**DATE PRESENTING CLINICAL SIGNS**

12.30.22 2 wks h/o vomiting, diarrhea. ER visit 12/17 for V/D radiographs concerning but pet improved clinically. 12/28 visit d/t vomiting and diarrhea- repeat rads improved. V/D continued through Cerenia. radiographs concerning today for ileus or FB obstruction

**PATIENT**

Penny Rabinovich Current Medications: Cerenia, Metronidazole, IVF  
 Lab Results: Cortisol 2.53 (inhouse - Bionote/Vcheck).  
 Date of Previous IntraPet Ultrasound: No previous.  
**SPECIES** Sedation: Buprenorphine IV.  
 Canine Stat Report: Requested/Approved.  
 Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Shepherd Mix

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Spayed Female

**AGE**

2/15/2022

The left kidney is normal size (5.98 cm in length) with a normal shape, architecture and 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.

**WEIGHT**

48.7 lbs

The right kidney is normal size (5.98 cm in length) with a normal shape, architecture and 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 left adrenal gland is normal size (0.43 cm at cranial pole) (0.48 cm at caudal pole) (2.18 cm in length) with a normal shape and 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 (0.64 cm at cranial pole) (0.63 cm at caudal pole) (2.18 cm in length) with a normal shape and 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 (1.56 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 normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Timonium Animal  
 Hospital

**REFERRING VET**

Dr. McIntyre

**INVOICE**

11988

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is diffusely and moderately to severely distended with chyme and is hypomotile. In the cranial to midabdominal region, and intussusception is visualized. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The lumen of the descending colon is empty.

### ***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

### ***Free Abdomen***

A small to moderate amount of echogenic free fluid is present. A few prominent mesenteric lymph nodes are visualized (the largest measuring 3.33 cm in length).

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

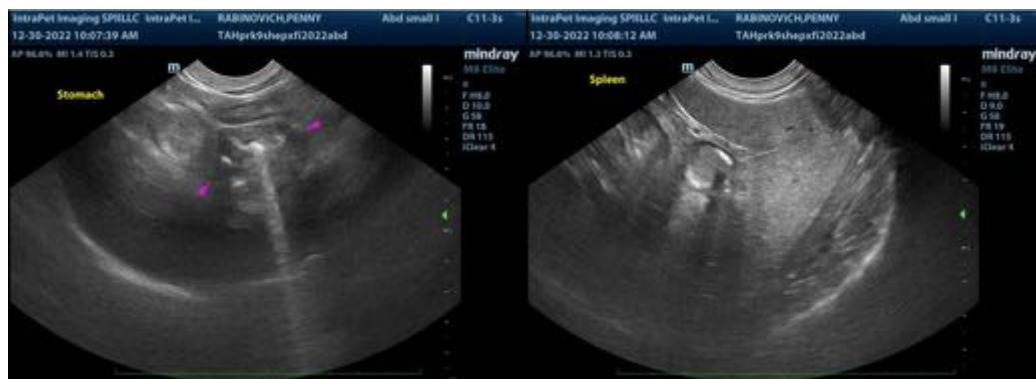
- Bowel intussusception/obstruction
- The ascites is likely secondary to bowel pathology.

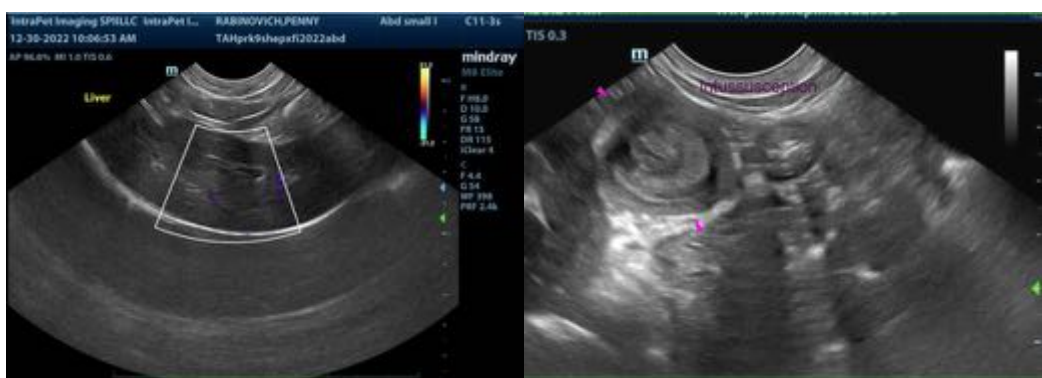
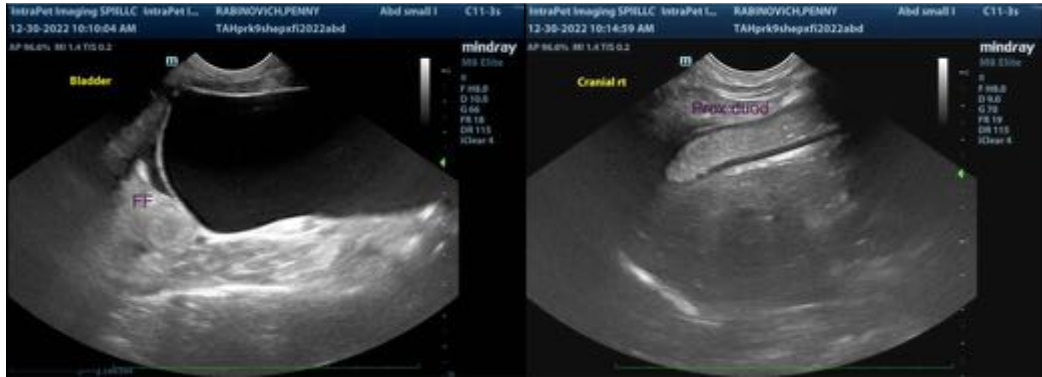
### **Secondary Findings**

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- An abdominal exploratory with resection of the intussuscepted area is recommended as soon as possible.
- Consider three-view thoracic radiographs prior to surgery to assess for occult aspiration pneumonia







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)**  
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