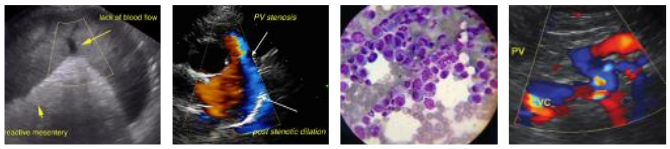
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Campomizzi

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

29.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Shonts

INVOICE

23871

DATE

8/11/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for issues that started on Tuesday. Vomited a large amount Tuesday while on his walk and had facial swelling of his nose and snout. Was seen at the rDVM and given an injection of Benadryl. Then vomited a large amount at 6pm with an episode of strange breathing. At 730pm he vomited again and started having loose stools. She brought him in to Shores then but there was a 6-8 hour wait and she was told to try Benadryl by mouth at home. She gave 2 tablets at 11pm that night. From midnight until 11am Wednesday he was vomiting and having loose stools every 30 minutes. He was still drinking and urinating normally during this time. He was seen by the rDVM again Wednesday and started on Flagyl. She took him back home and noticed his other eye had become swollen. Then then returned to the rDVM for a 3rd time where he had an additional Benadryl injection. She brought him back home and he continued to strain to have BMs with small squirts coming out. At 9:15pm the owner administered an additional injection of Benadryl (that the rDVM had sent home with her). At midnight he vomited a small amount of yellow and orange liquid and then was squatting to pass a BM every hour overnight. Previous Health Concerns: *Allergies* has list at rDVM, was told start of kidney disease at dental cleaning in March, spinal arthritis Current Medications: Movoflex SID, Flagyl – he has had 3 doses Appetite/When did they eat last: no appetite, the last time he ate now was Monday and the owner has tried a variety of items including chicken, beef, and eggs

Abnormal PE/Chem/CBC/UA Results: Abdominal x-ray: liver appears smaller than typical, stomach empty, uniform SI with small amount of gas throughout, no obstructive pattern, gas in colon EPOC: unremarkable Chem: IP 5.4, TP 4.8, Alb 2.1, amylase 2283, rest WNL CBC: WBC 17.5k, Neut 15.41k/88.1%, HCT 49%, rest wnl cPL: 2000ng/nL (>400 consistent with pancreatitis) UA: 1.012, pH 6.0, 3+ cocci with clusters, 1/hpf WBC, 2-3/hpf RBC, no crystals 4DX: negative

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 7.3 cm. The right kidney measured 7.3 cm.

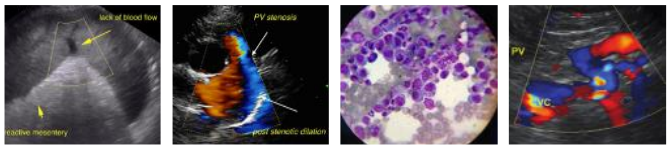
Adrenal Glands

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 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** was mildly heterogenous.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Campomizzi

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

29.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Shonts

INVOICE

23871

DATE

8/11/23

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed variable areas of stasis and wall thickening with some reactive mesentery. Some shadowing material was noted in the pyloric outflow with hyperechoic changes in the gastric mucosa, suggestive for ulcerative disease. Spastic duodenum and jejunum were noted. Soft stool was noted in the colon. No evidence of neoplastic criteria was present.

Pancreas

Heterogenous parenchymal changes were noted in the **pancreas**, secondary inflammation is likely.

