

**DATE PRESENTING CLINICAL SIGNS**

10/13/21

PATIENT

Winky King

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

4/12/21

WEIGHT

34.5 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

HOSPITAL NAME

Animal Emergency
 Hospital

REFERRING VET

Dr. Martinoli

INVOICE

13728

History: Presenting Complaint: Diarrhea; Foreign Body; Vomiting.

Date: 10-12-2021 Notes: Hasn't eaten since Saturday or Sunday (3-4 days ago); vomited Sat/Sun; has not vomited since then. Has had chronic diarrhea for over 4 weeks; treated with probiotics and Metronidazole; recently changed to Hydrolyzed diet. Dewormed (Fenbendazole?) Went to rDVM today; concerned for FB in caudal abdomen (tubular structure palpable.) Referred for continued care/exp. lap if indicated. Assessment: r/o Gastroenteritis, parasitism, GI FB. Plan: Recommend to Owner Hospitalization, IV catheter, fluid therapy, recheck abdominal x-rays after fluid tx, and further treatment as needed. Exploratory laparotomy if indicated.

Current Medications: Vitamin B Complex, Metronidazole, Proviavle. Pantoprazole, Acepromazine, Buprenex. Lab Results: PCV 38%, TS 4.2.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested / declined

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (5.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.43 cm at caudal pole) (2.33 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal is normal in size (0.80 cm at cranial pole) (0.64 cm at caudal pole) (2.03 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.41 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with gas +/- fluid. The gastric wall is normal in thickness with a normal layering pattern. A large (>8.0 cm) small intestinal intussusception is present in the mid abdominal cavity. The intussusception contains bowel and omentum. The mesentery effacing the serosal surface is hyperechoic. The small intestinal loops proximal to the intussusception are severely dilated (up to 2.1 cm) with echogenic fluid and are hypomotile. The wall of the descending colon appears normal.

Pancreas

The pancreas is somewhat obscured by the bowel pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

