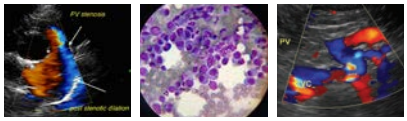
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

8/23/22

PATIENT

Sophie Mohn

SPECIES

Canine

BREED

English Golden Retriever

SEX

Spayed Female

AGE

8/20/19

WEIGHT

69.4 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

40679

PRESENTING CLINICAL SIGNS

8/20/22: AEH - referral for gastric dilation. C/S: PU/PD, panting Hacking/ gagging - no vomiting. Medications: Prednisone, Gentamicin at rDVM Initial exam: Anxious, overweight, abd tense PCV/TP 44/7.6 --> 40/7.8 Xray: Stomach full of FM or food, bunching of GIT, no overt FB or obstructive pattern Recheck rads after IVF: stomach empty; ingesta present in SI; gas in colon; no obvious FB or obstructive pattern IVF, buprenorphine, ondansetron. Ate well multiple times, no vomiting, no distention Sent home: Omeprazole, ondansetron. Presented 8/23 for: - Diarrhea + Blood – Vomited. ATO in room: - Hx of chronic ear infection- has been at greenbriar every other week for the last 3 months. O has a pool, difficult to keep her out. Last ear infection pretty bad- started on steroid for inflammation - O worried that the prednisone tore up her stomach. This has been stopped (last given ATO ~1.5 weeks ago) - Last wednesday hacking, friday night panting/ hot - Greenbriar on friday worried about stomach flipping - Referred to AEH stomach in correct position - Hospitalized; ate for O- defecated normal stool at AEH. As soon as she came home had diarrhea- diarrhea turned into bloody - Fed chicken and rice 2x- ate - Vomited 12am food that was fed at 4pm chicken ****Will ONLY eat for owner

Date of Previous IntraPet Ultrasound: No previous.
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 right kidney measured 7.22 cm. The left kidney measured 6.78 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 3.57 cm x 0.74 cm at the cranial pole and 0.50 cm at the caudal pole. The left adrenal gland measured 2.47 cm x 0.49 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally, normal positional variant. 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 **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. Minor retention of ingesta noted in the stomach. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. 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.

Pancreas

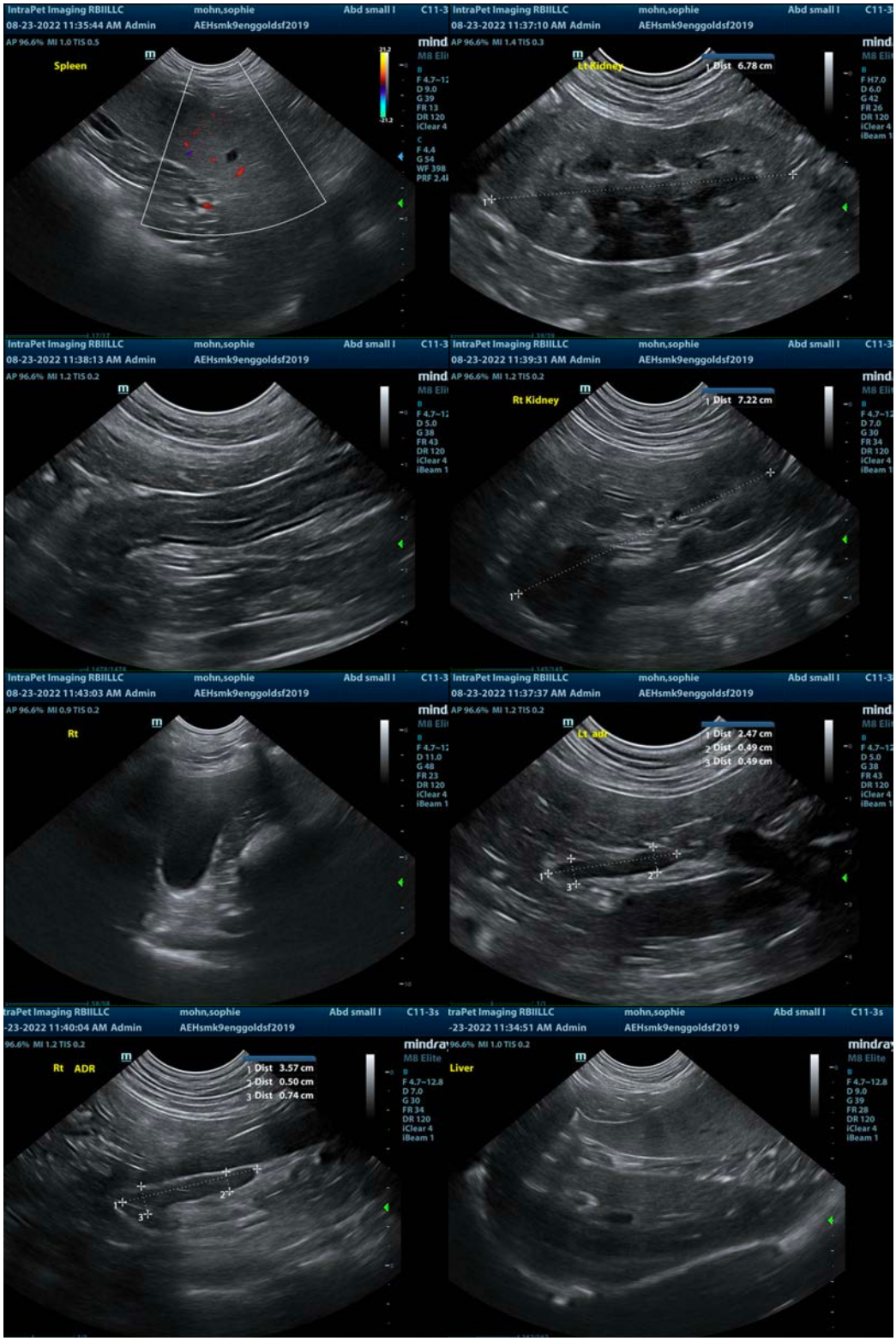
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor IBD GI pattern with slight retention of ingesta or possible grass in the stomach, non-obstructive
- Minor reactive mesenteric lymph nodes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. If the patient was NPO, the echotexture of the material in the stomach could represent grass accumulation. Prednisone may be suppressing a more significant presentation. Diet change to hydrolyzed diet, anti-parasitic protocol indicated.


IntraPet Imaging RBIILLC
mohn,sophie
Abd small I
C11-3
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AEHsmk9enggoldsf2019
Spleen
IntraPet Imaging RBIILLC
mohn,sophie
Abd small I
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Lt Kidney
1 Dist 6.78 cm
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Abd small I
C11-3
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mohn,sophie
Abd small I
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Rt Kidney
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C11-3
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Rt
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mohn,sophie
Abd small I
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Lt adr
1 Dist 2.47 cm
2 Dist 0.49 cm
3 Dist 0.49 cm
mohn,sophie
Abd small I
C11-3s
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AEHsmk9enggoldsf2019
Rt ADR
1 Dist 3.57 cm
2 Dist 0.50 cm
3 Dist 0.74 cm
mohn,sophie
Abd small I
C11-3s
AEHsmk9enggoldsf2019
Liver

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

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