IMAGING PERFORMED BY

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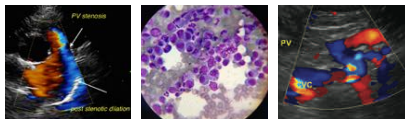

SonoPath
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DATE
10/12/21

PATIENT
Riley Miller

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered male

AGE
8/9/10

WEIGHT
74.6 lbs

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Martinoli

INVOICE
92355

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Vomiting; Not Himself; Not Eating.
Date: 10-10-2021 **Notes**: Was here yesterday for gum w/xylitol ingestion; at borderline toxic level according to PPH; BG normal; owners declined in-hospital monitoring. Did not eat after going home and vomited multiple times overnight. Did not want to eat this morning either. **Assessment:** r/o toxicity (xylitol, other); foreign body; gastritis/gastroenteritis. **Plan:** Recommend to Owner Hospitalization, IV catheter, fluid therapy, Gastroprotectants, and further treatment as needed.
Current Medications: Acepromazine, Pantoprazole, Cerenia.
Lab Results: Attached separately.
Radiographs: Xray Abdomen 2 View Stomach empty. No evidence of obstruction. Possible mass effect on lateral abdomen; VD WNL. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV butorphanol
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.05 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.87 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.89 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal and the jejunum measured as normal (0.4 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

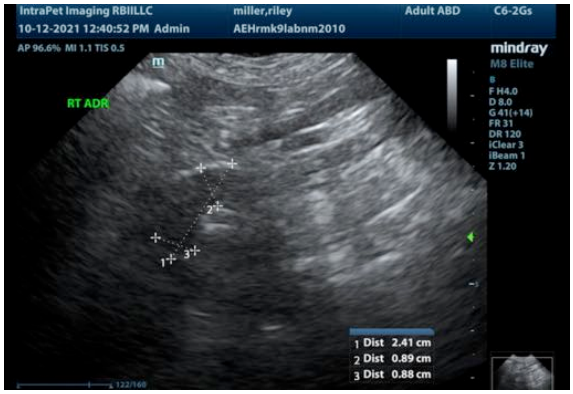
Pancreas
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS
Mildly heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
The ultrasound findings today were relatively mild and likely normal for this dog. No obvious bowel or gastric dilation were noted indicating any foreign material. I recommended to continue vigilance as ultrasound can be insensitive in picking up some types of foreign material. Hopefully, this is a case of dietary indiscretion and secondary gastroenteritis. Consider other differentials such as GI parasitism, mild pancreatitis, food allergy, etc.

Recommend symptomatic therapy and close monitoring, if symptoms persist, re-evaluate and consider additional testing for metabolic disease (GI panel with a PLI/TLI, cobalamine and folate etc..) and reimaging and possible biopsies.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miller,riley
Adult ABD
C6-2Gs
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AEHrmk9labnm2010
AP 96.6% MI 1.1 TIS 0.5
mindray
M8 Elite
RT ADR
1 Dist 2.41 cm
2 Dist 0.89 cm
3 Dist 0.88 cm


