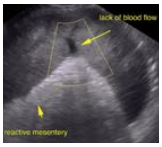
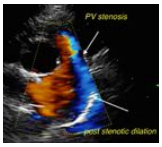
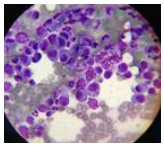
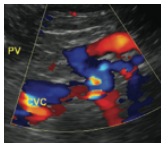




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shiloh Spears

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Plourde

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Plourde

INVOICE

46522

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Pt does have a history of eating things he shouldn't and his siblings were playing with rope toys last week. He developed vomiting and diarrhea last Friday. Pt went to ER on Sunday night where they took x-rays and ran bloodwork that was fairly unremarkable. Pt is still having diarrhea, lethargy and decreased appetite inspite of additional outpt care and now hospitalization. FAST scan revealed section of thickened intestines with loss of layers. Scant free fluid around that area. Fat around there is hyperechoic. NO visible lymphadenopathy in the area. Pancreas is also readily visible on FAST scan- hypoechoic with hyperechoic fat nearby. Top ddx linear foreign body vs intestinal neoplasia >> ulceration The pt does have a 5/6 heart murmur (asymptomatic) and seizures (well controlled).
Abnormal PE/Chem/CBC/UA Results: Alp 419

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 3.0 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There were variably sized, nonobstructive medullary mineralization without pelvic dilation. There was no pelvic dilation. The left kidney measured 5.4 cm in length. The right kidney measured 5.6 cm in length.

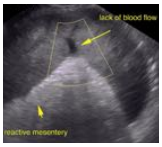
Adrenal Glands

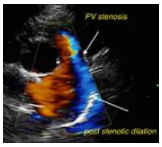
Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 5.0 mm at the caudal pole and 6.0 mm at the cranial pole. The right adrenal gland measured 4.0 mm at the caudal pole and 14.0 mm at the cranial pole.

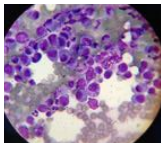
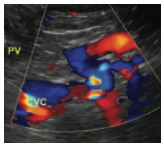
Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Shiloh Spears

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Plourde

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Plourde

INVOICE

46522

DATE

8/9/23

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach wall was mildly thickened with normal layering and a prominent, submucosal layer. There was mineral contents in the stomach that were suspected ingesta, non-shadowing. The pylorus was empty. The duodenum had mild distension and ileus. Within the small intestine there was diffuse, mild wall thickening and an area of segmental wall thickening with an early loss of wall layering. There was reactive mesentery surrounding this portion of the bowel and trace free fluid. The wall measured 6.0 mm thick in this area. The ICJ was visualized and normal. The colonic wall was normal with semi-formed contents. The duodenal wall thickness is 3.0 mm, stomach wall thickness is 6.0 mm and the small intestinal thickness is 3.0 mm, the ilial thickness is 4.0 mm.

Pancreas

The pancreas was diffusely hyperechoic and mildly irregular. There were no overt nodules or masses. The capsular contour was mildly irregular.

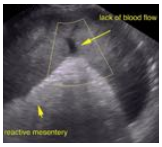
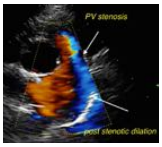
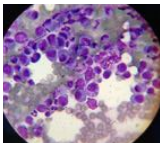
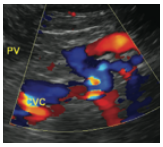
Free Abdomen

Focal, peritoneal inflammation int eh mid abdomen around the abnormal bowel segment and surrounding are was noted. There was trace free fluid adjacent to the abnormal segment of bowel.

ULTRASONOGRAPHIC FINDINGS

- Diffuse small intestinal wall thickening
- Segmental mural mass lesion in small intestine, suspect ileal – ddx inflammatory vs emerging neoplasia
- Localized peritonitis and trace free fluid
- Mesenteric lymphadenopathy – reactive pattern
- Mild-moderate pancreatitis – suspect inflammation secondary to GI presentation
- Aging changes in kidneys with mild cortical minealization

