

**DATE PRESENTING CLINICAL SIGNS**

12/23/21

History: Acute vomiting x 2 days. PE- vocalized on deep palpation of abdomen.

PATIENT

Simba Nussbaum

Radiographs: per rad consult suspect large intestinal/mesenteric mass effect (attached).

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Pitbull Terrier

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.

SEX

Neutered Male

The prostate is normal in size (1.50 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

1/27/2018

The left kidney presented normal size (7.21 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.

WEIGHT

71.4 Lbs.

The right kidney presented normal size (6.97 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.38 cm at caudal pole) (2.27 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.

IMAGING PERFORMED BY

Andi Parkinson
RDMS

The right adrenal gland is normal size (0.84 cm at cranial pole) (0.57 cm at caudal pole) (2.66 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.

HOSPITAL NAME

Mt. Airy AH

Spleen

The spleen is normal in size (2.51 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.

REFERRING VET

Dr. Riley

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.

INVOICE

13137

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

Gastrointestinal

The gastric lumen is moderately distended with echogenic, liquid-to-soft-appearing ingesta. The gastric wall is normal in thickness with a normal layering pattern. Several segments of small intestine are thickened (up to 0.77 cm) and plicated with irregular shadowing material within the lumen. The wall in this region has questionable retention of the normal layering pattern. The mesentery surrounding this region is hyperechoic. The bowel segments proximal to the plicated region are fluid-distended and hypomotile. There are also several normal appearing bowel loops that are not distended. The colonic wall is normal.

Pancreas

A portion of the pancreas is somewhat obscured by the bowel pathology. However, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

