IMAGING PERFORMED BY

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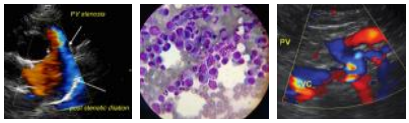

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DATE
8/26/22

PATIENT
Spencer Buchanan

SPECIES
Canine

BREED
Teriier Mix

SEX
Neutered Male

AGE
8/21/21

WEIGHT
72.8 Pounds

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Roper

INVOICE
17049

PRESENTING CLINICAL SIGNS

History: P presented to AEH on the 21st for vomiting and inappetence. O declined bloodwork and inpatient. On Sunday P was lethargic. Monday P ate a small amount of bland diet (boiled chicken and rice) and P started having liquid diarrhea. Tuesday P continued to have a decrease appetitie and the diarrhea was liquid but later in the evening the diarrhea turned into mash potato consistency. P was seen by rDVM and prescribed pro-pectin. O has been able to give all medications to P through watermelon and bread.

Current Medications: buprenorphine, ampicillin/sub, protonix
Lab Results: See attached.
Radiographs: Stomach mildly distended, rugal fold visualized. No obvious signs of a foreign body.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation.
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 prostate is normal in size (1.0 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.22 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 (5.95 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 0.65 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/borderline large 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. 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 <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.36 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
There is no free fluid. There are prominent lymph nodes at the mesenteric root, measuring 0.76 cm and 0.62 cm in diameter. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

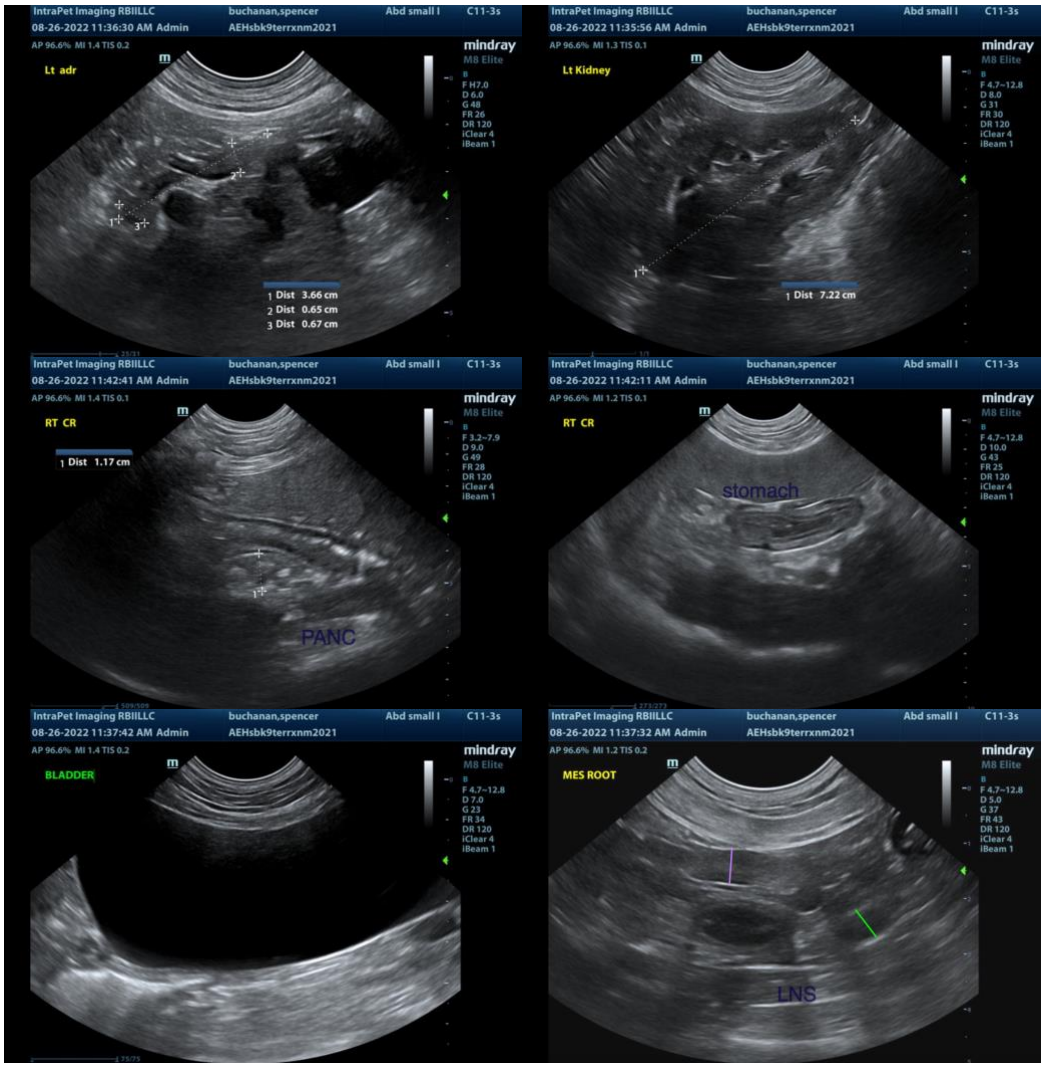
- Borderline large spleen. I suspect this is incidental and secondary to sedation.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is a common finding in young dogs.

