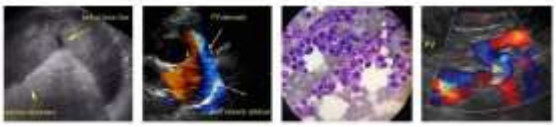


PATIENT

Cooper Craig

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

9 Years

WEIGHT

39kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie PH Stoney Creek

REFERRING VET

Baskin

INVOICE

47194

DATE

8-30-21

PRESENTING CLINICAL SIGNS

Presented initially (8/20) very lethargic/dull, vomiting, seeming uncomfortable. Known history of eating stuffed toy/ possible ingestion. Very ADR. -Initial PE - dehydration and moderate mid-abdominal pain. Radiographs and BW done at this time -Patient was kept in hospital on IVF after results of diagnostics. No further vomiting. Seemed to get brighter though still no interest in food. Repeat radiographs done next day unremarkable. BW levels returning more normal -1 week post discharge from hospital patient still not eating much and vomiting after meals often, able to keep some food down. Condition not much different and owner wanting to investigate further.
Abnormal PE/Chem/CBC/UA Results: Please see attached rads. Initial BW (8/20)- TP 84, ALB 45, CHOL 9.15, AMYL 407, LIPA 2003, NA 161, RBC 10.05, HGB 23.2, RETIC 140.7, WBC 25.7, NEU 23.55, LYM 0.8, MONO 1.23, EOS 0.01, BASO 0.12, MPV 17 Follow up BW (8/21) - UREA 2.3, RETIC-HGB 20.6, WBC 17.38, NEU 13.92, LYM 1.83, MONO 1.51, MPV 15.4, PDW 20.7 rads: ABDOMEN, August 21, 2021, 3 images. Previous available abdominal radiographs, from August 20, 2021 was also reviewed for reference. FINDINGS: There is a small volume of gas within the gastric lumen. The small intestinal loops are normal. There is no apparent pathological distention or plication of the small intestinal loops. There is no apparent foreign material identified within the GI tract of the patient There is a small volume of material compatible with feces, within the lumen of the large intestine. The liver, kidneys, urinary bladder, spleen, peritoneal and retroperitoneal space are normal. The skeletal structures and caudal thoracic structures included in the study appear within normal limits. CONCLUSIONS: The abdomen is unremarkable. Radiographically occult gastritis, pancreatitis remain possible considerations in this case. There are no overt radiographic findings indicating GI obstruction or dietary indiscretion on the present study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension. Sonographic assessment of the urinary bladder was limited owing to lack of urine distension yet no overt pathology. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

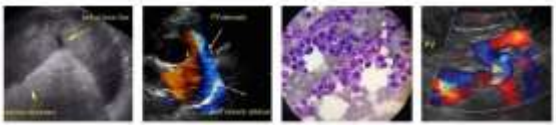
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.76 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary mildly



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nonhomogeneous to expansive nodule noted in the subjective mid to caudal spleen measuring approximately 2.0 cm in diameter. The nodule appeared to distort the splenic capsule yet without evidence of parenchymal escape or rupture. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact yet subjective prominent wall layering. Mild retained anechoic fluid and luminal gas was present. The possibility of a mild amount of nonobstructive echogenic foreign material exhibiting dirty acoustic shadowing cannot be excluded. No evidence of mechanical pyloric outflow obstruction.

The small intestine exhibited primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio and was primarily empty. Subtle retained segmental small intestinal anechoic fluid adjacent to a focal area of mild intestinal mural hypertrophy exhibiting nonspecific luminal distal acoustic shadowing was present. This segment of intestine measured approximately 3.0-4.0 cm in length with wall width measuring up to 0.53 cm. By comparison, normal appearing intestinal wall layering measured 0.27 cm width. The duodenum wall measured 0.44 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

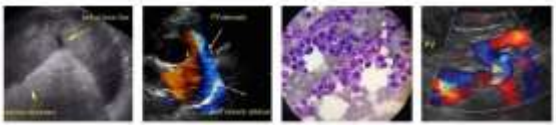
Free Abdomen

Regional peri-intestinal reactive mesentery was present.

No evidence of concurrent peritoneal free fluid or overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Segmental nonspecific intestinal shadowing with subjective mural hypertrophy - strongly suspicious for nonobstructive gastrointestinal foreign material, potential for complicated inflammatory bowel possible, neoplasia considered less likely.
- Associated segmental peri-intestinal reactive mesentery.
- Gastric hypomotility exhibited by retained fluid and gas, minor potential for nonobstructive gastric foreign material (fabric, cloth, or similar) cannot be excluded.
- Nonspecific mildly expansive splenic nodule.