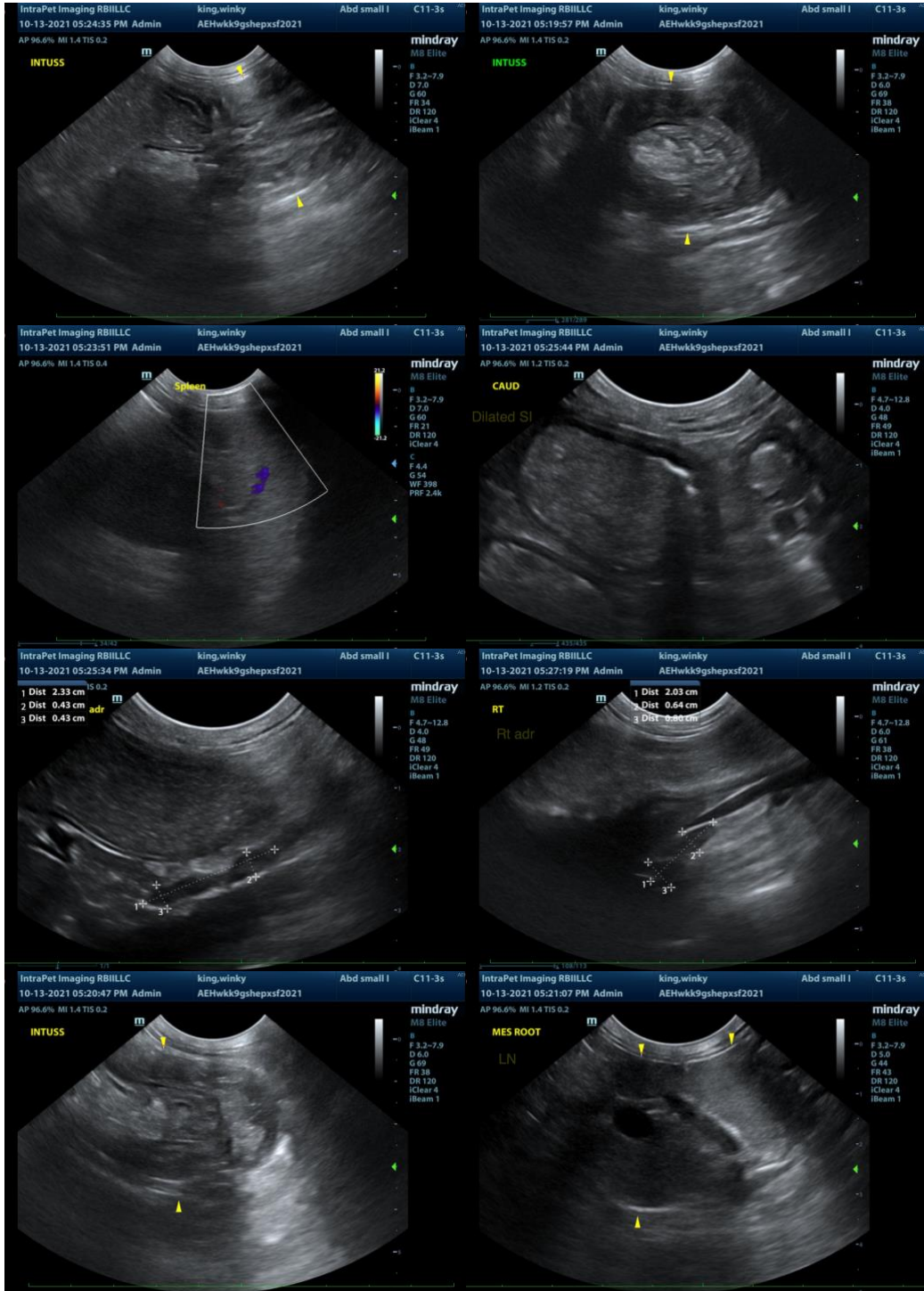
Several prominent to enlarged mesenteric lymph nodes are visualized, the largest measuring 3.18 cm in length. Trace free fluid is present.

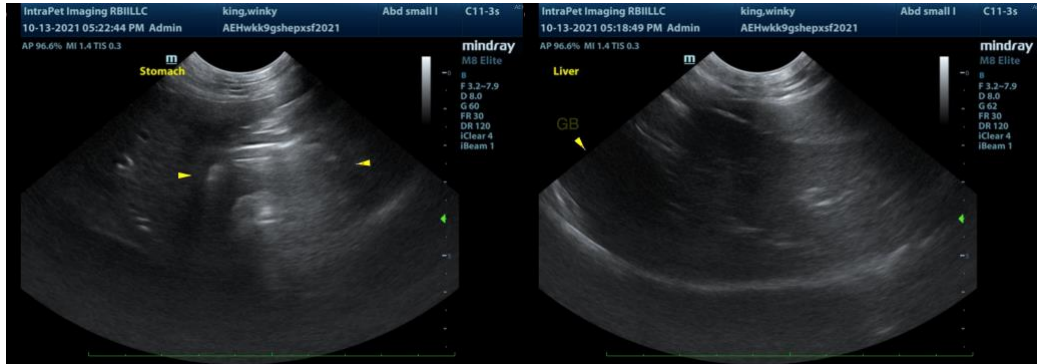
ULTRASONOGRAPHIC FINDINGS

- Small intestinal intussusception with regional peritonitis
- The mesenteric lymphadenopathy may be secondary to reactive change and/or immunologic immaturity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 3-view thoracic radiographs are recommended to assess for aspiration pneumonia.
- An abdominal exploratory with correction of the intussusception is recommended as soon as possible.
- A fecal evaluation for ova and Giardia as well as prophylactic deworming with fenbendazole should be considered, as intussusceptions can be associated with GI parasitism. Also consider testing for parvovirus.





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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