

**DATE PRESENTING CLINICAL SIGNS**

10/18/21

Previous history: Presented to Animal Emergency Hospital with the following hx: "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." Intussusception noted on previous IntraPet U/S. Exploratory surgery preformed with R & A and patient recovered and discharged. Patient presented to Docside Veterinary Medical Center for continuation of symptoms, not eating over weekend. No request form was submitted. DVM suspects additional surgery may be indicated.

PATIENT

Winky King

SPECIES

Canine

BREED

German Shepherd

SEX

Female, intact

AGE

4/12/2021

WEIGHT

Current Medications: Not provided by the veterinarian.
 Lab Results: Not provided by the veterinarian.
 Radiographs: Not provided by the veterinarian.
 Date of Previous IntraPet Ultrasound: 10-13-2021.
 Sedation: not needed
 Stat Report: Declined by veterinarian.

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 is normal size (6.16 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.64 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is seen.

The caudal pole of the right adrenal gland is well visualized and normal size (0.48 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (xxx 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 moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Docside Veterinary
 Medical Center

REFERRING VET

Dr. Tierney

INVOICE

12376

Gastrointestinal

The gastric lumen is moderately gas distended. The gastric wall is normal in thickness with a normal layering pattern. A large intussusception is observed within the small intestine. The bowel wall in this region is mildly thickened (up to 0.33 cm) with some loss of the normal layering pattern. Proximal to this region the small intestinal segments are fluid distended and hypomotile. Distal to this region, the small intestinal segments are not dilated and the wall is normal in thickness with a normal layering pattern. There is a questionable second intussusception adjacent to the ileocecal junction. The colonic wall is normal. The colonic lumen contains fluid with echogenic material.

Pancreas

A portion of the pancreas is obscured by the bowel pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

The mesentery in the mid-abdominal region is hyperechoic. Trace free fluid is observed. A few prominent lymph nodes are visualized in the mid-abdominal region, the largest measuring 2.29 cm in length.

ULTRASONOGRAPHIC FINDINGS

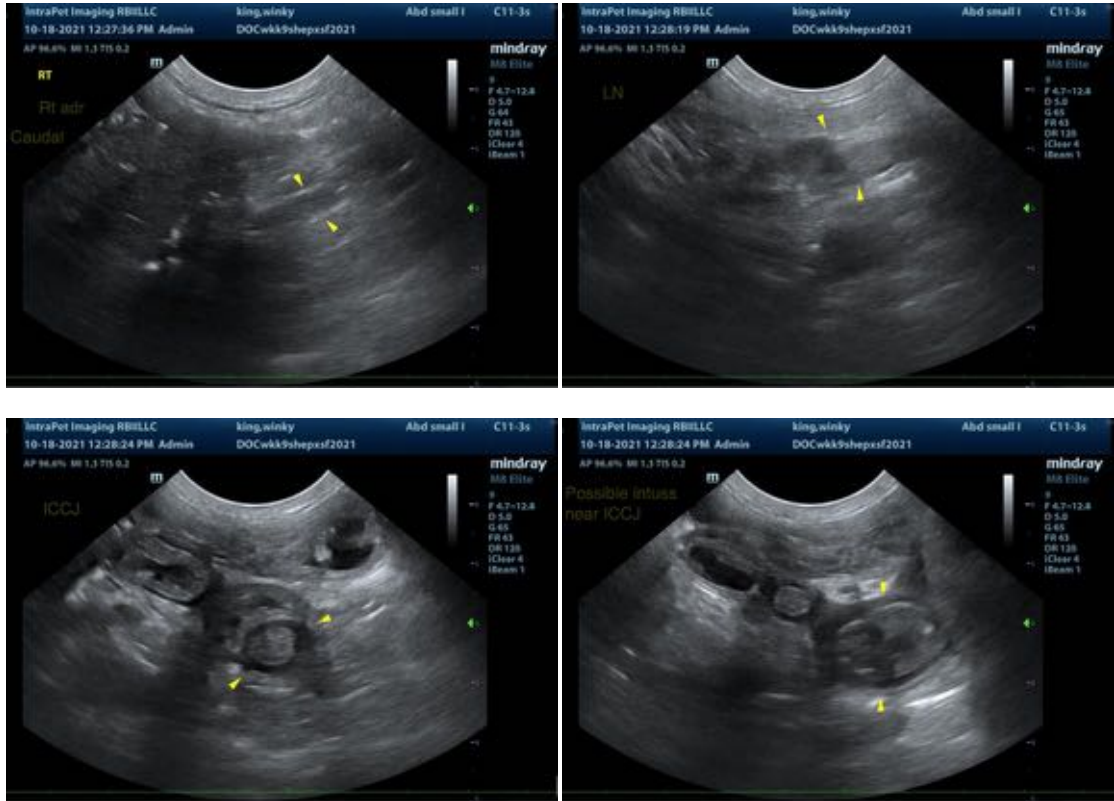
- Small intestinal intussusception +/- a second intussusception at the ileocecolic junction. Peritonitis is present, which may be secondary to the intussusception(s) and/or recent surgery.
- The mesenteric lymphadenopathy is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that surgery was performed immediately after the scan, post-operative care is recommended along with a search for an underlying cause for the intussusceptions (i.e., infection/parasitic disease).







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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