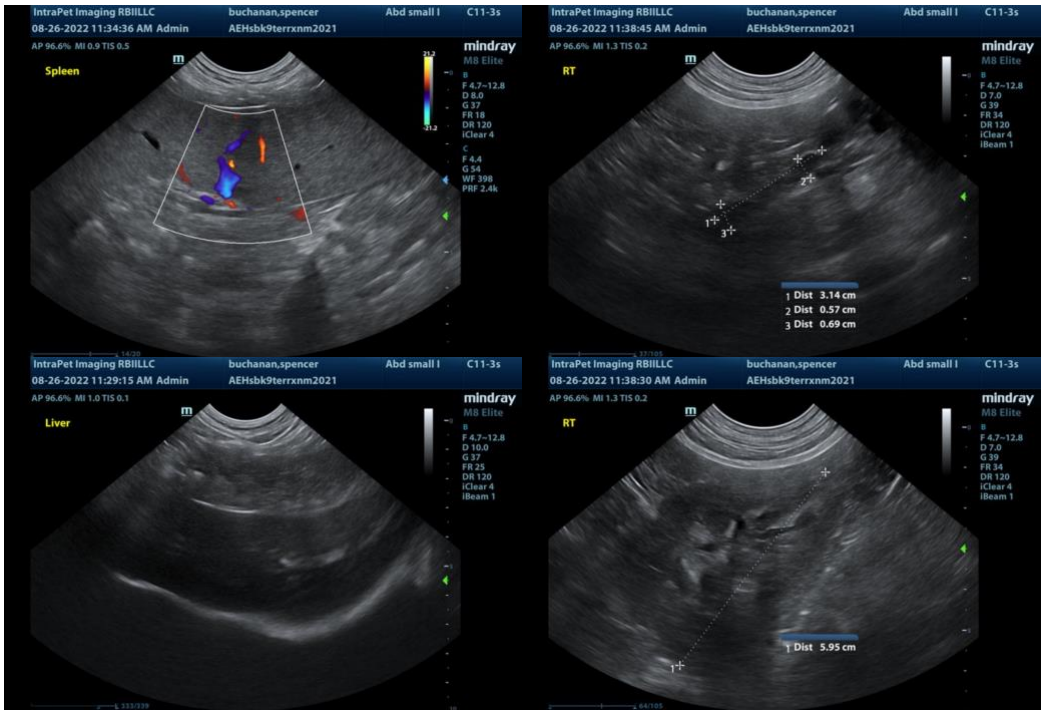
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the GI signs described. The pancreas appears slightly prominent and mottled This could be consistent with mild inflammation or resolving inflammation. Correlate these findings with a PLI level and recommend continued supportive care for possible pancreatic inflammation.

Consider such differentials as dietary intolerance/food allergy, dietary indiscretion, pancreatitis, dysbiosis, GI parasitism and much less likely IBD or neoplasia.

- Consider a novel protein/hydrolyzed protein prescription diet
- Recommend a baseline cortisol to screen for Addisons.
- Consider pre- and postprandial bile acids to rule. out the possibility of a liver shunt
- Consider empirical deworming and testing for GI parasites.
- Recommend chronic probiotic therapy
- Consider a GI panel (to Texas A & M) for a qualitative PLI, TLI , cobalamin and folate to further evaluate for dysbiosis, cobalamin deficiency, etc.
- If symptoms persist despite taking these measures, consider 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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