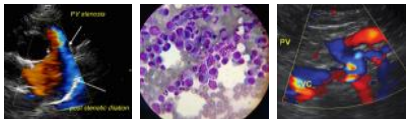
IMAGING PERFORMED BY

IntraPet.com



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DATE
7/22/22

PATIENT

Zoey Wieciech

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

5/25/12

WEIGHT

5.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

16735

PRESENTING CLINICAL SIGNS

History: Beginning end of May - owner was away and Pet sitter was watching Zoey - skin suddenly got very red. Was seen at AEH - injectable medications and skin redness improved. Since then, has been having episodes of vomiting and diarrhea on / off. Has been back and forth to rDVM 4 times. Did have BW performed in June - wnl per owner. Tried prescription diets ID/ EN - refuses to eat. Only ate few bites of dry EN. Tried boiled chicken and rice - ate initially then refused later. Medications - has been on probiotic - did not seem to help and also "white liquid" medication uncertain of name. Today started with bloody strawberry jam diarrhea. Does have history of tracheal collapse.

Current Medications: Ampicillin, Metronidazole, Protonix, Buprenorphine, Vitamin B.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.18 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 (3.41 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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 0.57 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 significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The jejunum measured 0.29, 0.26, 0.3 cm. The duodenum measures 0.39 cm.

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/region 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

There is scant free abdominal fluid. Hyperechoic omentum is visualized throughout the abdomen. No significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Subjectively thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Scant free abdominal fluid with diffuse hyperechoic mesentery. Findings are most consistent with generalized inflammation.

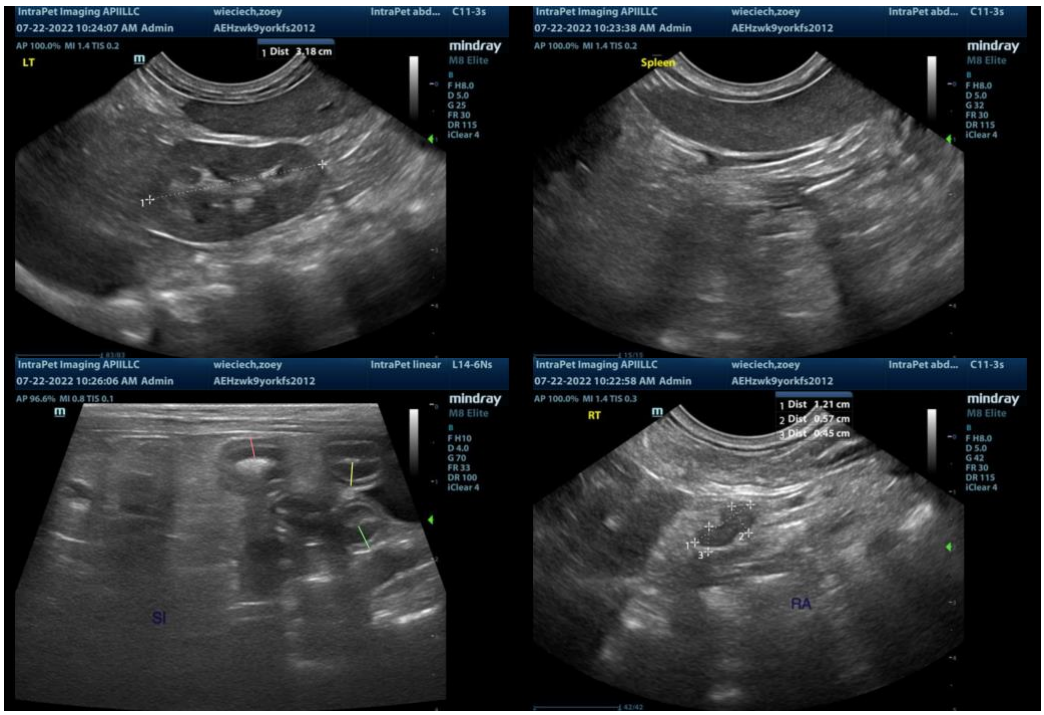
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

