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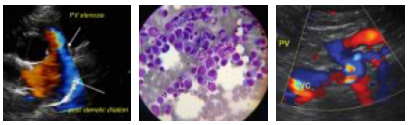

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DATE
12/7/2021

PATIENT
Rudy Redding

SPECIES
Canine

BREED
Beagle

SEX
Male, neutered

AGE
4/1/2010

WEIGHT
26.2 lbs.

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Nacke-Horney

INVOICE
12682

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Lethargic; Vomiting. Date: 12-05-2021 Notes: PC: lethargic, vomiting ATO: Thurs: vomited 2x (once in am and once in early afternoon); 1st time was watery bile, second time there was a green rubber hook that helps hold the Christmas lights in place Friday: appeared to be sleeping more, lethargic throughout the day. O called us and Falls Road vet to try and get seen. Went to Falls Road and was not seen due to unexpected long wait times. Vitals were okay at this time. Over Friday night into Sat, seemed very painful, crouched down position. When o picked him up by belly he yelped. O also has a great dane at home that likes to play with him. Last night, continued to be painful, urinated in the bed after yelping; lethargic. V last night: dime sized piece of metal was seen. Concerned that he ate an ornament. This am, did eat bacon for breakfast, then seemed to continue to be lethargic. Regular diet at home: (has never had issues with this diet) am-bacon lunch- roast beef snack: sausage egg and cheese sandwich & chicken patty, also more treats dog food is available, but usually eats that at pm. 1 week ago, was seen eating the Christmas lights. Assessment: Vomiting; Lethargy; Painful abdomen. Plan: Reviewed history and physical exam. Discussed ddx: gastroenteritis vs pancreatitis vs obstruction - explained concern for ingestion of foreign material given vomiting rubber and metal material, noted that known dietary indiscretion cause GI issues as well. Recommended hospitalization, full bw, abdominal xrays +/- repeats, fluids, pain meds, and supportive care as needed - discussed potential for needing to repeat x-rays vs U/S vs surgery pending on what we are seeing on diagnostics and clinically.

Current Medications: Pantoprazole, Ampicillin, Cerenia, Buprenex, Metoclopramide.
Lab Results: CBC chemistry WNL
Radiographs: Xray Abdomen 2 View Gas dilated stomach with apparent material present No obvious obstruction at this time Decreased serosal detail. Lateral and VD abdomen - stomach remains gas, possible retained ingesta.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A 2.35 x 1.51 cm irregular cortical cyst is observed at the craniomedial aspect.

The right kidney is normal size (5.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A 1.95 x 1.77 cm irregular cortical cyst is observed at the

cranial pole. A few smaller cortical cysts are also seen.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole) (1.84 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 (0.55 cm at cranial pole) (0.60 cm at caudal pole) (1.88 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 (1.01 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid distended. 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 disease is noted.

Pancreas

The right limb is prominent in size with irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

