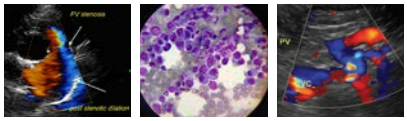
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/3/23

PATIENT

Beauden Marinich

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

2/13/18

WEIGHT

116 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

44772

PRESENTING CLINICAL SIGNS

Intermittent poor appetite which is out of character for this dog. Spits up off and on sometimes liquid, sometimes with chunks of kibble. Audible borborygmus at times. This patient cannot be handled without heavy sedation. Fractious.

Current Medications: Fluoxetine 20mg 1 BID as prescribed by a behaviorist. Famotidine 20 mg BID - no change in symptoms. Discontinued after a week. Proviable QD - seemed to help with flatulence. Continued Metoclopramide 15 mg BID - no change in symptoms. Discontinued after a week. Trazadone 100 mg plus Gabapentin 400 mg used just to bring into the hospital for handling.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Dexdomitor.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.53 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.

The right kidney has a normal shape and size (6.7 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 0.54 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Duodenum wall measures 0.62 cm. Jejunum wall measures 0.48 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. There are visible/slightly prominent mesenteric lymph nodes, one measures 1.23 cm x 2.77 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions observed on today's scan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

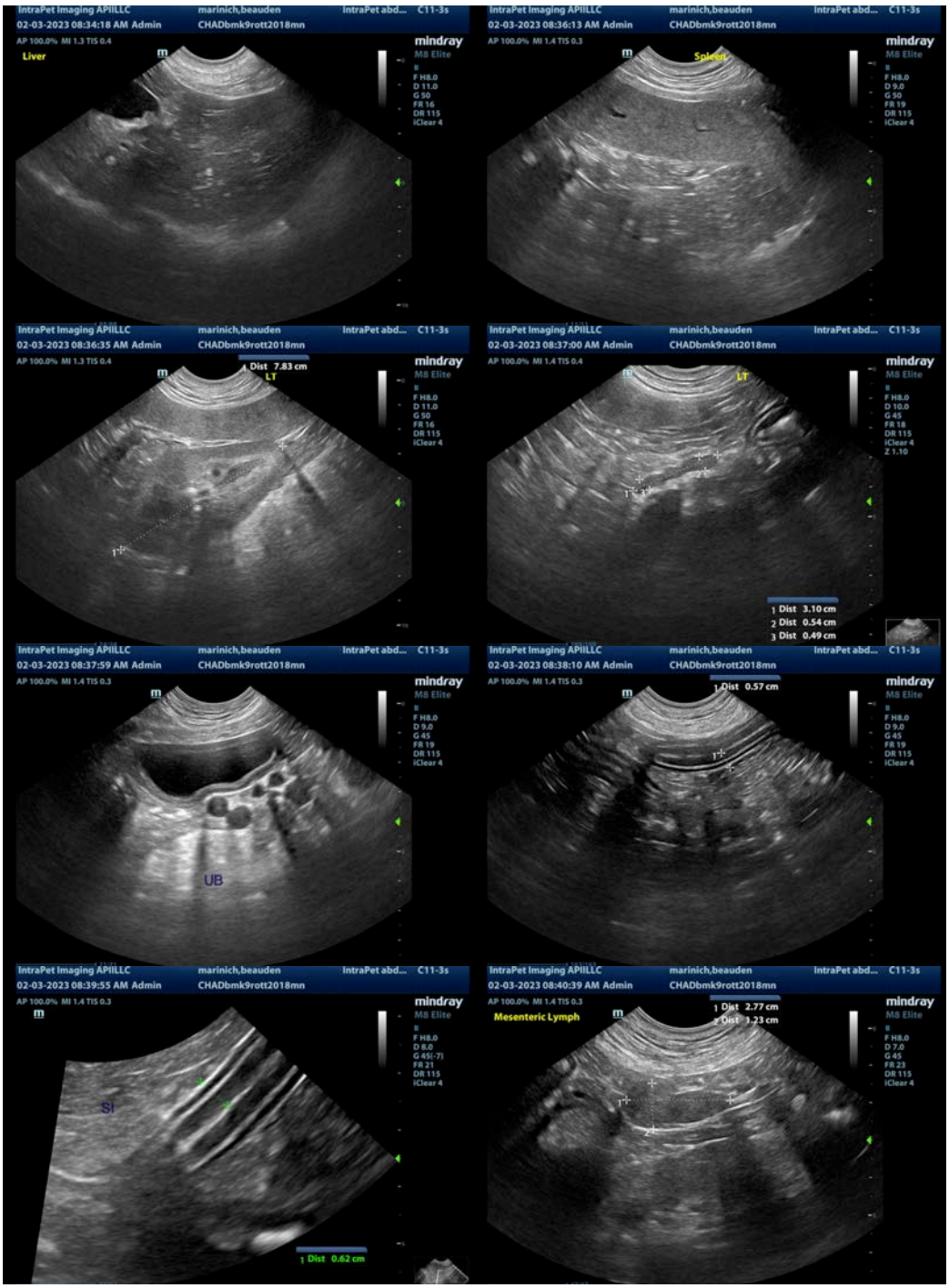
Today's scan appears relatively normal for this individual. No focal lesions are observed. There is an occasional prominent mesenteric lymph node, but these are isoechoic and likely normal for this individual. Unfortunately, there are many causes for gastrointestinal issues, which cannot be definitively diagnosed by ultrasound alone. Consider the following:

