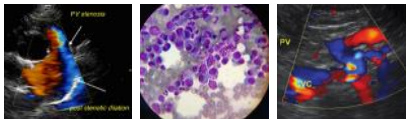
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/6/22

PATIENT
Abbey Weaver

SPECIES
Canine

BREED
Rottweiler

SEX
Intact Female

AGE
5/22/21

WEIGHT
88.4 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Willer

INVOICE
15076

PRESENTING CLINICAL SIGNS

History: Recheck. Ultrasound 5/3/22- diagnosed with gastroenteritis with gastric hypertrophy. Has been doing well- eating and drinking. Follow up ultrasound, still hospitalized in isolation.

Date of Previous IntraPet Ultrasound: 5/3/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 6.37 cm. The right kidney measured 6.37 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.15 cm x 0.72 cm at the caudal pole and 0.7 cm at the cranial pole.

The region of the **right adrenal gland** revealed no evident pathology.

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 **gastric** wall as persistently thickened yet reduced compared to the prior sonogram, measuring 2.9 cm. The colon was dilated with fluid, as was the distal small intestine.

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

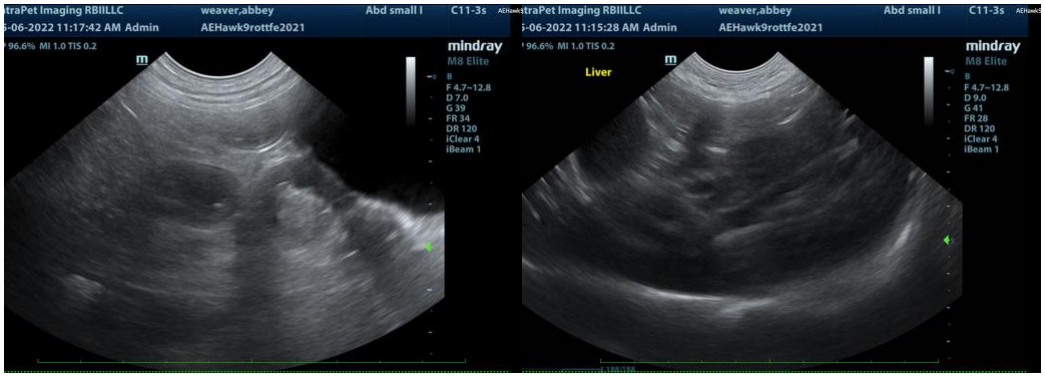
The mesenteric **lymph nodes** measured 1.38 cm x 0.55 cm.

