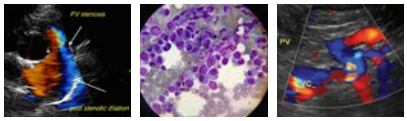
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/31/21

PATIENT

Riley Leal

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

8/30/20

WEIGHT

55.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Thompson

INVOICE

25113

PRESENTING CLINICAL SIGNS

History: Date: 08-30-2021 Notes: Riley is a 1 year old Bernadoodle who presents as a referral and possible FB. Riley has been vomitin since Saturday. She was not interested in eating, eventually did eat, however, vomited it up several hours later. Sunday she ate more normally however would continue to vomit food up several hours later. Riley continued to vomit and the vomitus progressed to bile.

Current Medications: Buprenorphine 0.6mg/mL, Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Acepromazine 10mg/mL Injection (Per mL)
Lab Results: Attached
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
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 (4.85 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. A small non-obstructive stone was visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.1 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 0.84 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 as slightly thickened at 0.92 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. Jejunum wall measured 0.24 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 is a mild lymphadenomegaly present. There is a cluster of prominent mesenteric lymph nodes at the root of the mesentery, measuring 0.78 cm, 0.8 cm, 0.73 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

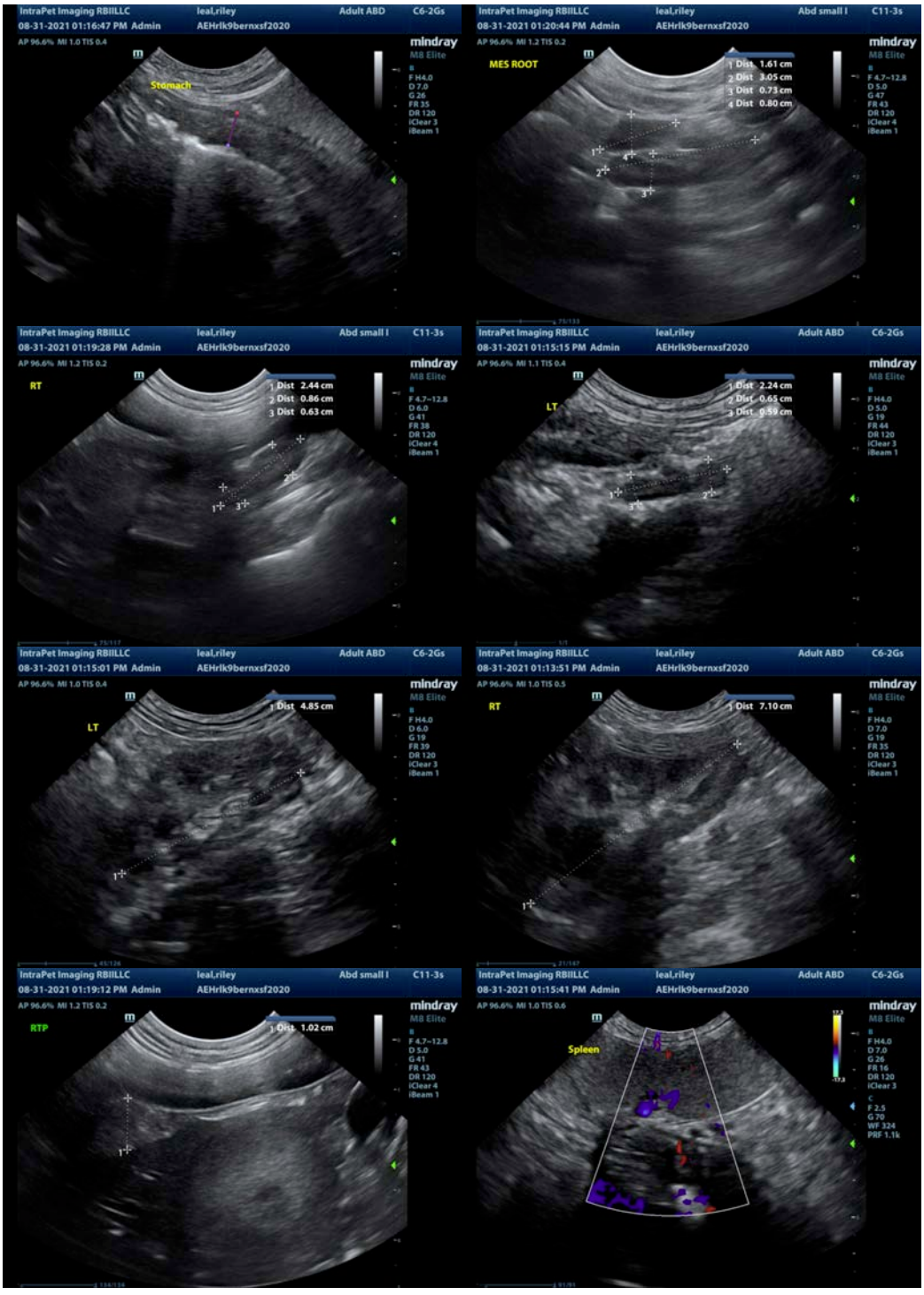
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Questionable gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Mildly 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.