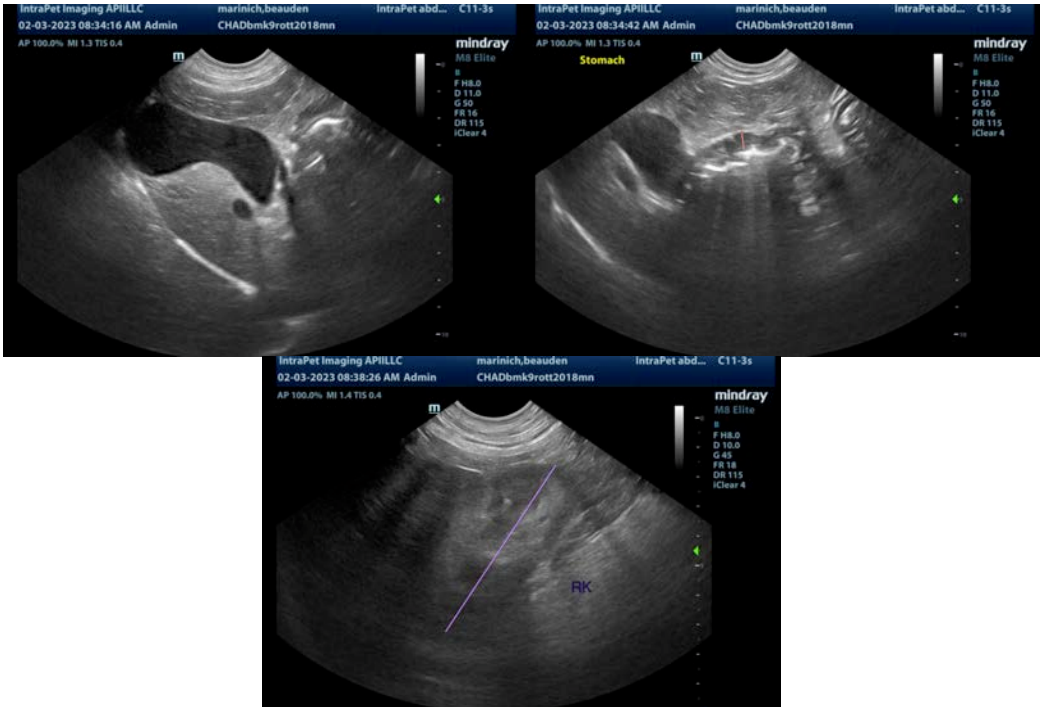
Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc.. .

- If not already done, recommend full lab work and a baseline cortisol to screen for underlying metabolic disease.
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

- If symptoms are progressing or even persistent and underlying small intestinal disease is strongly suspected, then consider obtaining GI biopsies.

- Consider screening for Addison's disease.
  Consider thoracic radiographs, both to look for concurrent intrathoracic disease and to evaluate the esophagus.





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