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Shiloh Spears

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Plourde

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Plourde

INVOICE

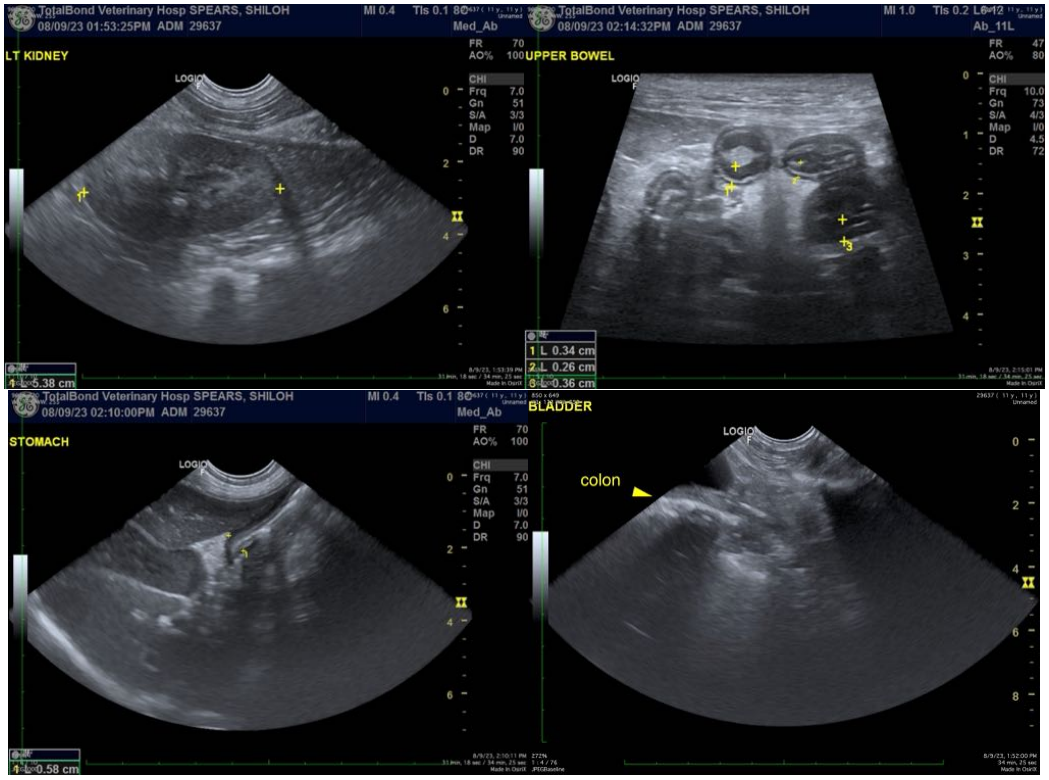
46522

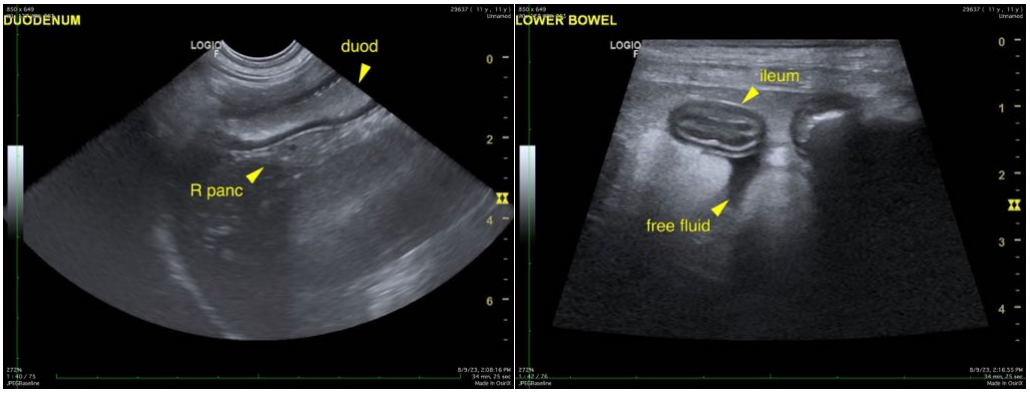
DATE

8/9/23

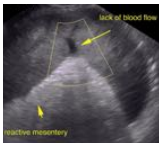
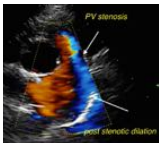
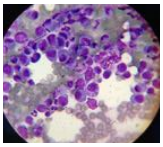
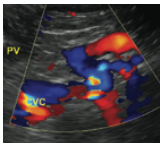
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the diffuse small intestinal wall changes, I suspect chronic IBD +/- intestinal necrosis vs emerging neoplasia in the segmental mural lesion. Penetrating FB, such as toothpicks, can present this way at times and can be obscured from view by the mesenteric inflammation. Options for treatment would be IV fluids, analgesia, IV antibiotics and medical therapy for IBD, with a recheck US in 48-72 hours if doing better clinically. Or surgical exploratory with biopsies is also a reasonable option, given the lack of improvement thus far on supportive outpatient care.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Shiloh Spears

