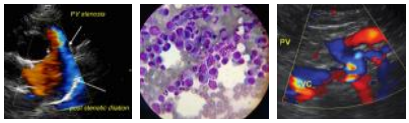
IMAGING PERFORMED BY

IntraPet.com



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DATE

7/6/23

PATIENT

Roux Biederman

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

9/5/22

WEIGHT

58.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

23179

PRESENTING CLINICAL SIGNS

From rDVM records: Lethargy and diarrhea started Wednesday, shivering and shaking happened when P comes back in from having diarrhea. Decreased appetite, water intake. Eye discharge. O had a baby shower over the weekend and was given table scraps, PB, eggs, spinach. History from O: He plays with stuffed toy and may have ingested some stuffing. They think he may have pulled the stuffing out of his bed because the zipper was open. He also eats sticks. He has ate bites of yogurt yesterday and treats. He has not had a full meal since Saturday. Sunday/Monday he ate beef and tried to eat food from the cat bowl. It started with orange diarrhea on the 30th. He has not vomited or attempted to. His tools are now soft. rDVM Bloodwork: WBC: 42.33 k/uL NEU: 40 k/uL LYM: 0.37 k/uL MONO: 1.94 k/uL EOS: 0.01 k/uL CHOL: 368 mg/dl

Current Medications: Unasyn, Hydromorphone.
Lab Results: UA normal.
Radiographs: NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 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 hyperechoic with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Pyelectasia is present, measuring 0.57 cm with a small amount of perinephric effusion.

The right kidney has a normal shape and size (8.29 cm). Overall echogenicity is hyperechoic with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Pyelectasia is present, measuring 0.6 cm with a small amount of perinephric effusion.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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 0.48 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 <0.7 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. 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. The duodenum measured as normal (between 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 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

There is a scant amount of free abdominal fluid visualized in the region around the kidneys. There are numerous large irregular lymph nodes noted. The sublumbar lymph node measures 3.87 cm x 1.54 cm. Additionally, there are cystic mesenteric lymph nodes, one such lymph node measures at 1.4 cm x 3.7 cm. The omentum around the lymph nodes and the kidneys appears hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Perinephric inflammation and fluid visualized around both kidneys with bilateral pyelectasia. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Large, occasionally cystic, mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

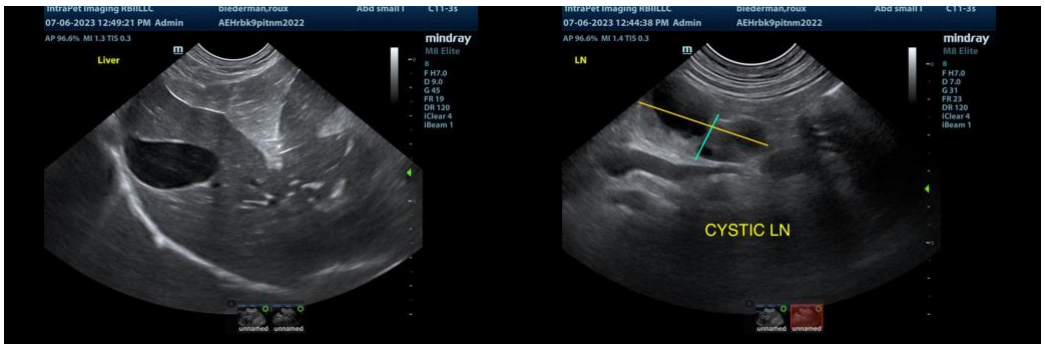
There is no overt evidence of pancreatic inflammation or an obstructive pattern at this time to indicate obstructive foreign material. Dietary indiscretion is a possibility and would not typically show up on an ultrasound. Additionally, there is a significant amount of inflammation in the abdomen. Some of this appears to be in the region of the kidneys, and there are some enlarged/cystic lymph nodes visualized. These are likely reactive but infectious or neoplastic causes cannot be definitively ruled out. A fine needle aspirate of a mesenteric lymph node could be considered.

