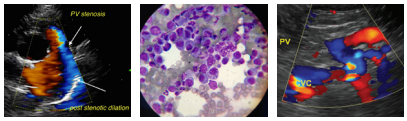
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

3/1/22

PATIENT

Ryder Seigle

SPECIES

Canine

BREED

English Labrador

SEX

Neutered Male

AGE

2016

WEIGHT

83.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

35789

PRESENTING CLINICAL SIGNS

Presenting Complaint: Not Eating. Not drinking.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.
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 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 (8.08 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 (6.64 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 0.74 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 0.86 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 is hypoechoic 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 gall bladder 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 is dilated with a moderate to large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures largely at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. Some areas appear to be somewhat thickened, measuring at approximately 0.77 cm. The distinction of the gastric wall layering appears adequate, and there is no impression of reduced peristaltic activity. No masses or focal lesions are observed, although evaluation is impaired by the intraluminal gas and ingesta.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

- Heterogeneous, hypoechoic 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.

- Large ingesta within the gastric lumen – Correlate with feeding history and abdominal radiographs. If this patient was adequately fasted, this could be consistent with delayed gastric emptying or a partial outflow tract obstruction (no obstruction is visualized, but visualization is impaired).

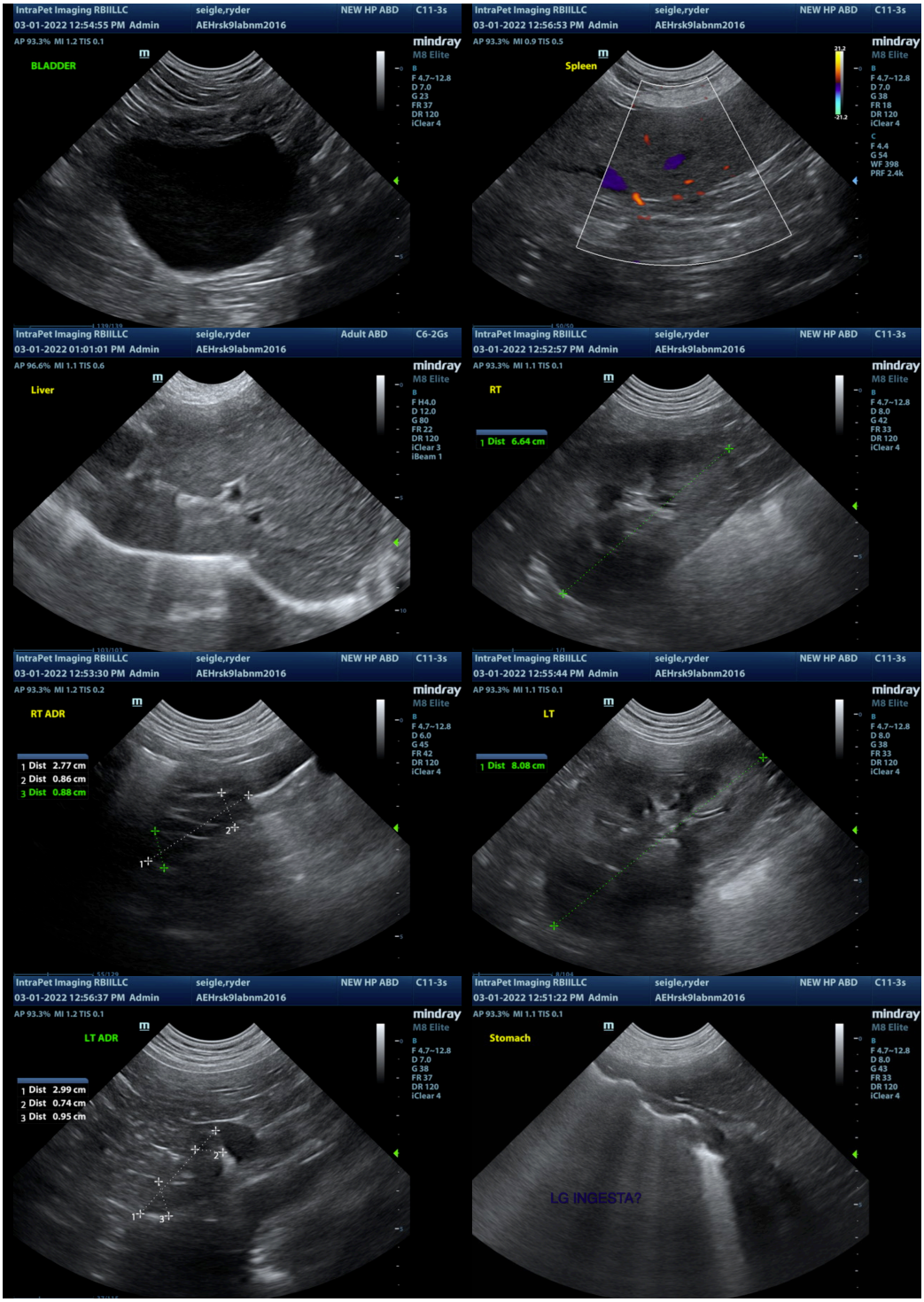
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

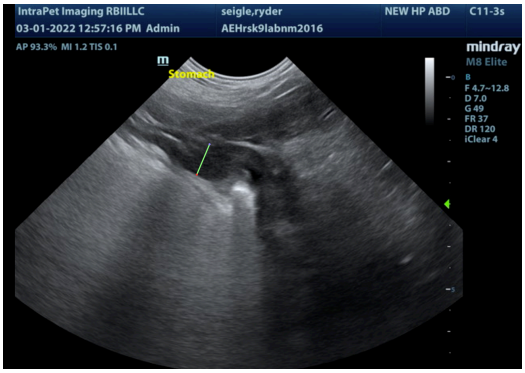
The lesions observed on today's scan are relatively mild and non-specific. The significance of the gastric distention is unclear. Correlate these findings with blood work and abdominal radiographs. If liver values are elevated, then consider a liver function test and a fine needle aspirate of the liver.

The history mentions a fever and lumbar pain. If this is still the case, then consider lumbar radiographs, urinalysis and culture to look for evidence of discospondylitis. Recommend screening for tick borne disease, and a rectal exam to better screen the prostate.

If inappetence persists despite ruling out a fever and other issues, then you could consider upper GI endoscopy or surgery to further evaluate the possible gastric wall thickening (this can always be an atypical rugal fold, etc.).

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.


IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:54:55 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 1.2 TIS 0.1
BLADDER
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:56:53 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 0.9 TIS 0.5
Spleen
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
Adult ABD
C6-2Gs
03-01-2022 01:01:01 PM Admin
AEHrsk9labnm2016
AP 96.6% MI 1.1 TIS 0.6
Liver
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:52:57 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 1.1 TIS 0.1
RT
1 Dist 6.64 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:53:30 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 1.2 TIS 0.2
RT ADR
1 Dist 2.77 cm
2 Dist 0.86 cm
3 Dist 0.88 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:55:44 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 1.1 TIS 0.1
LT
1 Dist 8.08 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:56:37 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 1.2 TIS 0.1
LT ADR
1 Dist 2.99 cm
2 Dist 0.74 cm
3 Dist 0.95 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
seigle,ryder
NEW HP ABD
C11-3s
03-01-2022 12:51:22 PM Admin
AEHrsk9labnm2016
AP 93.3% MI 1.1 TIS 0.1
Stomach
LG INGESTA?
mindray
M8 Elite



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