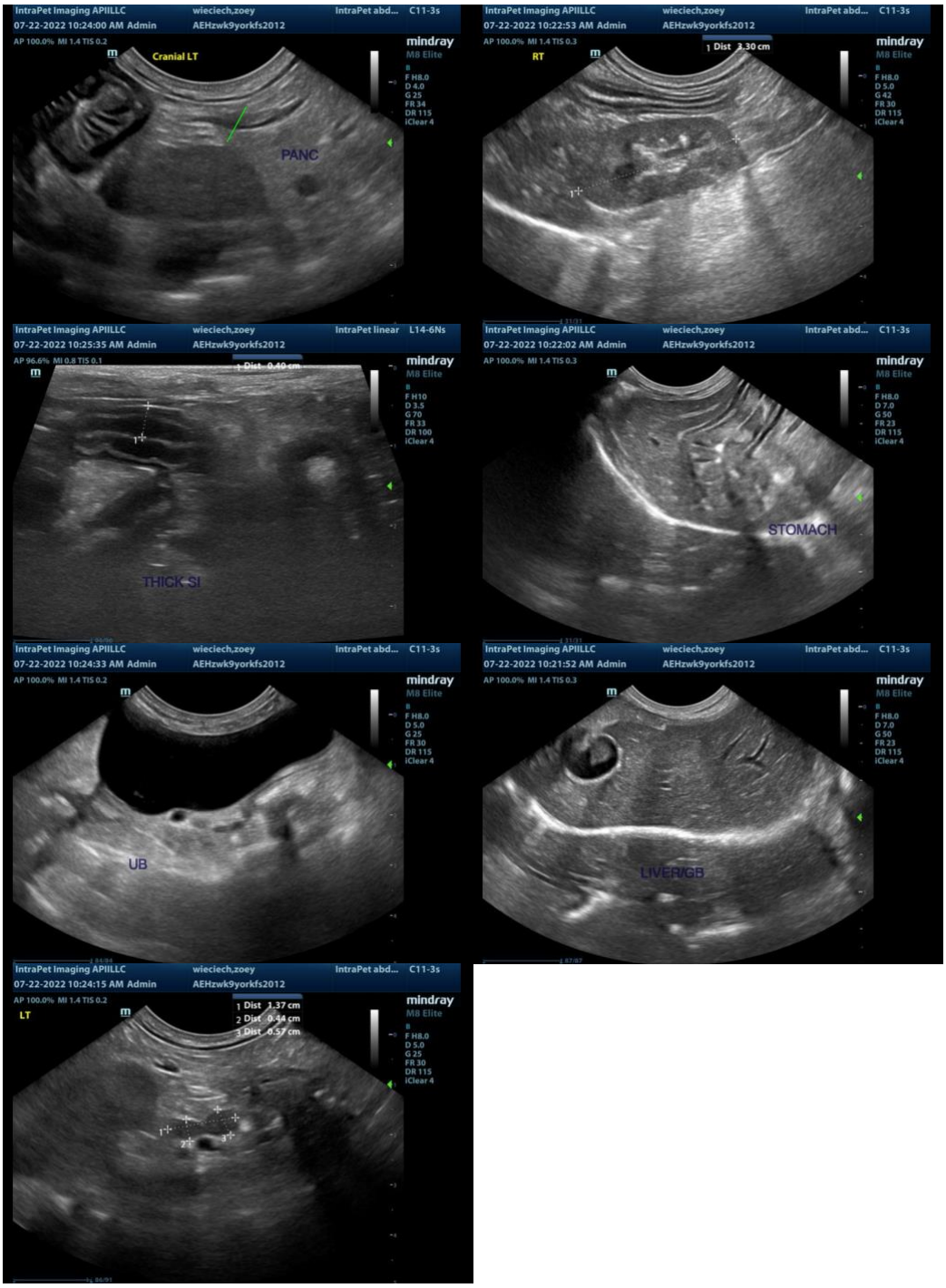
There is a general appearance of mildly thickened small intestine and generalized inflammation in the abdomen. No focal lesions are observed. If metabolic diseases, such as Addisons disease, underlying liver disease, etc. are though unlikely, the consider primary gastrointestinal disease, such as food allergy/dietary intolerance, G parasitism, pancreatitis, dysbiosis, IBD and less likely intestinal neoplasia.

- Consider a novel protein/hydrolyzed protein prescription diet. If this patient will not eat this diet, consider a consultation with a veterinary nutritionist to formulate a homemade low fat novel protein diet, which may be more palatable. Additionally, consider an appetite stimulant when

changing diets to try and encourage acceptance.

- Recommend generalized therapy for acute gastroenteritis/hemorrhagic gastroenteritis
- Recommend screening for GI parasites and empirical treatment
- Recommend a GI panel (to Texas A & M) for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas, look for evidence of dysbiosis, cobalamin deficiency, exocrine pancreatic insufficiency, etc.
- Recommend chronic probiotic therapy
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If symptoms persist, recommend obtaining GI biopsies.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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