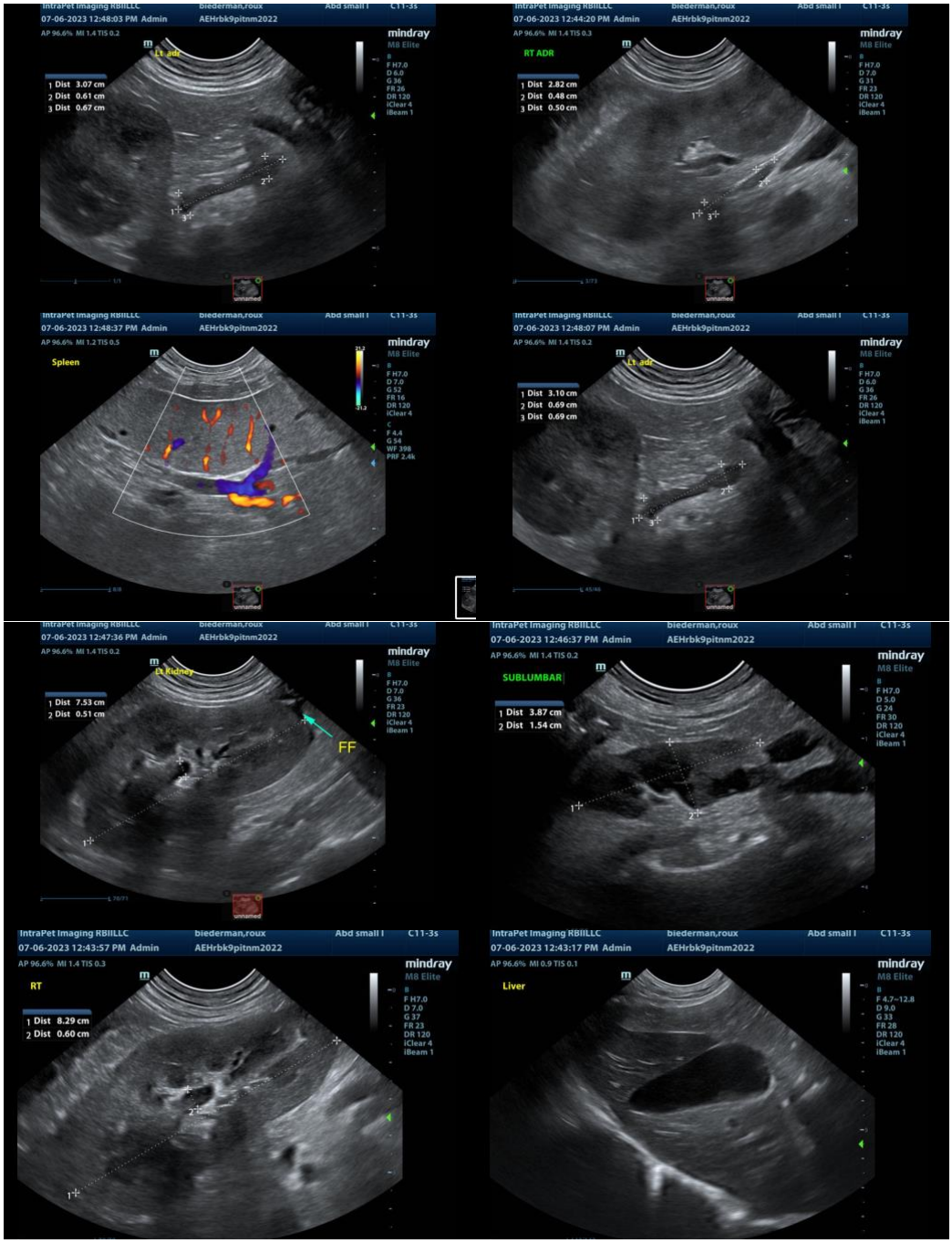
There appears to be some inflammation and pyelectasia associated with the kidneys. Recommend a urinalysis and culture, looking for possible pyelonephritis. Additionally, screening for Leptospirosis could be considered.

Recommend empirical treatment for acute diarrhea/gastroenteritis with fluids, nausea medications, etc. Additionally, consider:

- 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 not recently done, consider screening for GI parasites and deworming.
- If not already done, consider infectious disease testing for diarrhea.
- Recommend screening for Addisons disease.

If symptoms are persistent, consider repeat imaging (radiographs +/- ultrasound), and lab work to follow the kidney values, albumin levels, etc.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com