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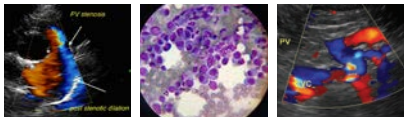

SonoPath
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DATE

5/24/22

PATIENT

Xana Nunez

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

7/25/18

WEIGHT

76 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Keil

INVOICE

37904

PRESENTING CLINICAL SIGNS

Hx: P presented 2 days ago at HBVS for acute vomiting of pink foam and bile, 2-3 times. Decreased eating/drinking. Lethargic. No diarrhea at the time but has since had runny stools. Still has poor appetite, but no vomiting. Previous CBC/Chem17 showed hemoconentration(63), NOSF and abdominal radiographs showed no obvious foreign material or obstruction. P has unsupervised access to the backyard. O very concerned about toxins/poisoning, however none put down in the yard recently. No trash or destroying of toys. Wildlife in the backyard.

Current Medications: IV fluids 1000ml NaCl 0.9% yesterday, Today ~100-200ml before US,
Metronidazole(5mg/ml) 70ml IV yesterday
Cerenia(10mg/ml) 7ml IV yesterday.
Lab Results: 4DX: All negative. CBC/Chem17/SDMA: Elevated amylase and mild elevation in bilirubin, a/o on hospitalizing for the day d/t pyrexia and poor appetite with high suspician for pancreatitis, SpecCPL: Pending, Fecal Analysis: Pending
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV propofol.
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 left kidney has a normal shape and size (6.86 cm) with rare pinpoint non-obstructive nephroliths. 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 (6.7 cm) with rare pinpoint non-obstructive nephroliths. 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/borderline flat measuring 0.51 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/borderline flat at 0.58 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 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 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 0.48 cm 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. While no focal lesions are visualized, there are some area of the gastric wall that appear somewhat hypoechoic and prominent, possibly consistent with gastritis.

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

- Somewhat “flat” appearing adrenal glands - While the adrenal glands are generally normal in size, they appear somewhat flat. This can be normal for this individual, or could be consistent with adrenal insufficiency. Recommend ACTH stimulation test or baseline cortisol.

- Mildly prominent gastric wall – The significant of this is unclear, as it is very mild, and there is a large amount of variability based on rugal folding, etc. If vomiting persists, consider reevaluation of this area with ultrasound or endoscopy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

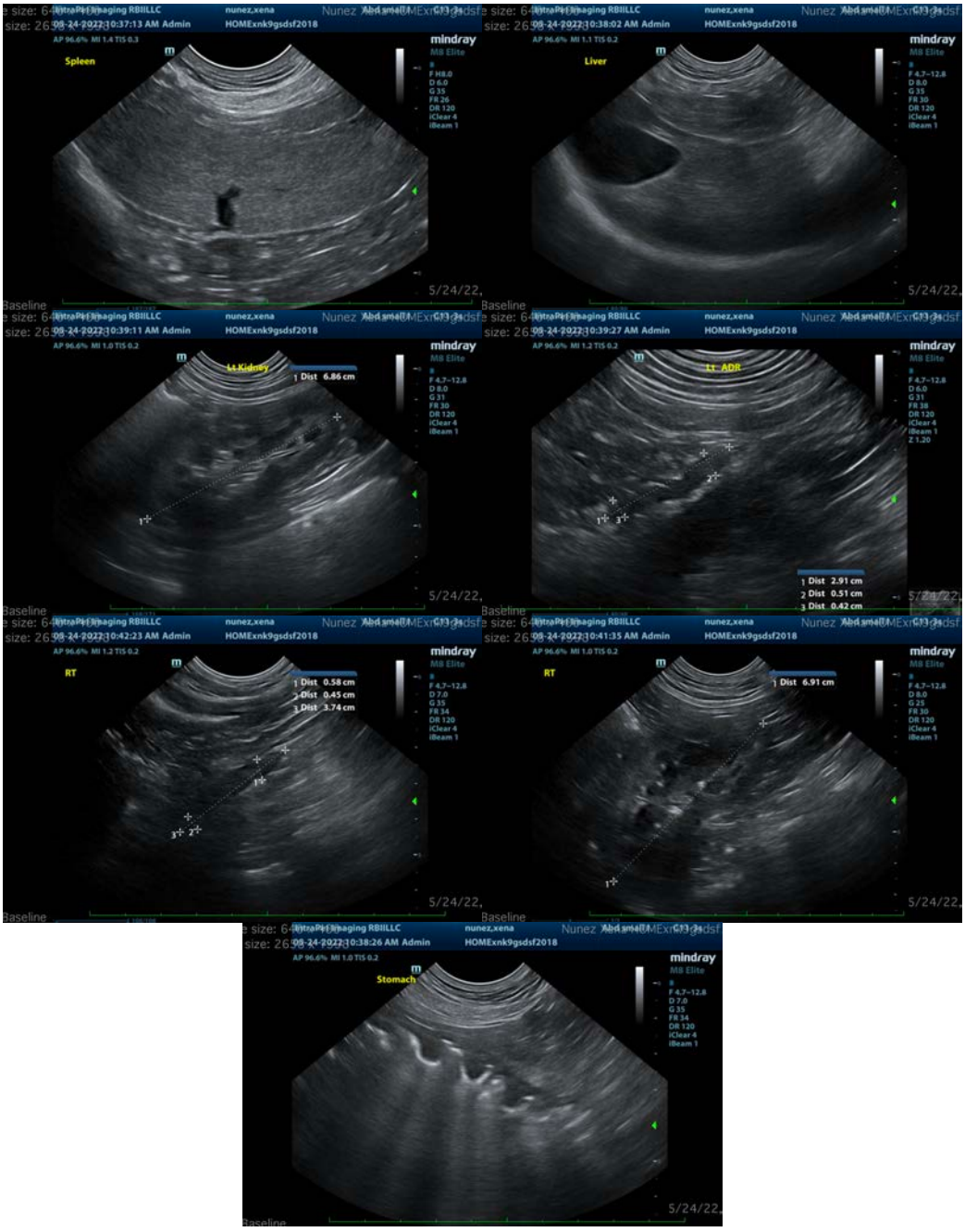
No obvious focal gastrointestinal lesions are visualized to explain the vomiting, fever, etc. noted. The adrenal glands appear somewhat “flat” in this individual, but are largely adequate in size. Consider screening for Addison’s with a baseline cortisol test. There was no overt pancreatic inflammation noted on today’s exam, but the ultrasonographic findings don’t always correlate with the severity of the clinical symptoms exhibited. Your PLI testing may be helpful to evaluate this further.

- Recommend 3-view thoracic radiographs to evaluate the esophagus and thorax for concurrent

intrathoracic disease.

- Recommend symptomatic therapy for acute gastroenteritis +/- pancreatitis.
- Recommend baseline cortisol.

If there is no response to non-specific symptomatic treatment for gastrointestinal upset, you can consider further evaluation for fever, and you could consider an upper GI endoscopy to further evaluate the esophagus and stomach for possible source of the vomiting reported.



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.

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