IMAGING PERFORMED BY

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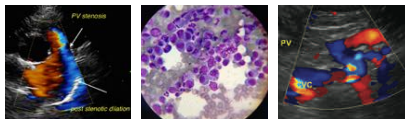

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/5/21

PATIENT

Leela Whitlock

SPECIES

Canine

BREED

Cocker Mix

SEX

Spayed Female

AGE

2010

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

91654

PRESENTING CLINICAL SIGNS

Diarrhea, straining. Appetite decreased.

History: Date: 09-04-2021 Notes: Tuesday very thin stool, began to get soft - still eating fine. Seemed constipated - straining multiple times outside. Appetite decreased, will eat with encouragement ~1/3 normal amount today, still drinking. Tried adding green beans and pumpkin - NI, did eat boiled chicken. Lethargic V+ noise this AM, no production. No known dietary change or indiscretion.

Current Medications: Metronidazole 5mg/mL Injection. Ampicillin 125mg/vial Injection. Maropitant Citrate (Cerenia) 10mg/mL Solution Injection. Pantoprazole (Protonix) 40mg/vial Injection. Buprenorphine 0.6mg/mL.

Lab Results: attached
Radiographs: stomach full of ingesta; small intestinal loops appear subjectively obvious obstructive pattern thickened; gas and what looks likely to be diarrhea within the colon; no

Date of Previous IntraPet Ultrasound: no previous
Sedation: not needed
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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.89 cm. The left kidney measured 4.25 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 2.27 x 0.67 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 2.57 x 0.61 cm at the caudal pole and 0.55 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

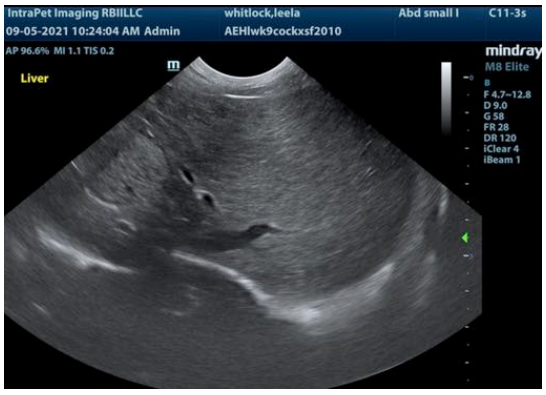
The sublumbar lymph nodes were slightly enlarged and measured 0.64 cm.

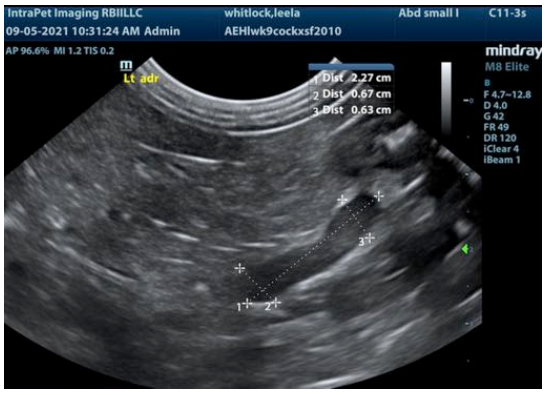
ULTRASONOGRAPHIC FINDINGS

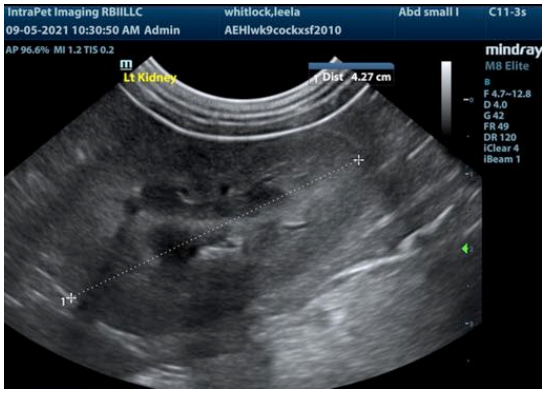
Benign hepatopathy, excessive gallbladder derris.
Age related abdominal changes elsewhere.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study is ideal with Ursodiol over the next 6-8 weeks with a recheck sonogram. The remainder of the abdomen appear stable. Other than emerging mucocele there is no evident pathology in the abdomen that would be responsible for the clinical signs. Other causes of hyporexia such as orthopedic pain, thoracic or CNS disease should be considered.