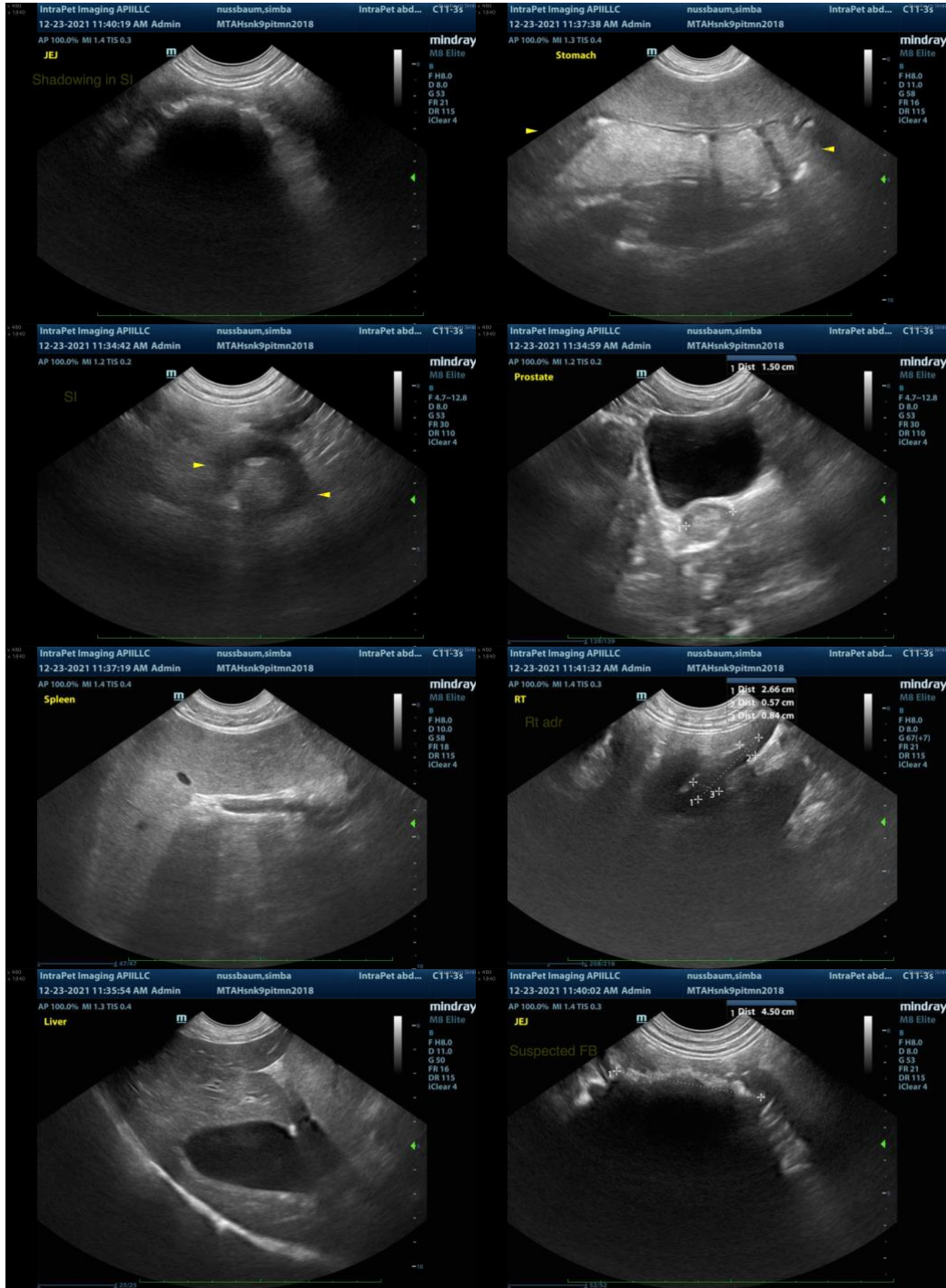
ULTRASONOGRAPHIC FINDINGS

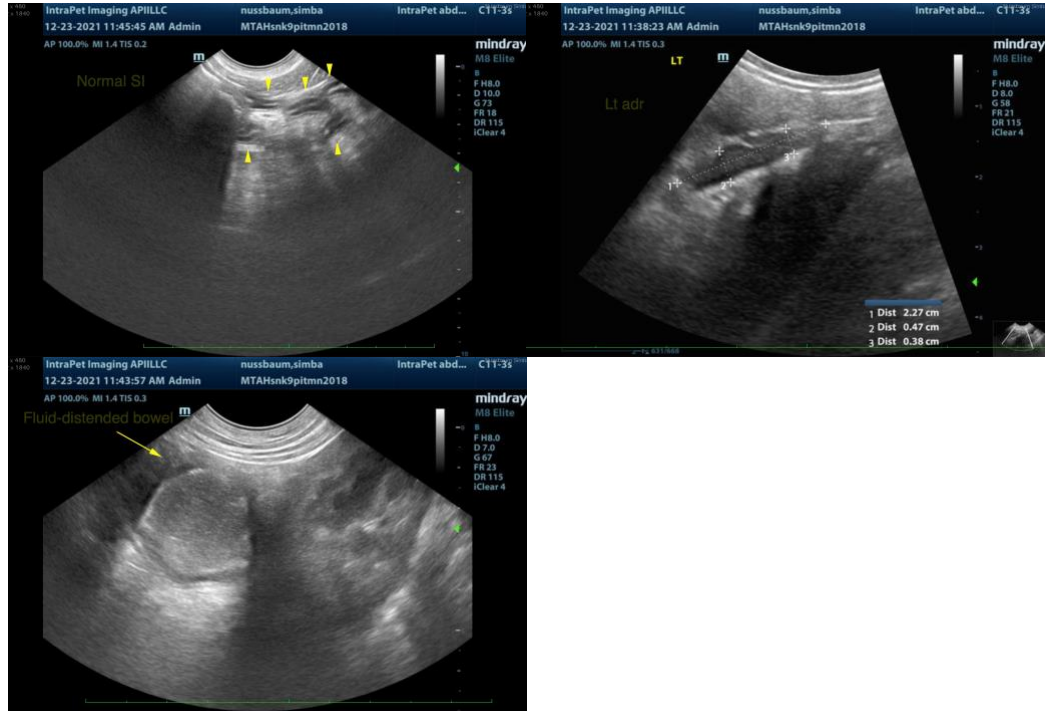
- Suspected small intestinal foreign body (i.e., linear)/obstruction. Regional peritonitis is present. The bowel wall thickening could be consistent with secondary inflammation or less likely, emerging neoplasia. Additional sonographic imaging with sedation would be necessary to further evaluate for small masses and to better determine the exact location of the foreign material within the bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for/remove any foreign material. Three view-thoracic radiographs should be considered prior to anesthesia to assess for occult aspiration pneumonia. Baseline lab work is also recommended to assess metabolic function.







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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