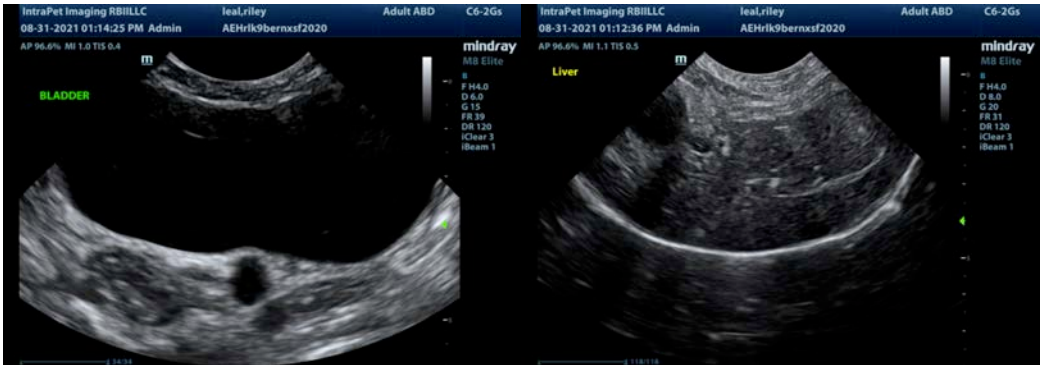
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic lesions reported were relatively mild, and an obvious cause for the reported vomiting is not identified. Correlate with abdominal radiographs, as ultraosound can be insensitive in picking up some types of gastric foreign material. There is no evidence of an obvious bowel dilation or obstruction.

The pancreas is prominent, but not overtly inflamed. You could consider a quantitative PLI to evaluate it further. Additionally, the mesenteric lymph nodes are prominent. This is a common finding in young dogs, so this is of questionable significance. The gastric wall measures as thickened at 0.92 cm, but subjectively it appears relatively normal. This could be due to gastritis, or less likely infiltrative disease. Additionally this is a big dog, and measurements should be at the high end of normal.

Recommend continued symptomatic therapy in correlation with the radiographs. If vomiting continues and there is concern for foreign material, then exploratory surgery would need to be considered. In that event, GI biopsies should be obtained at the same time.


IntraPet Imaging RBIILLC
leal,riley
Adult ABD
C6-2Gs
08-31-2021 01:16:47 PM Admin
AEHrlk9bernxsf2020
Stomach
IntraPet Imaging RBIILLC
leal,riley
Abd small I
C11-3s
08-31-2021 01:20:44 PM Admin
AEHrlk9bernxsf2020
MES ROOT
1 Dist 1.61 cm
2 Dist 3.05 cm
3 Dist 0.73 cm
4 Dist 0.80 cm
IntraPet Imaging RBIILLC
leal,riley
Abd small I
C11-3s
08-31-2021 01:19:28 PM Admin
AEHrlk9bernxsf2020
RT
1 Dist 2.44 cm
2 Dist 0.86 cm
3 Dist 0.63 cm
IntraPet Imaging RBIILLC
leal,riley
Adult ABD
C6-2Gs
08-31-2021 01:15:15 PM Admin
AEHrlk9bernxsf2020
LT
1 Dist 2.24 cm
2 Dist 0.65 cm
3 Dist 0.59 cm
IntraPet Imaging RBIILLC
leal,riley
Adult ABD
C6-2Gs
08-31-2021 01:15:01 PM Admin
AEHrlk9bernxsf2020
LT
1 Dist 4.85 cm
IntraPet Imaging RBIILLC
leal,riley
Adult ABD
C6-2Gs
08-31-2021 01:13:51 PM Admin
AEHrlk9bernxsf2020
RT
1 Dist 7.10 cm
IntraPet Imaging RBIILLC
leal,riley
Abd small I
C11-3s
08-31-2021 01:19:12 PM Admin
AEHrlk9bernxsf2020
RTP
1 Dist 1.02 cm
IntraPet Imaging RBIILLC
leal,riley
Adult ABD
C6-2Gs
08-31-2021 01:15:41 PM Admin
AEHrlk9bernxsf2020
Spleen
mindray
M8 Elite



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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