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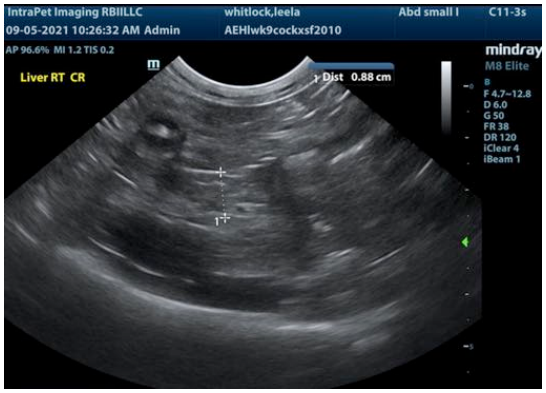
mindray
M8 Elite
Lt Kidney
1 Dist 4.27 cm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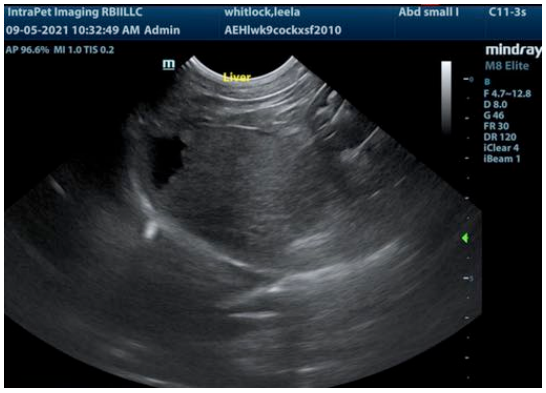
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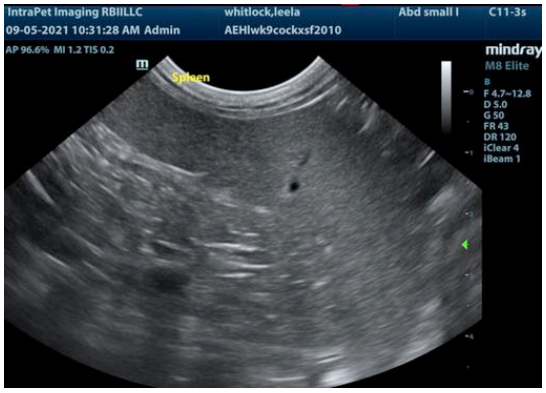
Liver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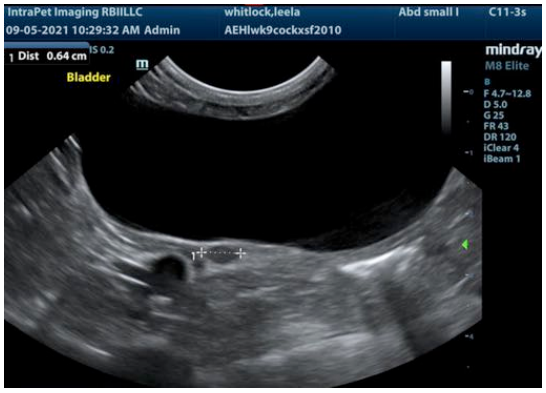
Spleen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mindray
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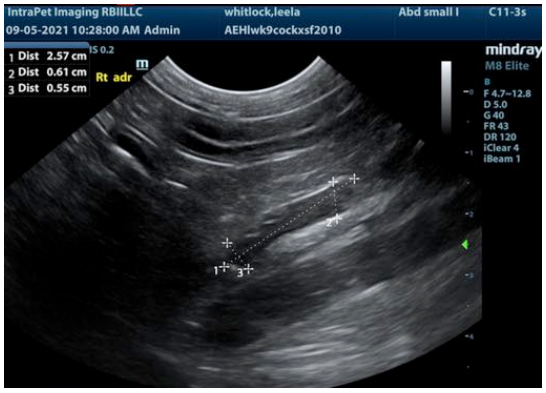
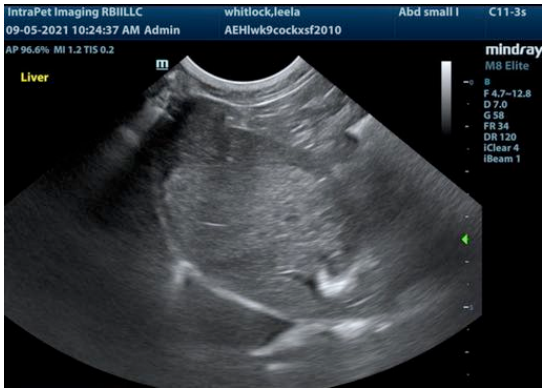
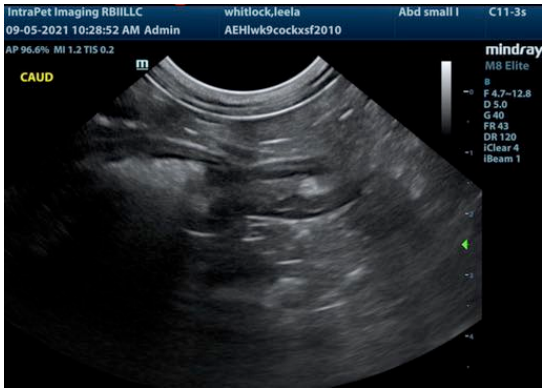
Bladder


IntraPet Imaging RBIILLC
whitlock,leela
Abd small I
C11-3s
09-05-2021 10:28:00 AM Admin
AEHlwk9cockxsf2010
1 Dist 2.57 cm
2 Dist 0.61 cm
3 Dist 0.55 cm
Rt adr
mindray
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
Eric.Lindquist@SonoPath.com