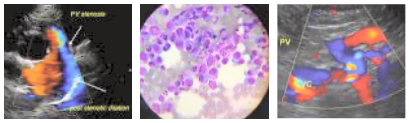
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11.27.22

PATIENT

Gunner Crook

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

2015

WEIGHT

93 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Martinoli

INVOICE

11917

PRESENTING CLINICAL SIGNS

Presenting Complaint: Vomiting. Diarrhea. Lethargic / Tired. Appetite decreased. Dehydrated.
History: Date: 11-25-2022 Notes: History of "sensitive stomach" where he will vomit from certain treats but usually resolves quickly on its own. 2 days ago, started with vomiting and diarrhea; has not been interested in eating since that started.

Assessment: Vomiting. Diarrhea. Inappetence. Lethargy.

Current Medications: Buprenorphine, Metronidazole, Ondanestron, Protonix
Lab Results: Attached.
Fecal negative for ova and Giardia. 4dx negative.

Radiographs: Xray Abdomen 2 View: gas throughout small intestines; does not appear obstructive
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A moderate amount of echogenic to mineralized debris is observed within the lumen. 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 prostate is prominent in size (2.01 cm in width) with normal curvilinear peripheral contours. The parenchyma is mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (9.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.84 cm at caudal pole) (2.92 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 gland is normal size (0.92 cm at cranial pole) (0.79 cm at caudal pole) (3.03 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 normal in size (2.21 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly to moderately distended with gas and fluid. The gastric wall is normal in thickness with a normal layering pattern. A hyperechoic linear structure is observed in the pyloric outflow tract and extends into the proximal duodenum. The proximal duodenal wall is plicated. The mesentery effacing the serosal surface in this region is mildly hyperechoic. In the remaining small intestinal segments, the lumen is mildly fluid-distended. The wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas
The right limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated

Free Abdomen
There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.89 cm in length. A few prominent lymph nodes are also observed at the aortic trifurcation, the largest measuring 1.11 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

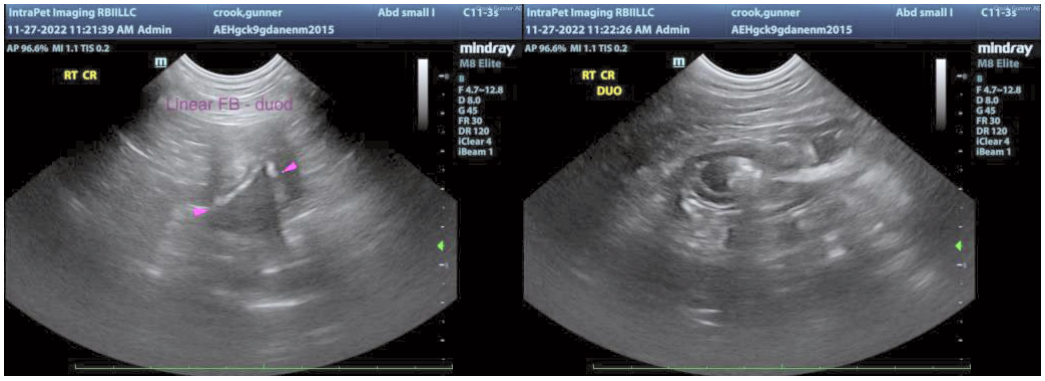
- Suspected pyloric/duodenal linear foreign body/obstruction. Mild adjacent peritonitis is present.

