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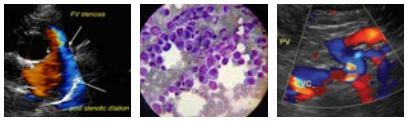

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DATE

8/31/22

PATIENT

Tucker Redmiles

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9/27/16

WEIGHT

90 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Cross

INVOICE

40911

PRESENTING CLINICAL SIGNS

P examined on 6-7-22 - history from that exam - P hasn't eaten since Saturday morning. P has been drinking a lot more, but hasn't touched any food offered to him, even people food. P has diarrhea, but O says it is just water coming out. P does have a habit of eating things he shouldn't (mostly sticks.) P has been more lethargic, mostly just laying around.
since exam P has improved but still will have a decrease in appetite, will vomit occasionally and is having intermittent diarrhea.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 1/16/17- urinary only. See attached.
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 prostate is normal in size 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 (7.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (8.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.64 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 0.52 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 normal/borderline small, with normal echogenicity and 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach appears mildly dilated with some ingesta, and there is a significant air artifact obscuring visualization of some of the deeper structures. In the visualized areas of stomach, it measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. In these areas the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No focal lesions were observed, but full visualization of the stomach is limited.

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. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.23 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline small liver – Correlate these findings with abdominal radiographs, as this will provide a better estimate of liver size, particularly in a deeper chested dog. No lesions were visualized. If the liver does in fact seem small, you could consider pre- and post-prandial bile acids to evaluate liver function.

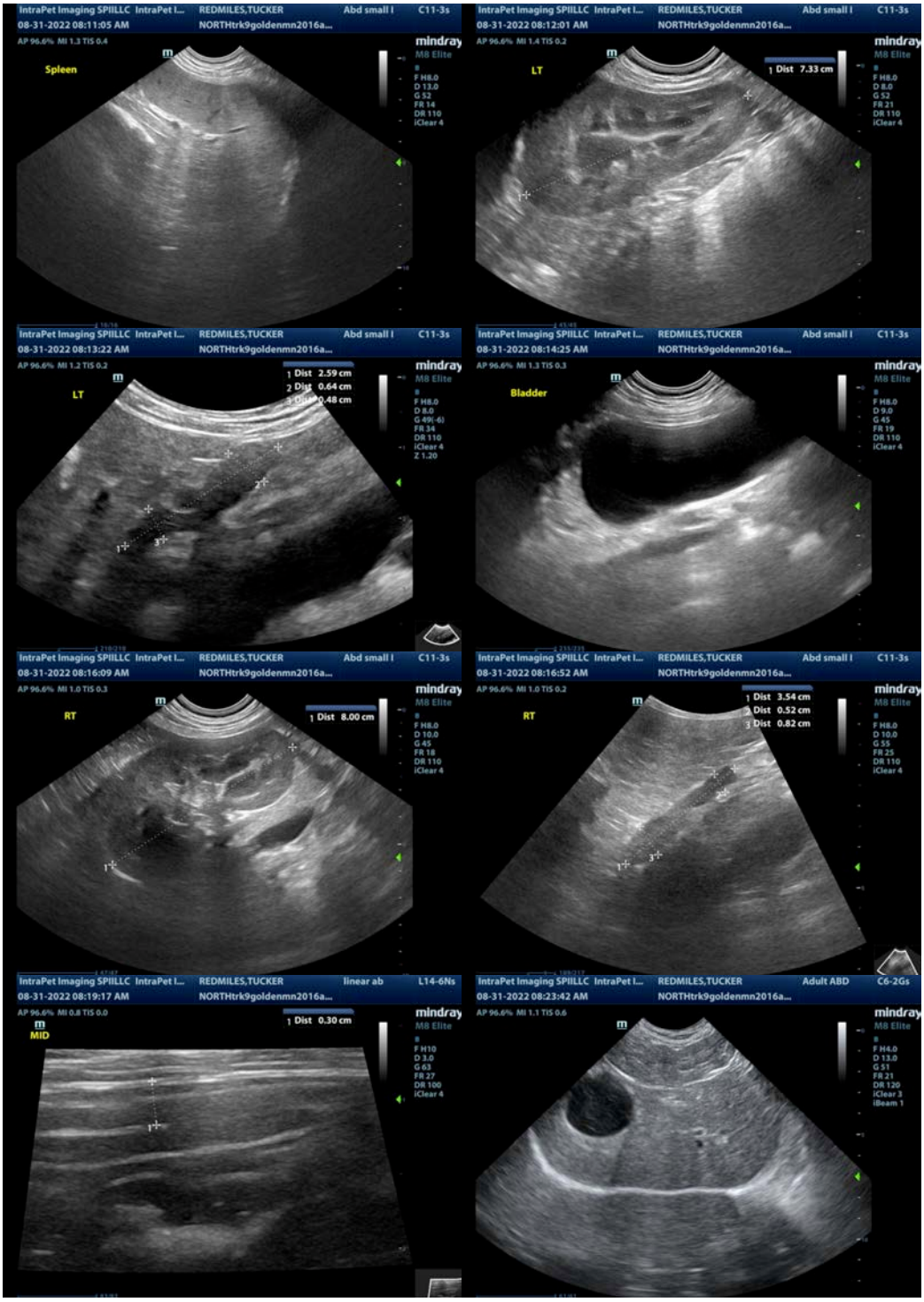
- Mild fluid and gas visualized in the gastric lumen – Gas in the stomach limits full visualization of the stomach. Correlate with abdominal radiographs.