IntraPet Imaging RBIILLC
miller,riley
Adult ABD
C6-2Gs
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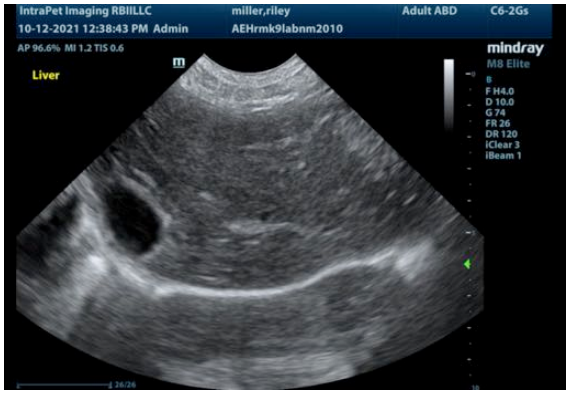
AP 96.6% MI 1.2 TIS 0.6
mindray
M8 Elite
Liver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miller,riley
Adult ABD
C6-2Gs
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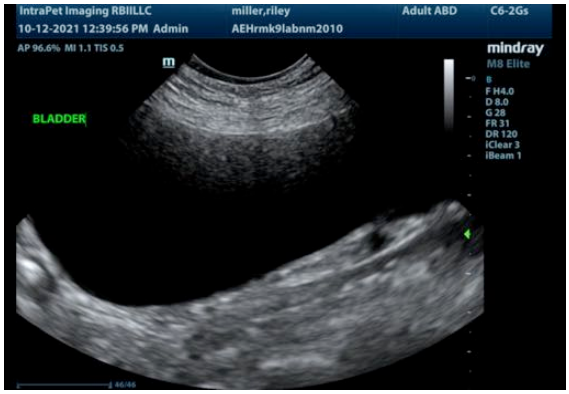
mindray
M8 Elite
Liver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miller,riley
Adult ABD
C6-2Gs
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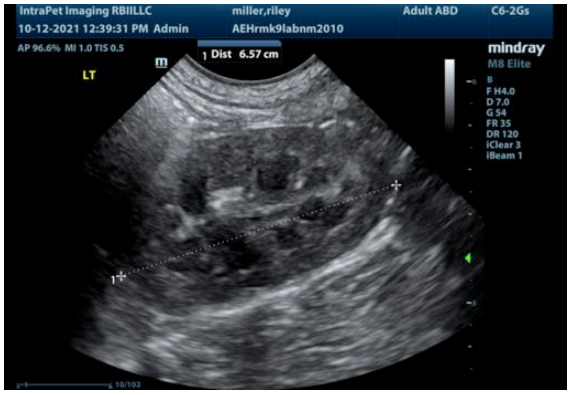
AP 96.6% MI 1.1 TIS 0.5
mindray
M8 Elite
BLADDER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miller,riley
Adult ABD
C6-2Gs
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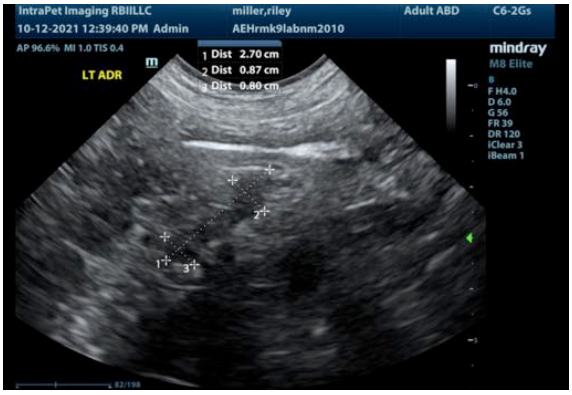
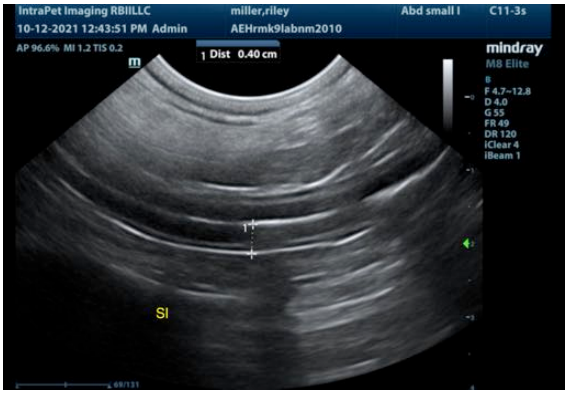
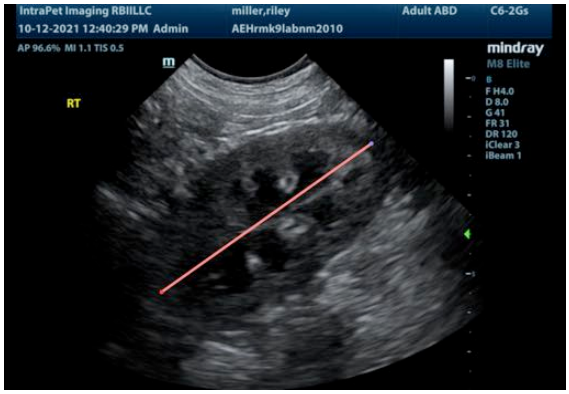
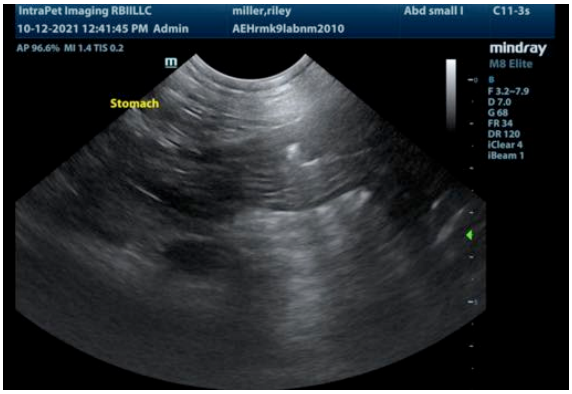
AEHrmk9labnm2010
AP 96.6% MI 1.0 TIS 0.5
1 Dist 6.57 cm
mindray
M8 Elite
LT


IntraPet Imaging RBIILLC
miller,riley
Adult ABD
C6-2Gs
10-12-2021 12:39:40 PM Admin
AEHrmk9labnm2010
AP 96.6% MI 1.0 TIS 0.4
1 Dist 2.70 cm
2 Dist 0.87 cm
mindray
M8 Elite
LT ADR







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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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