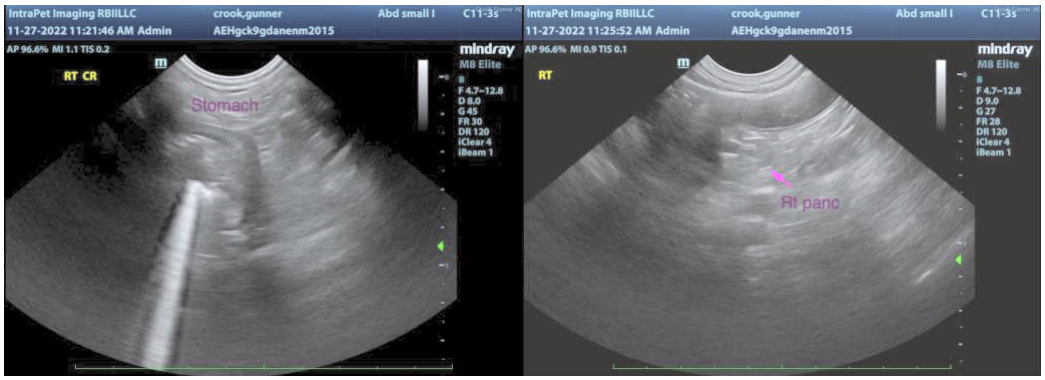
Secondary Findings

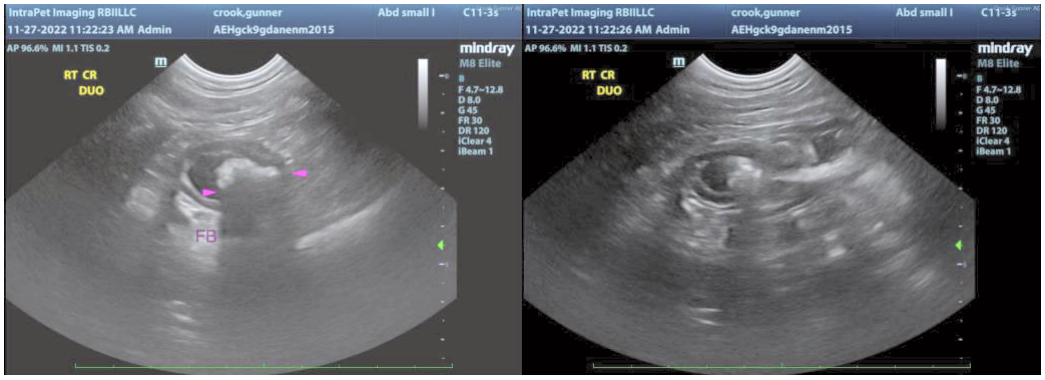
- Urinary bladder debris
- Bilateral mild, chronic, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prostate changes are most consistent with age-related remodeling/late-in-life neutering. However, an emerging tumor cannot be completely excluded.

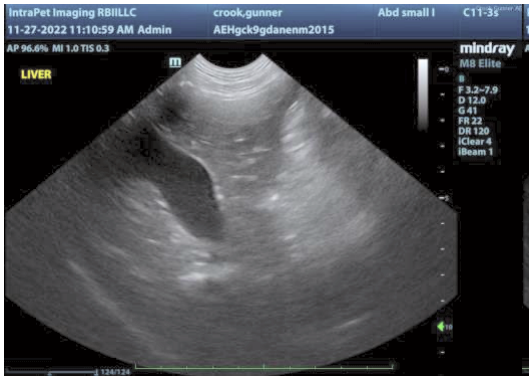
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory with foreign body removal is recommended. Three-view thoracic radiographs should be considered prior to any anesthesia to assess for occult aspiration pneumonia.





