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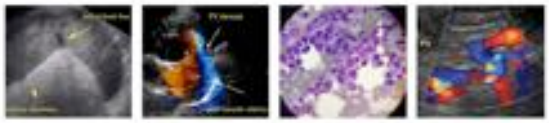

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tincel Green

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Options VC

REFERRING VET

Dr. Pearson

INVOICE

96090

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Gave torb for sedation- Subjective: Patient presents QAR. Owner reports patient still not eating. Will eat treats from neighbor and ice cream (?!?). Objective: Slight/mild tartar; NSF within oral cavity Grade 1-2/6 cardiac murmur Lungs clear Normal, comfortable abd. palpation Rest of PE unremarkable Assessment: Open for inappetence - owner feeds too much of variety to yield answers DDx: Pancreatitis Food hypersensitivity IBD Neoplasia Open Plan/Procedure: : Stressed importance of bland diet - sent with 2x cans of i/d low fat 250mLs SQ LRS Cerenia 0.7mL SQ Famotidine 1.0mL SQ Vitamin B12 0.25mL Dex-SP 0.4mL IM Mirtazapine (15mg): 1/2 tab PO q24hrs (10)
Abnormal PE/Chem/CBC/UA Results: AV block seen on ECG and echo sent for interpretation- Temp 103.3= LABS attached

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 left kidney has a normal shape and size (4.2 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 (4.26 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 0.39 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 0.32 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.

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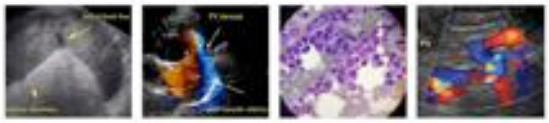

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 (0.27 cm) and the jejunum measured as normal (0.22 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

There is a scant amount of anechoic free fluid. The lymph nodes were normal and the omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

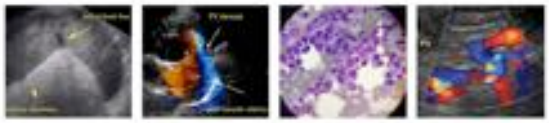
PRIMARY FINDINGS:

- Scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears largely normal. There were no focal mass lesions or areas of inflammation were observed. There is a scant amount of fee abdominal fluid visualized. The cause for this is not readily apparent. Based on the history there is an arrhythmia present. Consider the possibility of heart disease. I recommend three view thoracic radiographs and a cardiac ultrasound.

Unfortunately many causes for inappetence are not able to be diagnosed by ultrasound alone. If heart



