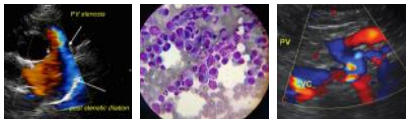
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/1/21

PATIENT

Malcolm Winchell

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

3/7/18

WEIGHT

47.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

12760

PRESENTING CLINICAL SIGNS

History: History: History of underlying allergic disease - is on Royal Canin HP hydrolyzed protein diet and Apoquel. Over past 6 weeks pet has had 2 episodes of bloody hematemesis (flecks of blood and pink tinged). 6 weeks ago the blood was not until the third day of vomiting. This morning (11/30/2021) vomited twice and was blood both times. Today still acting BAR, no diarrhea, appetite wnl. VOMITING IS ALWAYS IN THE AM (thus far). Did get a little turkey on Thanksgiving, otherwise no changes in anything, doesn't get into anything, walked on a leash, owner monitors VERY closely. Treating symptomatically for now, Cerenia and Famotidine injections (11/30/2021), sucralfate, canned HP or moistened food.

Current Medications: chronic Apoquel administration for 2 years
never had any vomiting in past.
Lab Results: bw wnl; resting cortisol pending; fecal pending; snap cpl NORMAL; in October had low P, today was low/normal but normal
PT/PTT were normal in October.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABOMEN

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 mostly 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 prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.89 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.

The right kidney presented normal size (5.71 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.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.64 cm at caudal pole) (2.61 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 (0.59 cm at cranial pole) (0.59 cm at caudal pole) (1.93 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 (1.48 cm 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 gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

A 3.99 cm hard shadowing structure is observed within the gastric lumen along with some gas and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

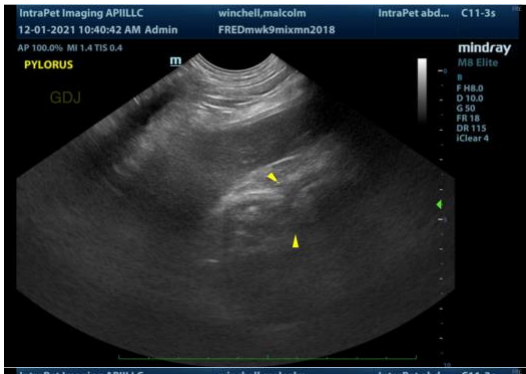
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Hard shadowing structure within the gastric lumen is concerning for a foreign body, although shadowing kibble cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Abdominal x-rays (ideally, when fasted) may be useful in further determining if a gastric foreign body is present. Ultimately, a gastrotomy may be necessary to confirm a foreign body, Upper GI endoscopy can be considered. However, given the potential size of the shadowing structure, it may be difficult to remove endoscopically. If a gastrotomy is pursued and a foreign body is not found, gastrointestinal biopsies should be obtained. ***Note – imaging should be repeated just prior to either procedure to ensure that the shadowing structure is still present.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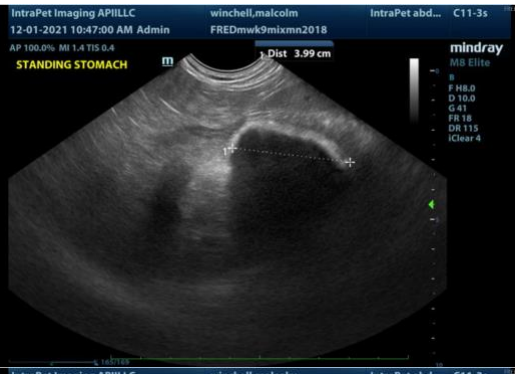
PYLORUS
GDJ
mindray
MB Elite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STANDING STOMACH
1 Dist 3.99 cm
mindray
MB Elite


IntraPet Imaging APIILLC
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IntraPet abd...
C11-3s
12-01-2021 10:44:48 AM Admin
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AP 100.0% MI 1.4 TIS 0.3
RT
Rt adr
1 Dist 1.93 cm
2 Dist 0.59 cm
3 Dist 0.59 cm
mindray
MB Elite


IntraPet Imaging APIILLC
winchell,malcolm
IntraPet abd...
C11-3s
12-01-2021 10:43:54 AM Admin
FREDmwk9mixmn2018
AP 100.0% MI 1.1 TIS 0.2
SI
1 Dist 0.33 cm
mindray
MB Elite


IntraPet Imaging APIILLC
winchell,malcolm
IntraPet abd...
C11-3s
12-01-2021 10:43:32 AM Admin
FREDmwk9mixmn2018
AP 100.0% MI 1.4 TIS 0.3
LT
Lt adr
1 Dist 2.61 cm
2 Dist 0.64 cm
3 Dist 0.46 cm
mindray
MB Elite


IntraPet Imaging APIILLC
winchell,malcolm
IntraPet abd...
C11-3s
12-01-2021 10:42:49 AM Admin
FREDmwk9mixmn2018
AP 100.0% MI 1.4 TIS 0.3
Spleen
mindray
MB Elite


IntraPet Imaging APIILLC
winchell,malcolm
IntraPet abd...
C11-3s
12-01-2021 10:41:59 AM Admin
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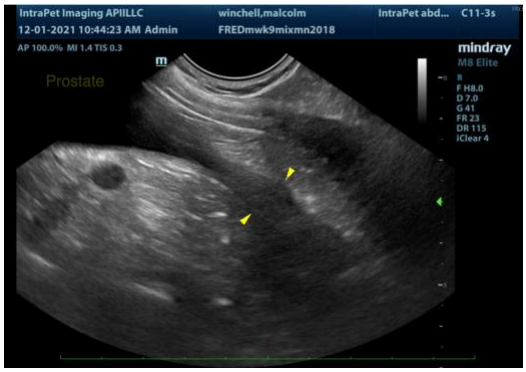
AP 100.0% MI 1.4 TIS 0.3
Stomach
1 Dist 1.62 cm
mindray
MB Elite


IntraPet Imaging APIILLC
winchell,malcolm
IntraPet abd...
C11-3s
12-01-2021 10:39:48 AM Admin
FREDmwk9mixmn2018
AP 100.0% MI 1.4 TIS 0.3
Liver
mindray
MB 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.

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