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Plourde

HOSPITAL NAME

TotalBond VH

REFERRING VET

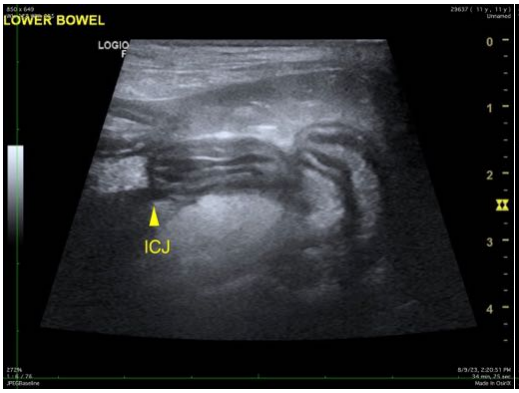
Dr. Plourde

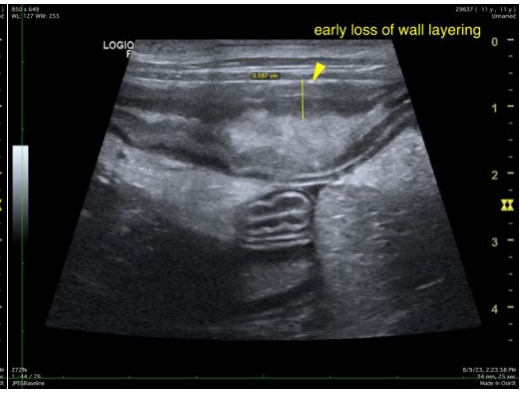
INVOICE

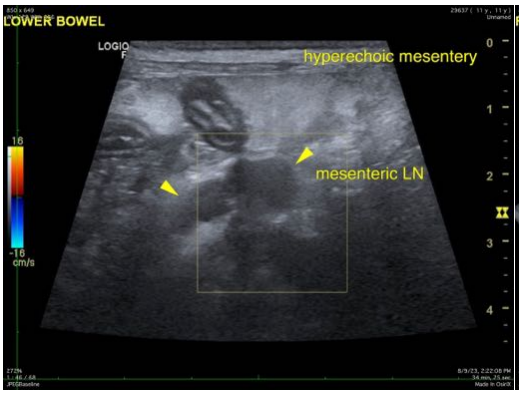
46522

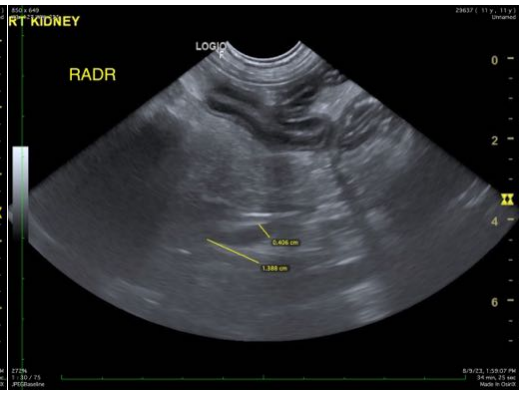
DATE

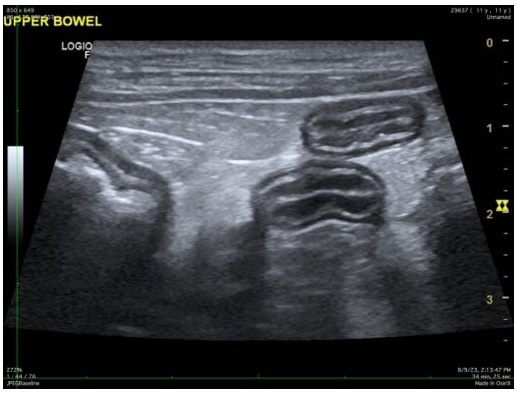
8/9/23











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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com