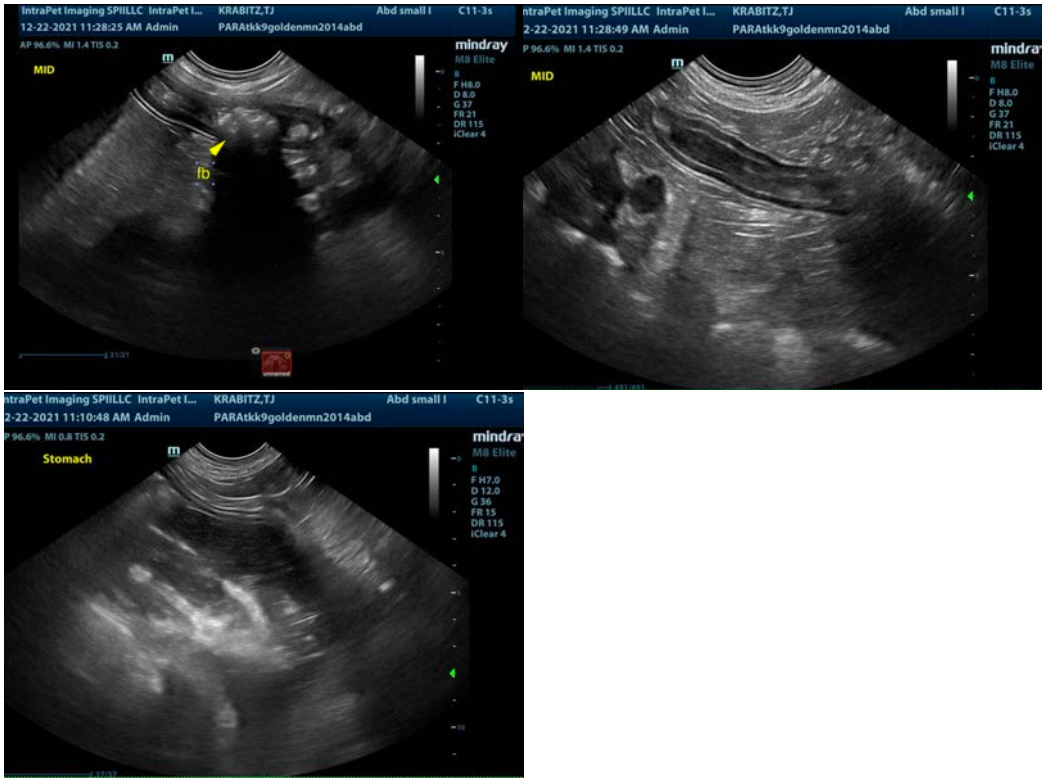
mindray
MID



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
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