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LIVER
mindray
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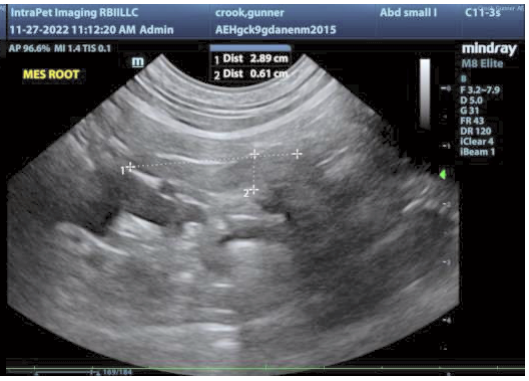
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MES ROOT
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2 Dist 0.61 cm
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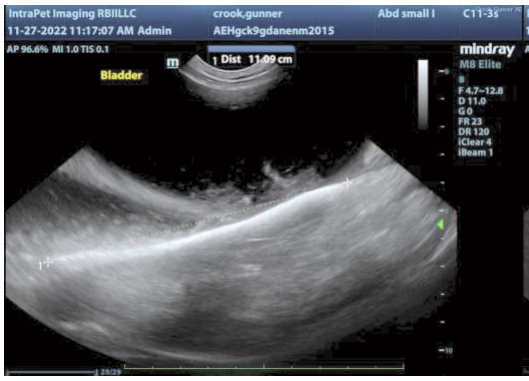
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Bladder
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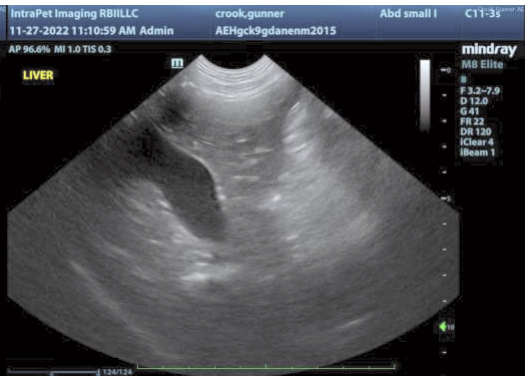
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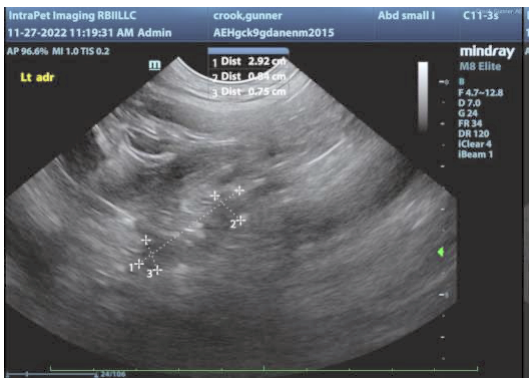
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Lt adr
