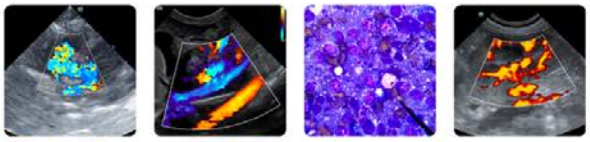

PATIENT

Butter Fekete

SPECIES

Canine

BREED

Bichon x Mini Poodle

SEX

Neutered Male

AGE

5 Years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

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INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

Patient started vomiting over a week ago (started February 16). Started having diarrhea around same time, with owner noticing blood in it starting Saturday the 21st. Took patient to ER, declined rads/labwork, treated with metronidazole and omeprazole. Presented to us yesterday for continued vomiting and hematochezia (all blood, no normal fecal matter) with decreased appetite. Labwork unremarkable, baseline cortisol >3, fecal test negative for parasites. Treated with SQ fluids, maropitant B12 injection, sent home with probiotics, fiber, told to continue metronidazole/omeprazole. Called today and said patient still has hematochezia, appetite still decreased, although seemed a bit brighter. Admitted for IVF and abd. u/s

Abnormal PE/Chem/CBC/UA Results: PE showed patient is about 5-6% dehydrated, PCV today at 52%, TP 7.4, mildly hypokalemic today. No abdominal pain. Labwork 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 prostate is normal in size (0.74 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 (4.53 cm) with some medullary mineralizations. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.03 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

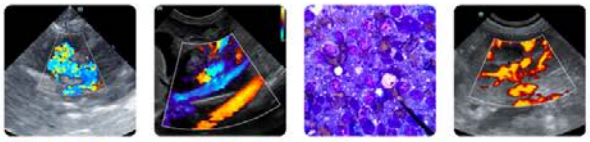
Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the cranial pole and 0.59 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 0.59 cm at the cranial pole and 0.64 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 (1.09 cm), 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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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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

Most of 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. Duodenum wall measures 0.50 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. Some sections of bowel appear moderately fluid or gas distended. No definitive focal lesions are observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall appears prominent but not thickened, with intact wall layering, measuring at 0.15 cm.

Pancreas

The area of 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. No significant lymphadenopathy. The omentum appears within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Some prominent sections of small intestine with mild fluid/gas distention – The appearance is most consistent with an enteritis type pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal lesions were visualized associated with the GI tract. There is a small amount of gas visualized in the stomach and there are some areas of small intestine that have a small amount of gas and fluid. A small focal lesion cannot be definitively ruled out but none is visualized. Consider continued treatment for hemorrhagic gastroenterocolitis. If not already done, consider a panel looking for infectious causes of diarrhea. If symptoms are persistent, you could consider a fecal culture looking for pathogenic bacteria. If symptoms are persistent despite

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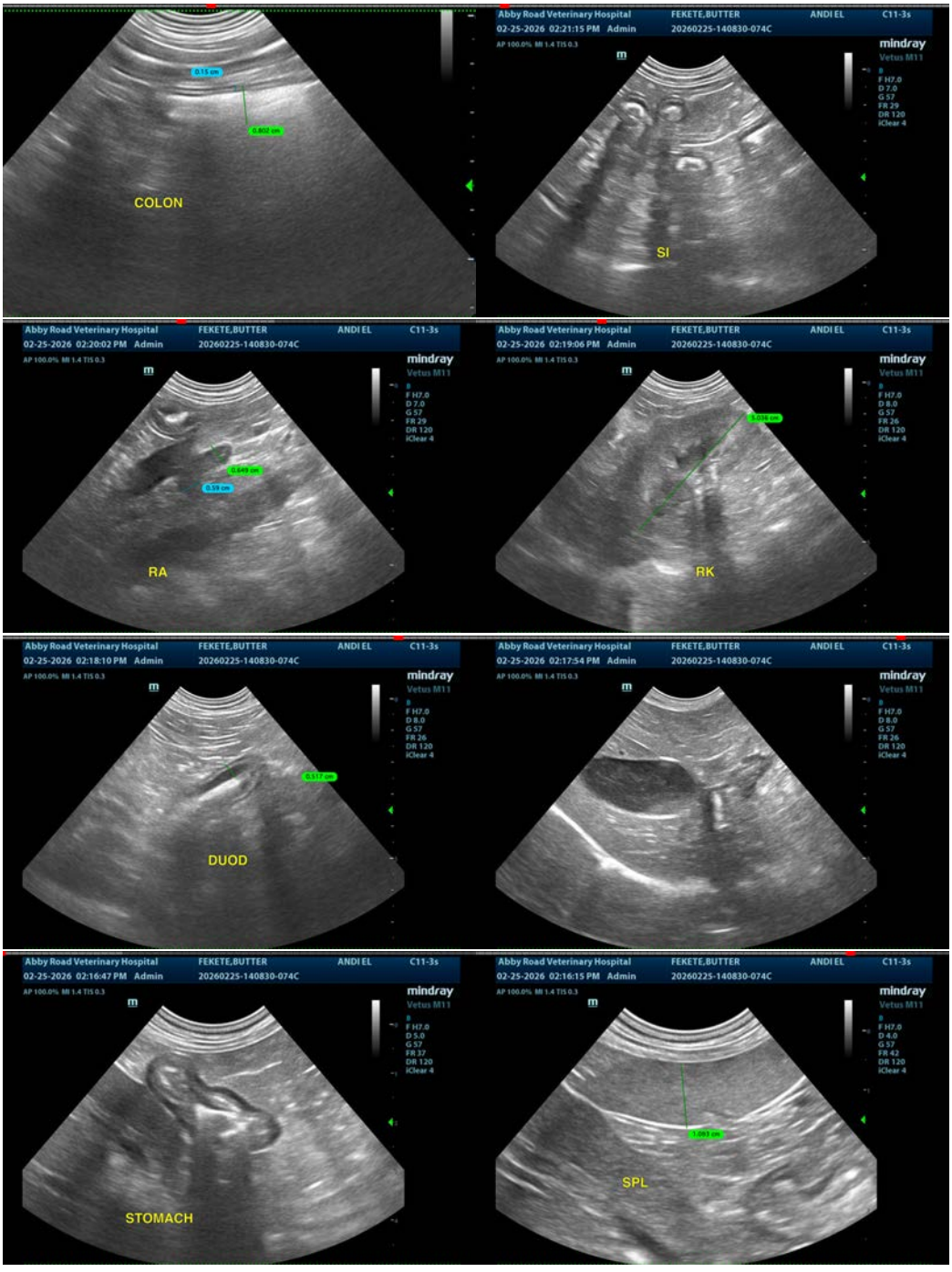
aggressive medical supportive care, consider repeat imaging (radiographs +/- ultrasound) looking for the development or progression of a new lesion.



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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)

info@sonopath.com