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

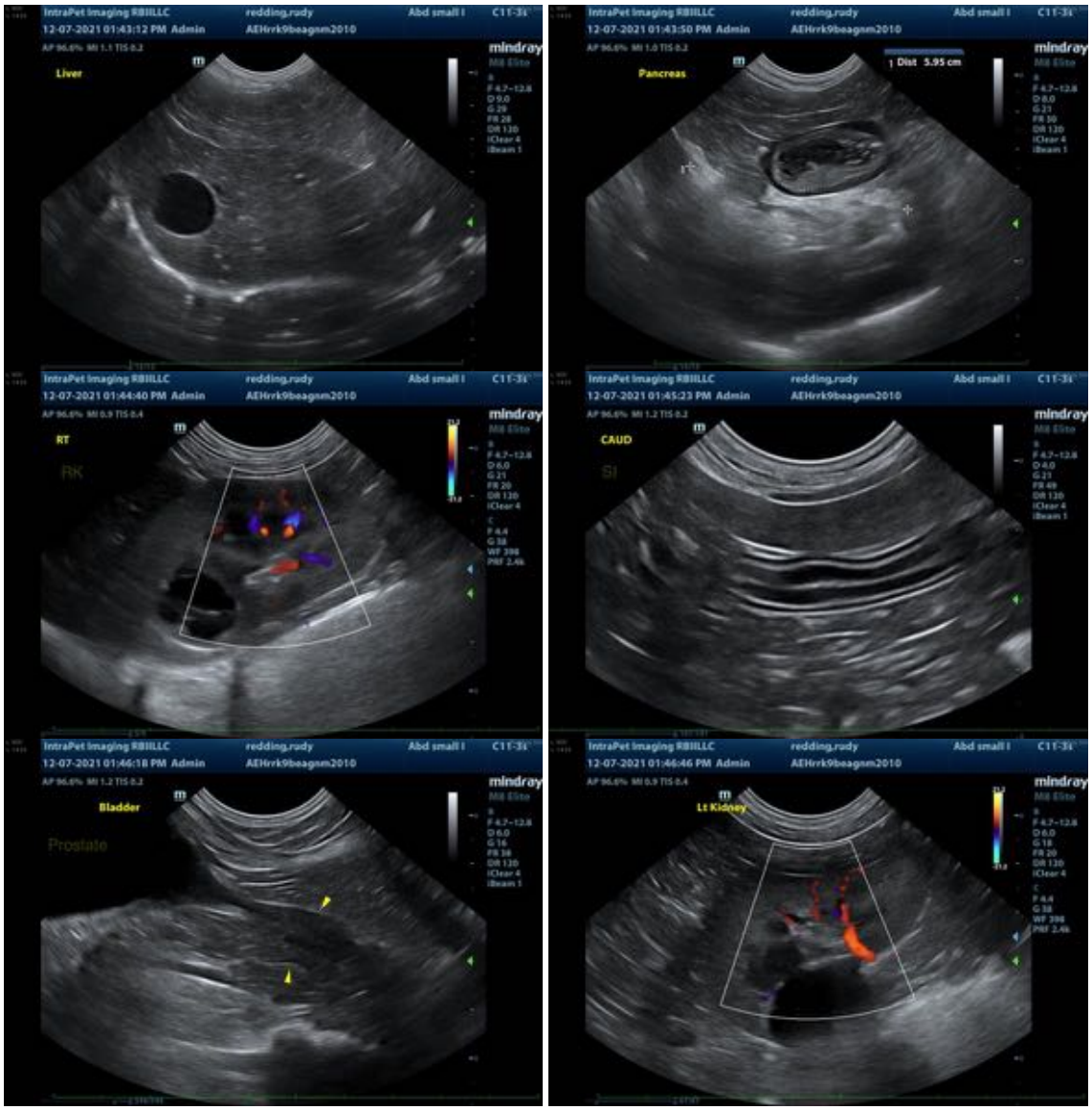
ULTRASONOGRAPHIC FINDINGS

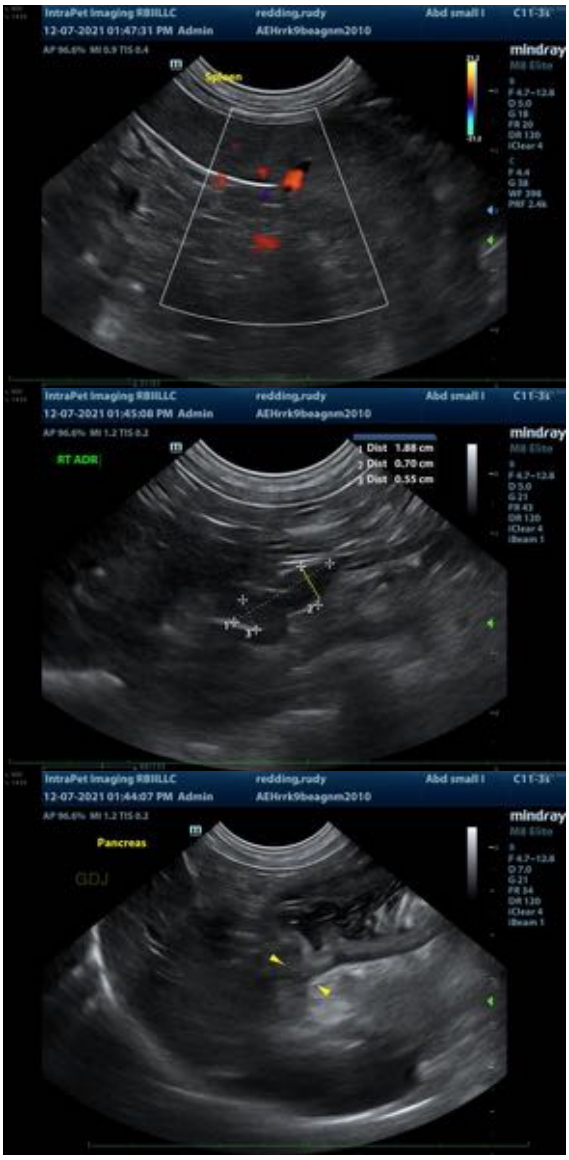
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral, non-specific age-related renal changes with pyelectasia and cortical cysts.

*There is no obvious evidence of gastrointestinal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of vomiting, three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.
- Consider a cPLI +/- full GI panel to further assess for pancreatitis and small intestinal disease.
- Continued supportive care for acute gastroenteritis is recommended. Serial abdominal radiographs would be useful to assess the progression of the metallic gastric foreign body. If the patient does not improve within 48-72 hours of supportive care, consider a more advanced GI workup.





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 ACVIM (*Small Animal Internal Medicine*)
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