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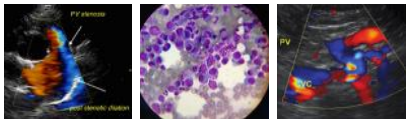

SonoPath
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DATE

5/3/22

PATIENT

Penny Slater

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

10/22/20

WEIGHT

24 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Silcox

INVOICE

37315

PRESENTING CLINICAL SIGNS

4/23/2022 seen for poor appetite/ lethargy. Progressed to vomiting and diarrhea on 4/29 - 4/30. Does better when on Cerenia. Current on heartworm preventative.

Current Medications: Cerenia 30mg PO QD, Sucralfate 1gm po q8hr, Omeprazole 20mg PO QD, Metronidazole 250mg PO BID,
Azithromycin 50mg PO QD, Proviable QD starting 4/30/2022
Lab Results: Normal CBC, Chemistries, Electrolytes and Spec cPL on 4/26.
Radiographs: Radiographs on 4/29 show prominent pylorus. No other significant abnormalities seen.

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 left kidney has a normal shape and size (4.41 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 (4.89 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 0.68 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 0.71 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild 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.

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. Jejunum wall measured 0.38 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 prominent and mottled compared to the surrounding isoechoic 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 occasional prominent mesenteric lymph nodes at the mesenteric root, measuring 0.58 cm and 0.48 cm in diameter. The mentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

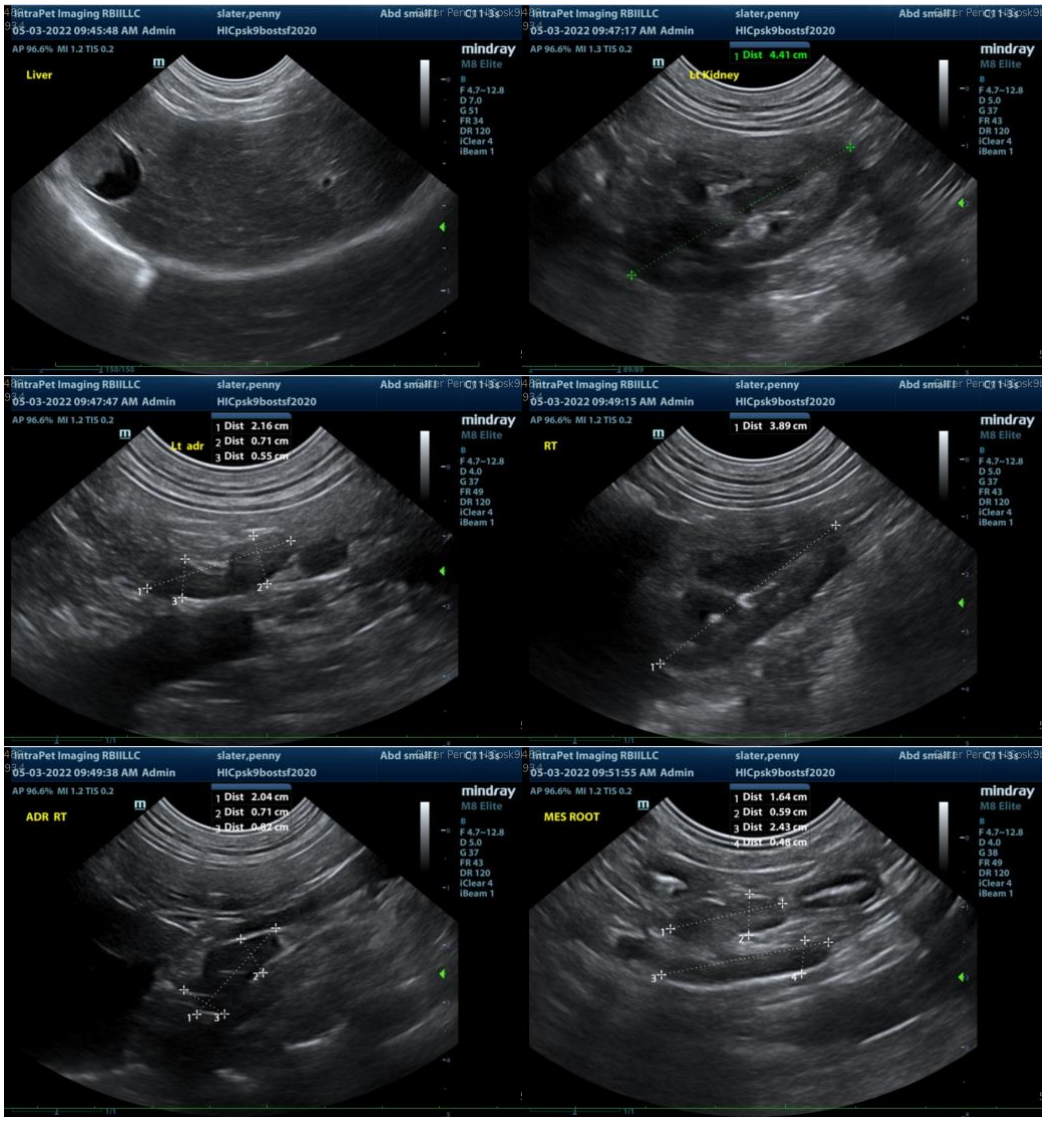
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

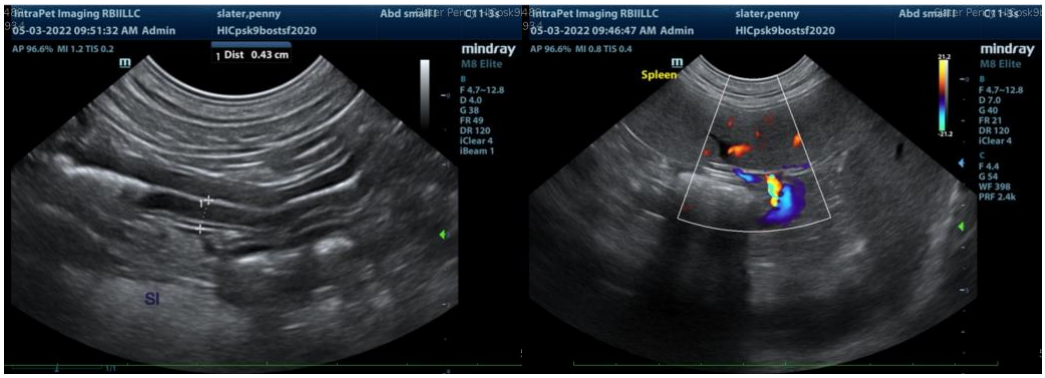
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. There are no obvious gastrointestinal lesions visualized. The pancreas is visible, but not overtly inflamed. The mesenteric lymph nodes are visible but not significantly enlarged. Unfortunately, there are many causes for GI signs, which cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes such as atypical Addison's, liver disease, etc. If any of these are suspected, then consider screening tests.
- If metabolic disease is thought unlikely, consider primary GI causes such as acute gastroenteritis including dietary indiscretion, pancreatitis, food allergy/dietary intolerance, GI parasitism, bacterial/viral enteritis, etc.

Correlate these findings with abdominal radiographs, as ultrasound can be insensitive in picking up some types of GI foreign material. Recommend continued supportive care for acute gastroenteritis including possibly a novel protein/hydrolyzed protein prescription diet, chronic probiotic therapy, and empirical deworming. If symptoms persist, further diagnostics for infectious causes and a GI panel to Texas A&M could be considered.





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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