IMAGING PERFORMED BY

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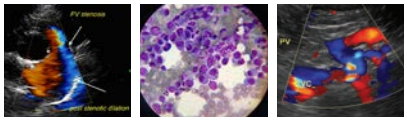

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DATE

9/3/21

PATIENT

Ollie Knight

SPECIES

Canine

BREED

Flat-Coated Retriever
Mixed Breed

SEX

Intact Male

AGE

2016

WEIGHT

95.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

25187

PRESENTING CLINICAL SIGNS

09-01-2021 Presenting Complaint: HGE. Assessment: Hyporexia Vomiting Bloody diarrhea. Lab work wnl, rads possible suspicious changes for fb, but improved after 2 days supportive care. Still not eating on own, holding down syringe feedings.

Current Medications: Buprenorphine 0.6mg/mL, Amp/Sulb (Unasyn) 1.5gm Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Ondansetron 2mg/mL Injection (Per mL), Acepromazine 10mg/mL Injection (Per mL)
Lab Results: Attached separately.
Radiographs: Abdomen 2 View- Abnormal gas pattern with gas bubbles in the intestines. Possible suspicious changes for fb.
Date of Previous IntraPet Ultrasound: No previous
Sedation: IV ace / torb
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is large 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 large in size (4.22 cm x 5.5 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.16 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 (6.7 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 0.53 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 0.67 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 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. Jejunum wall measures 0.3 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 revealed scant anechoic free fluid. Mild lymphadenomegaly is present. One prominent mesenteric lymph node was visualized at 0.61 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 uniform echogenicity.

Other
Both testicles were imaged and appear normal.

ULTRASONOGRAPHIC FINDINGS

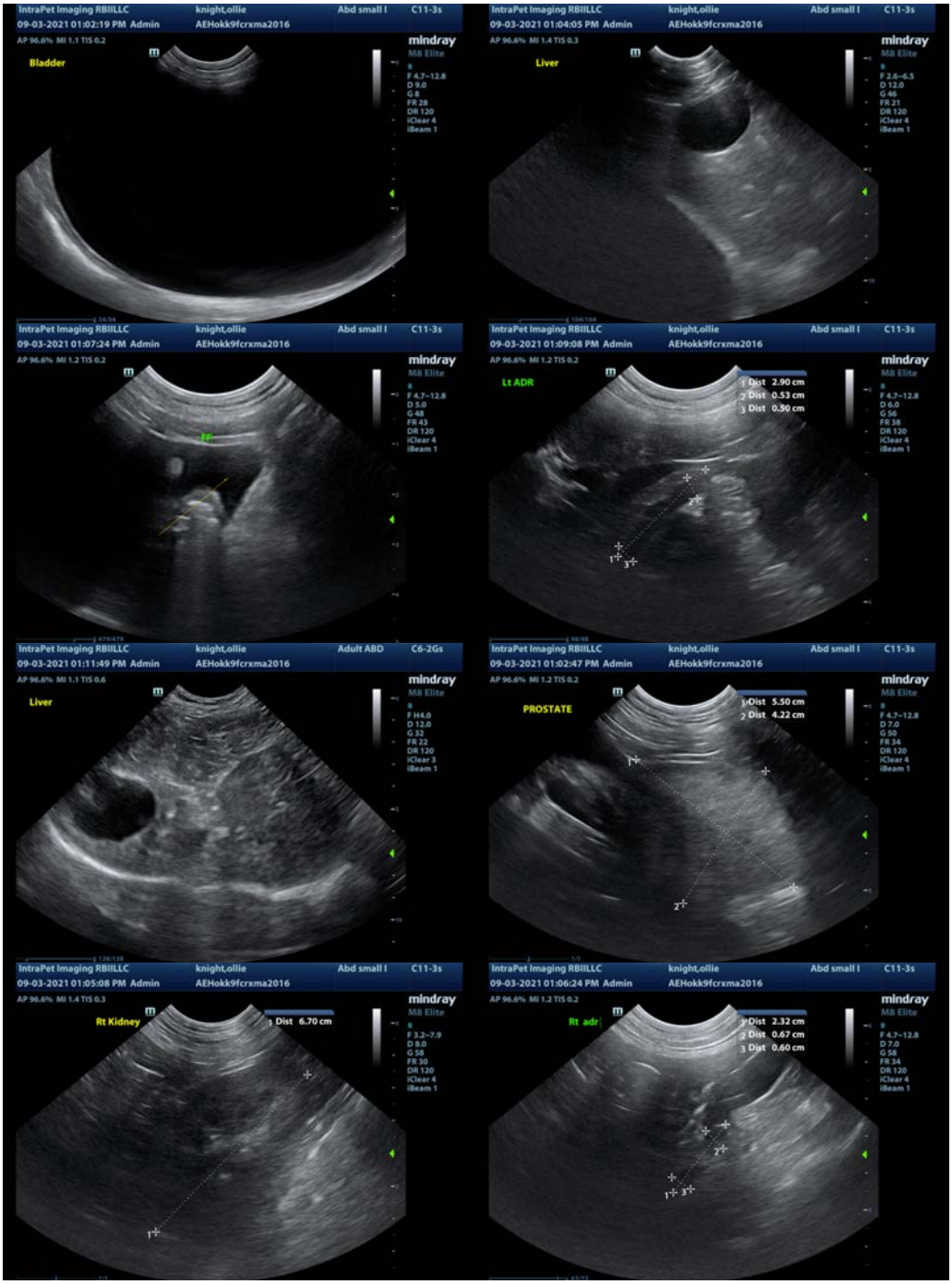
- Large, hyperechoic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

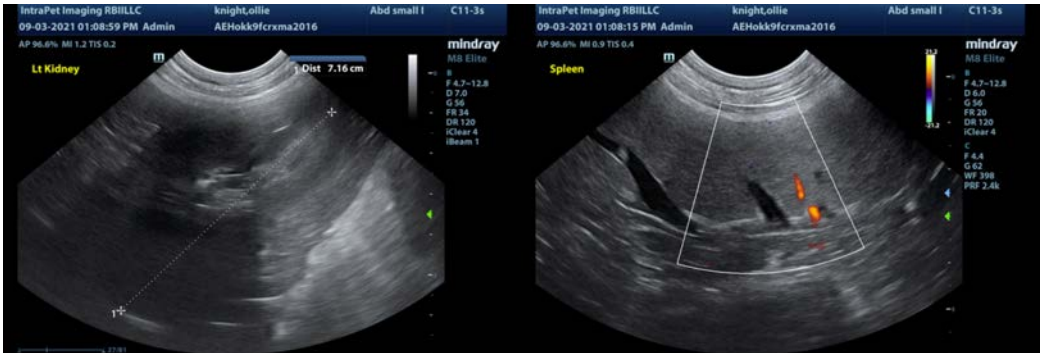
- Scant free fluid in the abdomen – likely inflammatory change. Monitor if the amount increases and consider sampling for cytology and fluid analysis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on this scan were relatively mild, and no focal lesions were identified, but the presence of free fluid in the abdomen is likely an indicator of severe inflammation associated with the GI tract. Hopefully this is a case of HGE, which will resolve with aggressive medical therapy. Continued correlation with abdominal radiographs is recommended. No foreign body was observed, but ultrasound can sometimes

be insensitive in picking up some types of foreign material. Strongly recommend an ACTH stimulation test to rule out Addison's, fecal testing to look for large bowel parasites, and empirical deworming, and urinalysis and culture of the urine to rule out prostatitis. Additionally, a GI panel can be considered to further evaluate the pancreas and small lintestine for inflammation, bacterial overgrowth, 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.

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