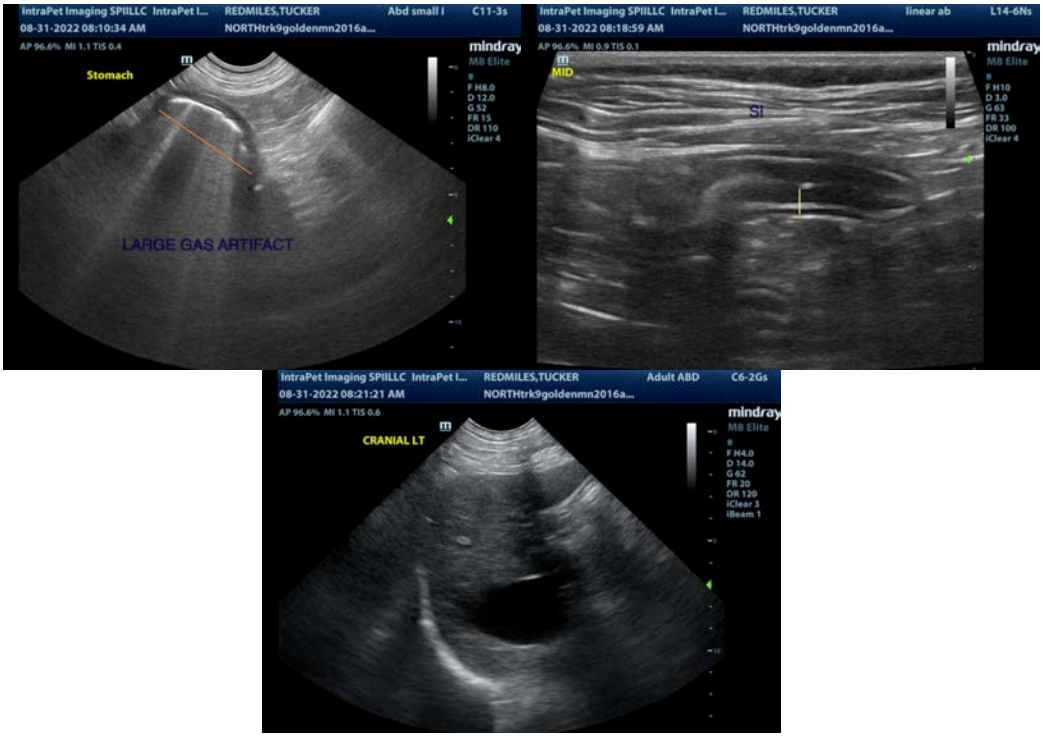
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions observed on today's scan were relatively mild and possibly of questionable significance. Correlate the liver size with abdominal radiographs. If it truly appears small, you could consider pre- and post-prandial bile acids to evaluate liver function.

Additionally, consider abdominal radiographs to evaluate the stomach, as the intraluminal gas made full visualization difficult. If there is concern for a gastric foreign body, you could give a small amount of barium to see if it is outlined, or consider a scope to further evaluate the esophagus, stomach, and proximal intestine for lesions, foreign material, and to obtain GI biopsies.

Based on the reported diarrhea, there is concern for additional small intestinal issues. These are relatively acute in nature. Recommend continued medical support for acute gastroenteritis with probiotics, fluids, nausea medications, etc. If a foreign body is strongly suggested, consider exploratory and obtain GI biopsies at the time of surgery.





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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