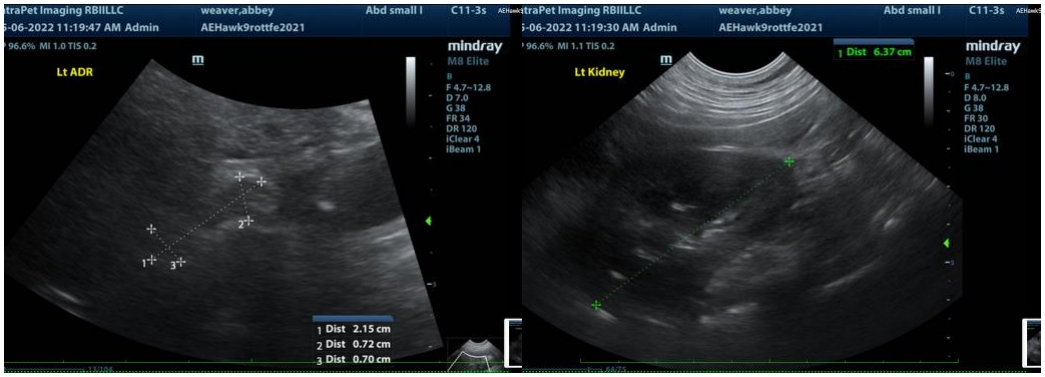
ULTRASONOGRAPHIC FINDINGS

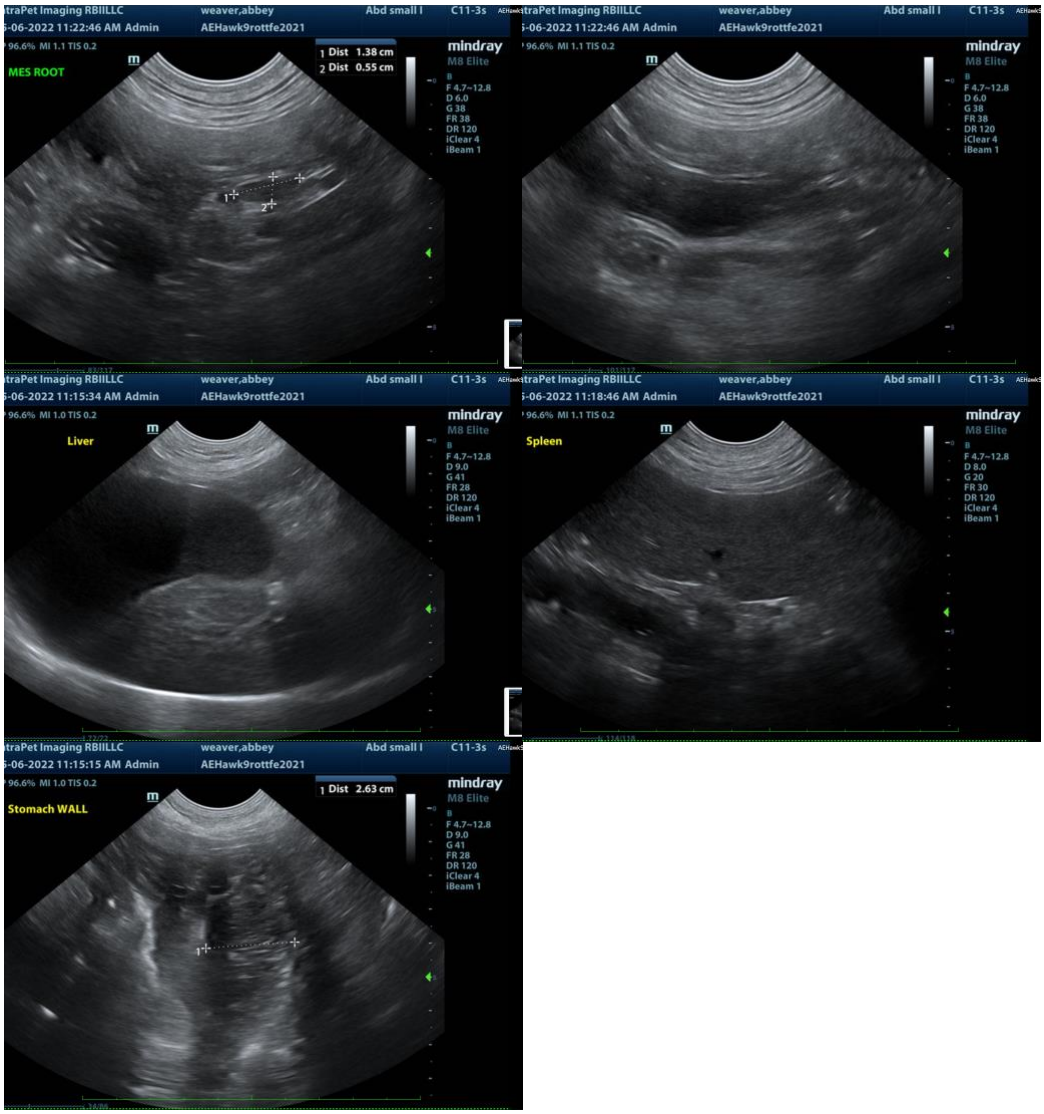
- Persistent gastric thickening with variable intestinal and colonic dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend either endoscopy guided biopsies or full thickness gastrointestinal biopsies in this patient given the persistent pathology. Guarded prognosis. Continual medical management warranted until samples can be obtained. If the patient has been traveling to a region with pythiosis, then this should be considered as a differential. I recommend a fresh fecal smear and fecal floatation analysis.







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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