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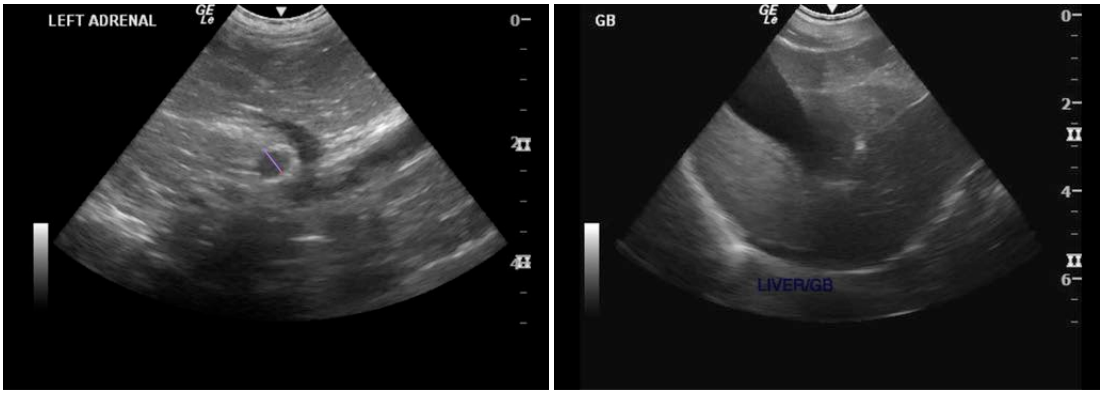
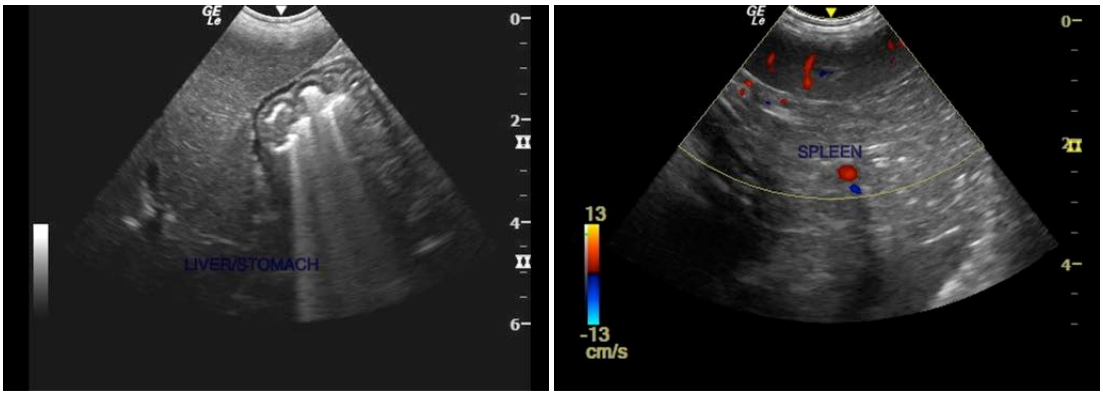
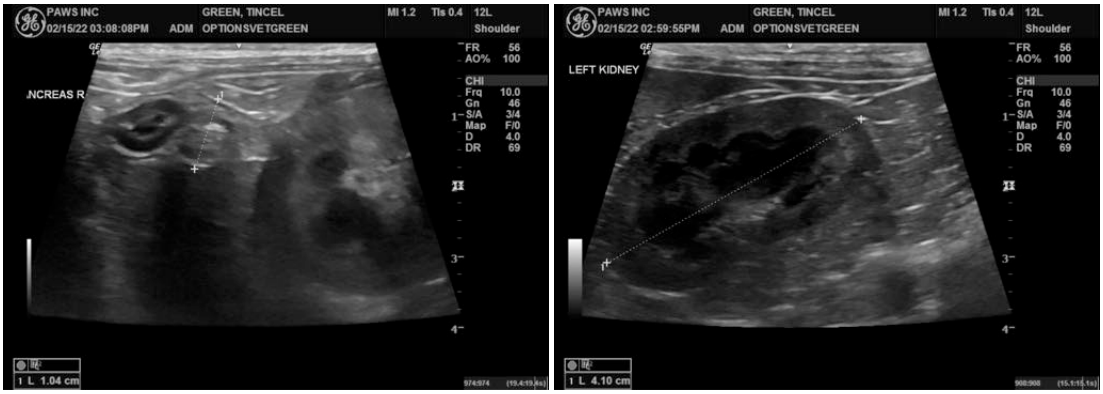
disease is thought unlikely then consider if temperature elevation is persistent and consistent with a fever, if so evaluate for cause of fever (urine culture, testing for vector borne diseases, chest radiographs, etc). Alternately underlying GI disease could be present, which is not readily apparent and you can consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for pancreatic inflammation and underlying small intestinal disease.







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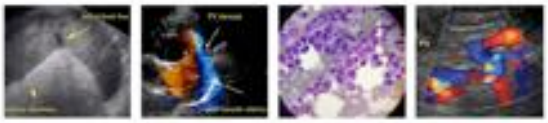

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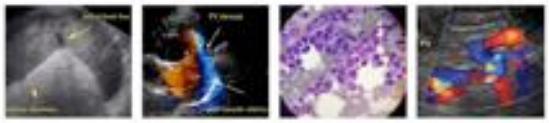

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com