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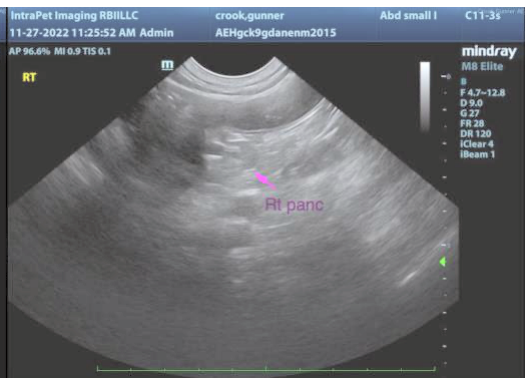
mindray
M8 Elite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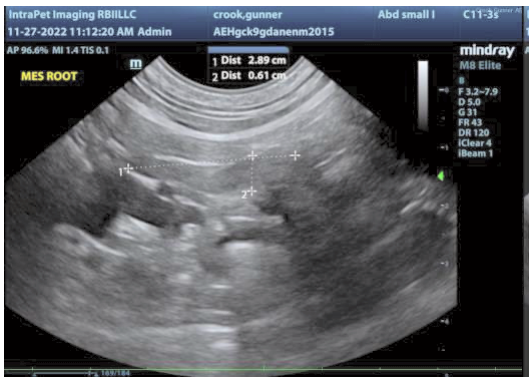
RT
Rt panc
mindray
M8 Elite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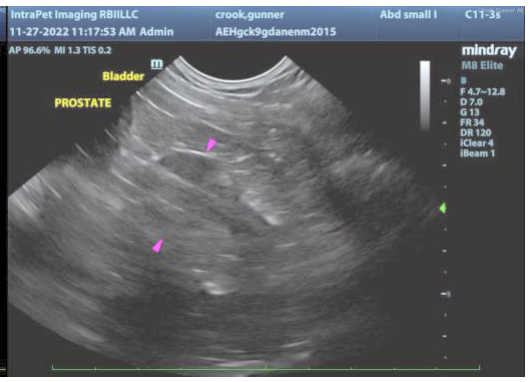
MES ROOT
1 Dist 2.89 cm
2 Dist 0.61 cm
mindray
M8 Elite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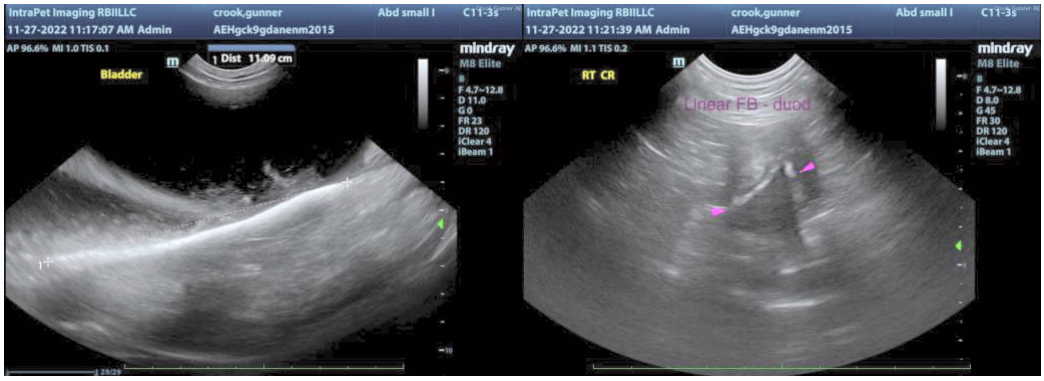
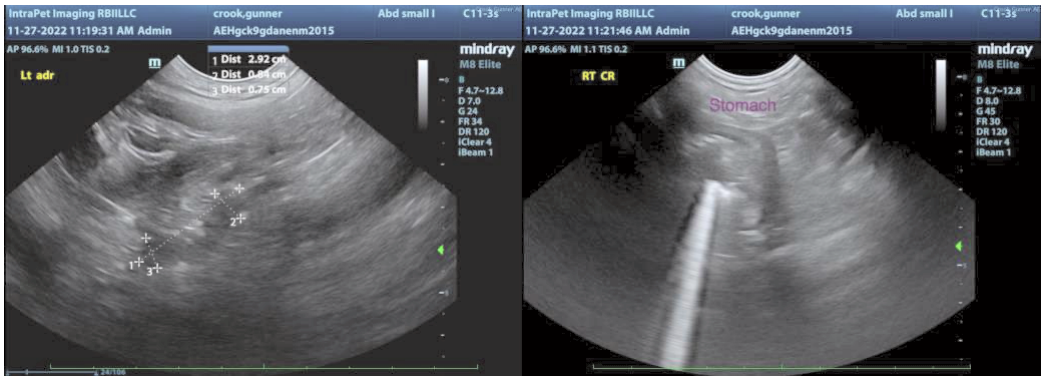
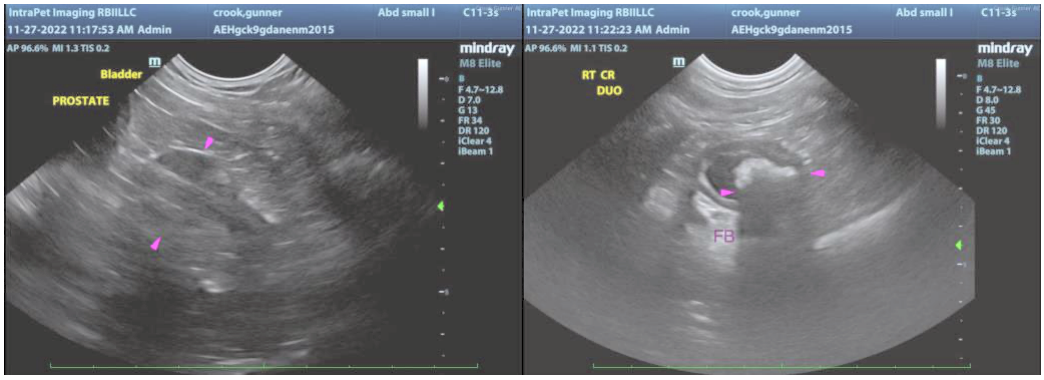
Bladder
PROSTATE
mindray
M8 Elite







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com