IMAGING PERFORMED BY

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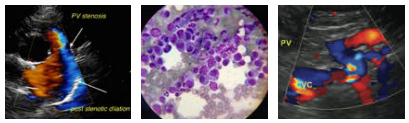

SonoPath
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DATE
9/30/21

PATIENT
Brady Stearns

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
2/13/21

WEIGHT
32.5 lbs

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

HOSPITAL NAME
Glen Burnie AH

REFERRING VET
Dr. Shah

INVOICE
92112

PRESENTING CLINICAL SIGNS

Bloody diarrhea for a month. Weight loss (2 LBS in 2 weeks) Fecal float test done twice with negative results. Dog has off and on loose stool. Puppy does has history of eating foreign objects. There no vomiting associated with.
Current Medications: Metronidazole 250mg 1/2 tablet twice daily,
Panacur 7ml once daily for 3 days, Fortiflora 1 packet once daily.
Lab Results: Blood work is non diagnostic. Two stool samples came back negative.
Radiographs: 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 prostate is normal in size (0.71 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 (5.78 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 (6.26 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 0.4 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 0.49 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. The duodenum measured as normal (0.53 cm) and the jejunum measured as normal (0.39 cm, 0.32 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

A scant amount of anechoic free fluid was noted. There is mild mesenteric lymphadenomegaly present. The colic lymph node measures 0.68 cm in diameter. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

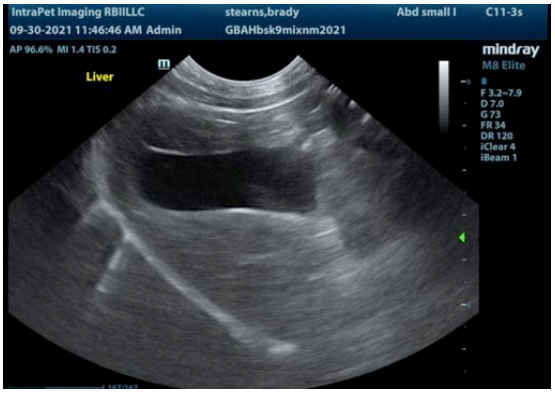
- Subjectively thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is often a normal finding in young dogs.

- Trace free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions were observed to explain the colitis reported. In a puppy the most likely differentials would be GI parasitism, dietary intolerance or bacterial disease (clostridium, E Coli, etc). Ideally I recommend colonoscopy possibly with FISH analysis. I recommend referral to a veterinary internist. I also recommend novel protein or hydrolyzed protein diet, probiotics and if referral is not possible you can consider fecal transplant, etc, but sampling would be ideal. ACTH stimulation test is also recommended in order to screen for Addison's' disease.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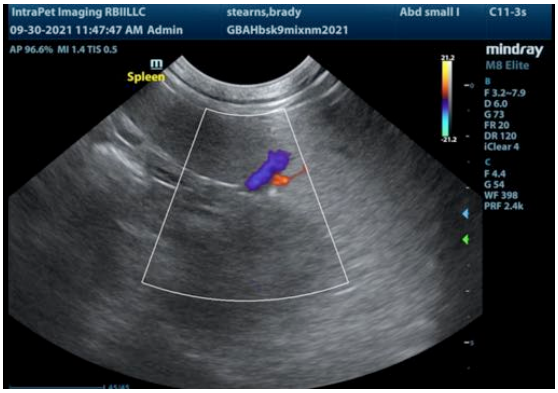
Liver
mindray
M8 Elite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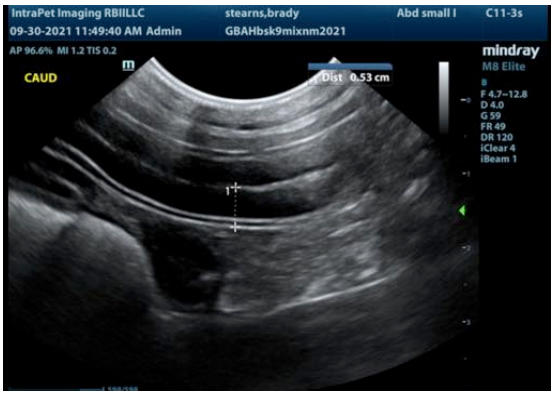
Spleen
mindray
M8 Elite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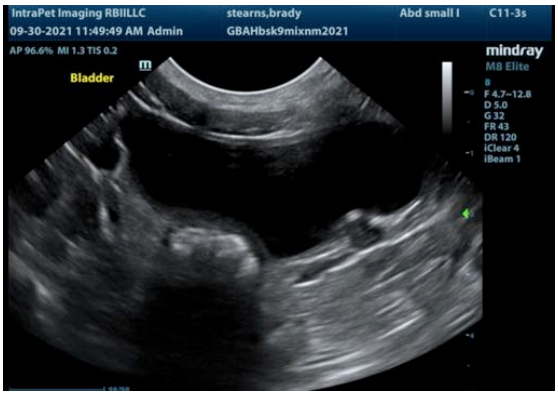
CAUD
1 Dist 0.53 cm
mindray
M8 Elite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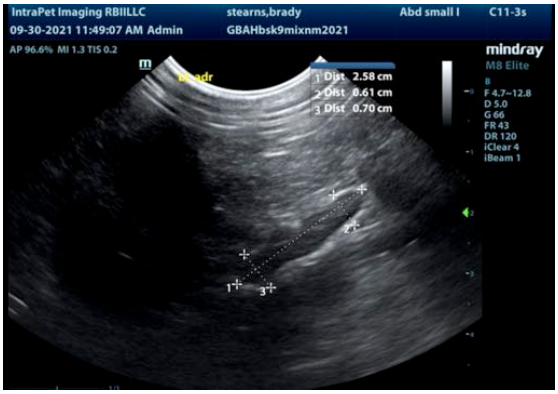
GBAHbsk9mixnm2021
AP 96.6% MI 1.3 TIS 0.2
Bladder
mindray
M8 Elite