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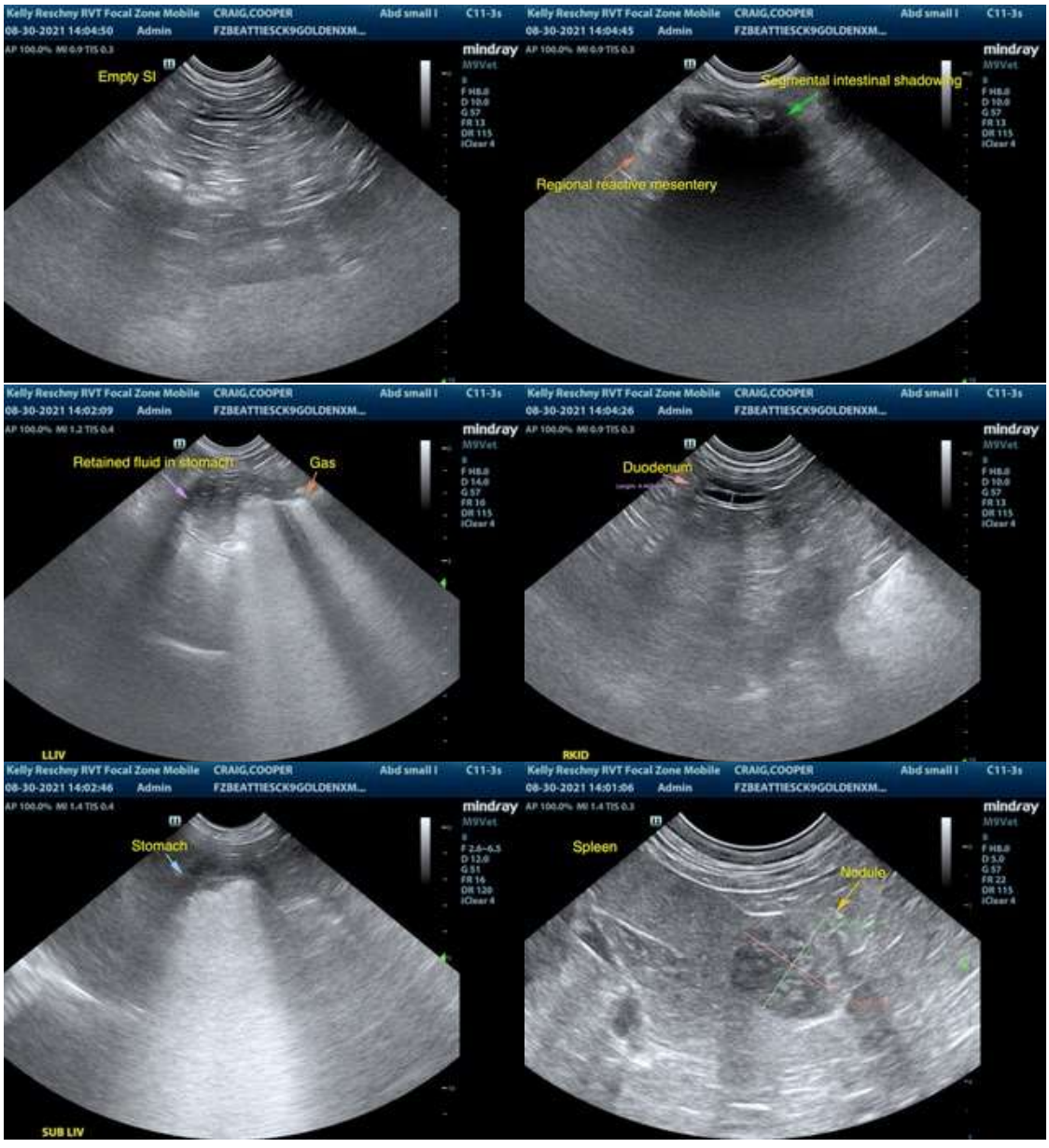
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the sonographic findings in light of the patient and clinical signs, exploratory laparotomy for gross inspection of the gastrointestinal tract with potential for enterotomy, gastrotomy, if clinically indicated, as well as intestinal biopsies are recommended.

Concurrent splenectomy should be strongly considered given the expansive nature of the splenic nodule.

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.



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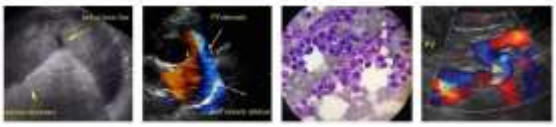

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289-808-2608 info@thefocalzone.com

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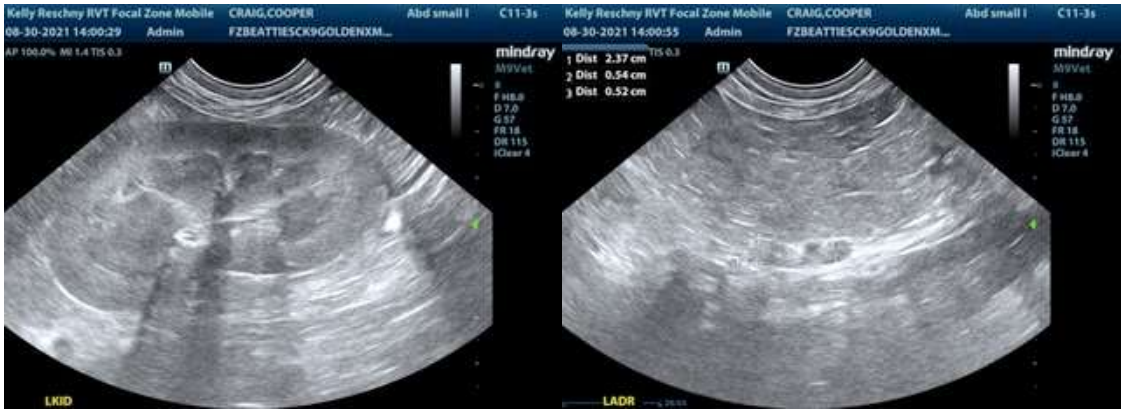

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com