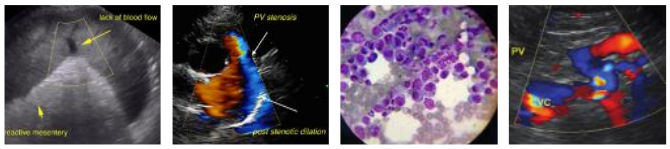
ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal thickening with ulcerative pattern
- Reactive mesentery
- Heterogenous changes in the pancreas
- Age-related hepatic changes
- Mildly heterogenous spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A portion of jejunum was particularly thickened (6.0 mm wall). No overt foreign body noted. This is likely acute on chronic inflammatory bowel with strong potential for emerging round cell neoplasia. A large amount of reactive mesentery was present. Full thickness GI biopsies would be necessary for a definitive diagnosis. Prognosis is guarded. Given the low albumin, protein losing enteropathy is likely.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Campomizzi

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

29.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

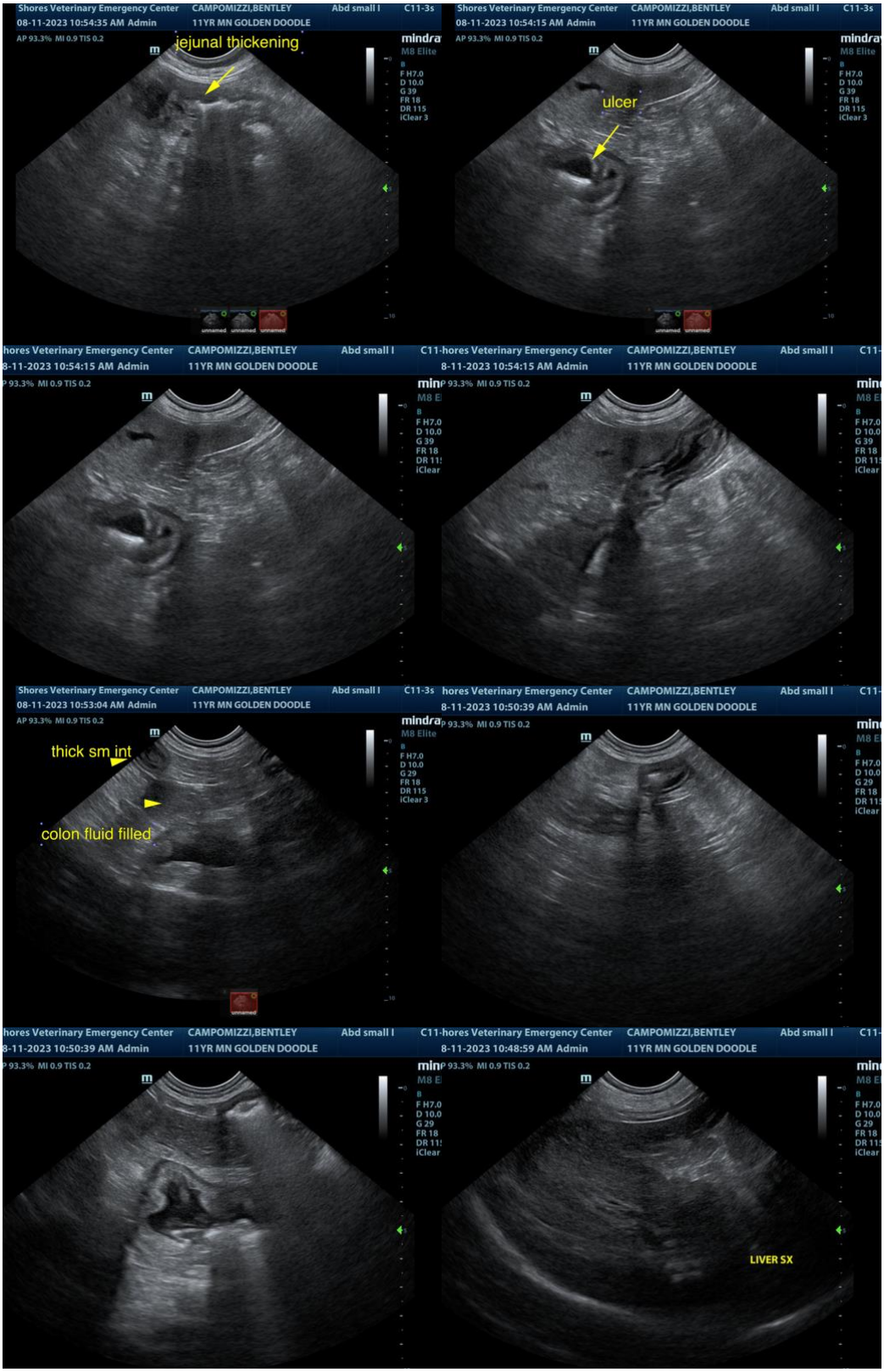
Dr. Shonts

INVOICE

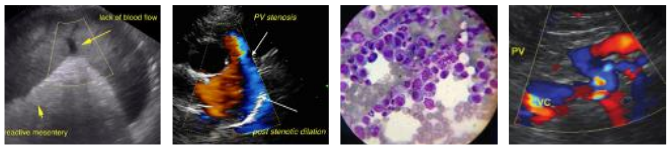
23871

DATE

8/11/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Campomizzi

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

29.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

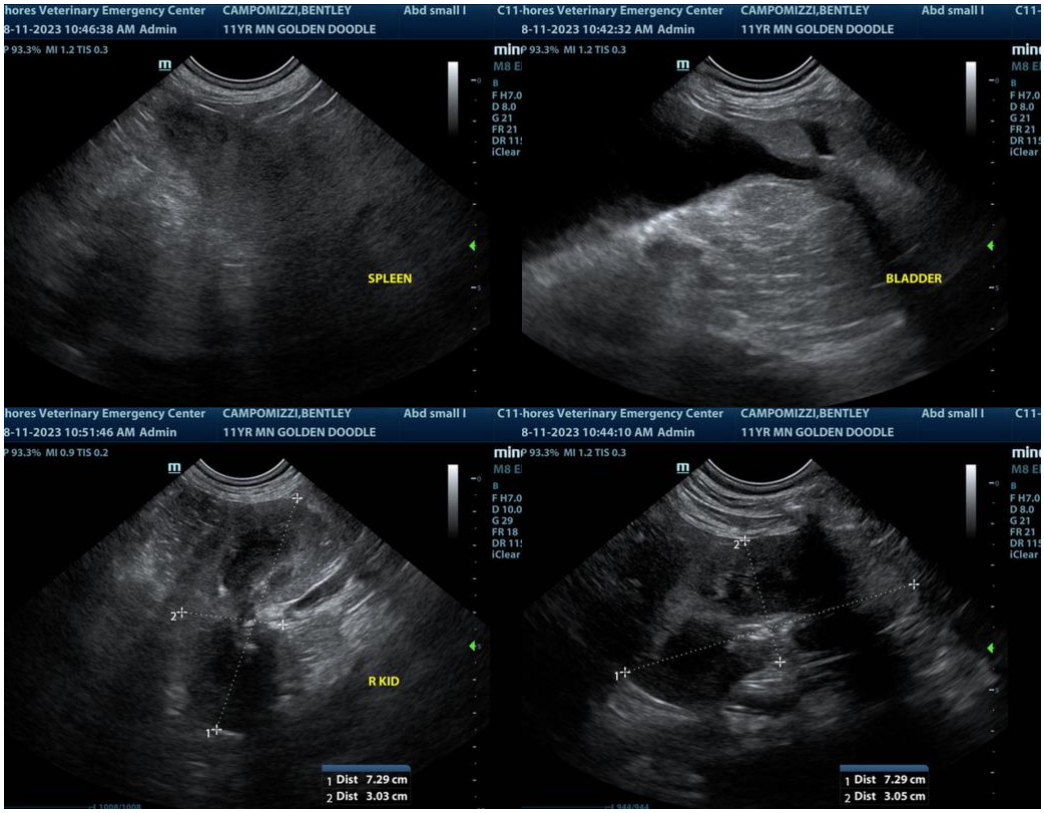
Dr. Shonts

INVOICE

23871

DATE

8/11/23



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