IntraPet Imaging RBIILLC
stearns,brady
Abd small I
C11-3s
09-30-2021 11:48:37 AM Admin
GBAHbsk9mixnm2021
AP 96.6% MI 1.3 TIS 0.2
1 Dist 5.78 cm
mindray
M8 Elite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stearns,brady
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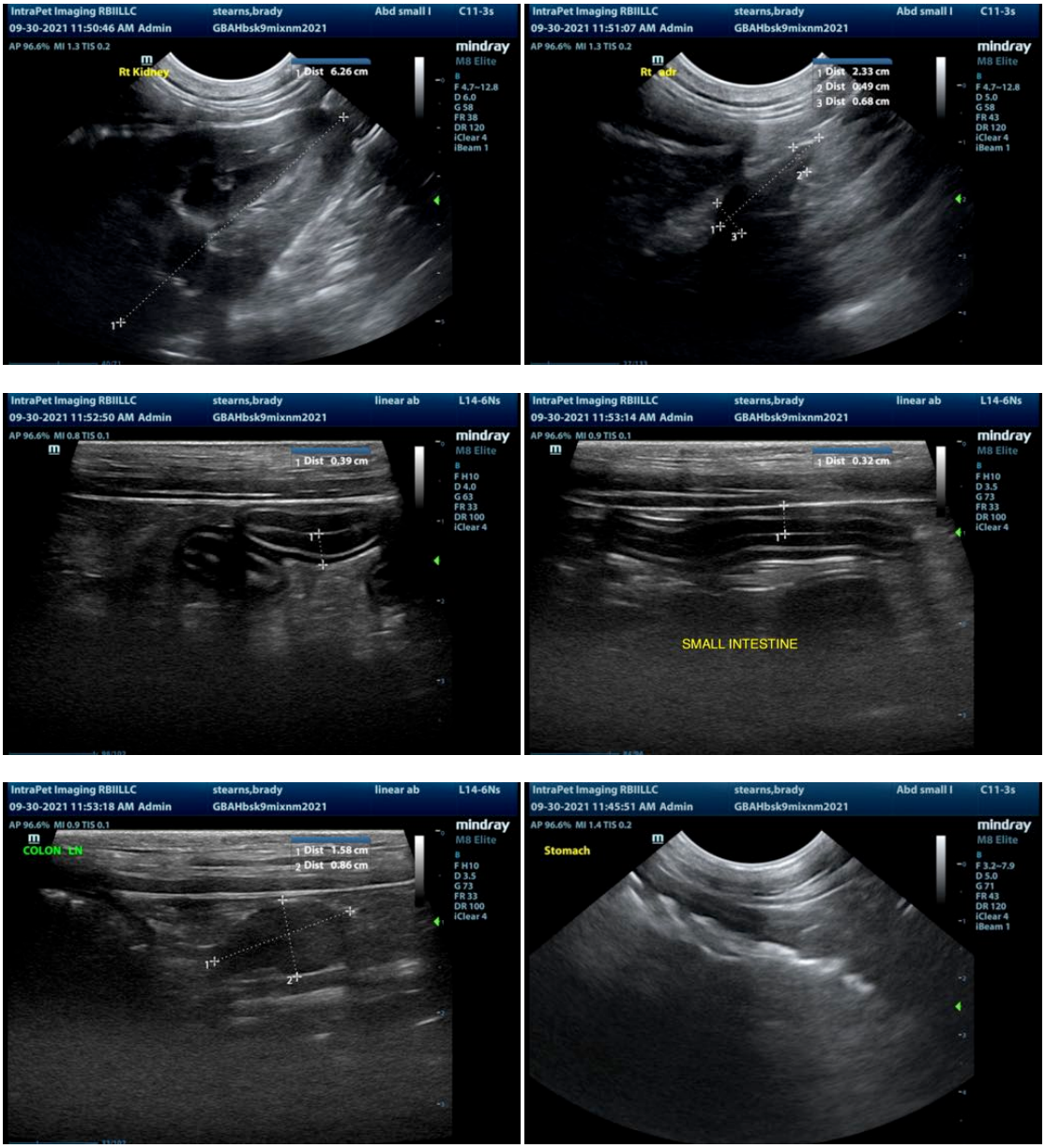
1 Dist 2.58 cm
2 Dist 0.61 cm
3 Dist 0.70 cm
mindray
M8 Elite



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.

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