IMAGING PERFORMED BY

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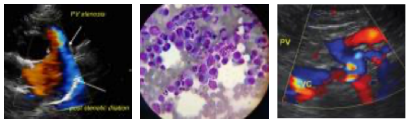

SonoPath
Clinical Sonography & Telecytology
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DATE

3.12.23

PATIENT

Saylah Lloyd

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Female

AGE

2021

WEIGHT

54.3 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Hicks

INVOICE

12402

PRESENTING CLINICAL SIGNS

Presenting Complaint: Referral. Foreign Body.
History: Date: 03-11-2023 Notes: Referral from Elk Creek Veterinary Services Seen 3/10/23 for being depressed and not eating, possibly ate something outside - Per rDVM Rads: Lots of ingesta/material in stomach and GIT, esp overlapping kidneys; gastric mucosa somewhat prominent; some air as well - gave SQF, Cerenia 2.4 ml SQ, **Barium ~ 120 ml PO** - plan for NPO and recheck rads on 3/11/23 Seen today (3/11/23) - no vomiting or diarrhea overnight, still lethargic - Per rDVM - reheck rads have material with barium in stomach, some barium has moved into colon/GI - Xrays at rDVM taken ~8:40 a.m. (Lateral Only)

Current Medications: Buprenorphine 0.6mg/mL 0.41, Doxycycline Capsules 100mg 2.5, Prednisone Tablets 20mg 1.5, Ondansetron 2mg/mL Injection (Per mL) 3.7, and Pantoprazole (Protonix) 40mg/vial Injection (Per mL) 6.2.

Lab-work: Hematocrit 29%. PCV 34%. Platelet count 24,000. Parvo negative.

Radiographs: HAD BARIUM STUDY AT rDVM 2 days ago due to concern for FB. Recheck rads here last night -- no evidence of GI obstruction; barium appears to be moving through normally.

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 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 left kidney is normal in size (6.58 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. Mild pyelectasia is present (0.30 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.21 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. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.49 cm at caudal pole) (2.59 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 in normal in length (0.47 cm at cranial pole) (0.47 cm at caudal pole) (2.56 cm in length) with a slightly flattened contour 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 to slightly prominent in size (2.21 cm in width at the level of the hilus) normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with fluid, ingesta and a shadowing substance, which may represent residual barium or gas within the lumen. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent, but this is difficult to assess due to imaging artifact from gas or barium shadowing within the lumen. 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are observed. (See also “Free Abdomen”).

Free Abdomen

The mesentery in the right cranial quadrant is mildly hyperechoic. There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 3.16 cm in length).

Other

The ovaries are subjectively normal in size (left: 2.18 x 1.27 cm) (right: 1.94 x 1.04 cm). No obvious pathology is observed.

The uterine body is visible and is subjectively normal in size (0.82 cm in width). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Retained fluid, ingesta +/- barium within the gastric lumen. There is no obvious evidence of a foreign body. However, this possibility cannot be excluded due to the shadowing artifact within the lumen, which obscures adequate visualization.

- Mild peritonitis in the right cranial quadrant

Secondary Findings

- The prominent abdominal lymph nodes may be secondary to reactive lymphadenitis, lymphoid hyperplasia, immunologic immaturity, or less likely, emerging neoplasia.

- The flattened right adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

- The bilateral mild pyelectasia may be secondary to IV fluid therapy, pyelonephritis, or some combination thereof. Correlation with the patient's clinical history and urinalysis findings is recommended.

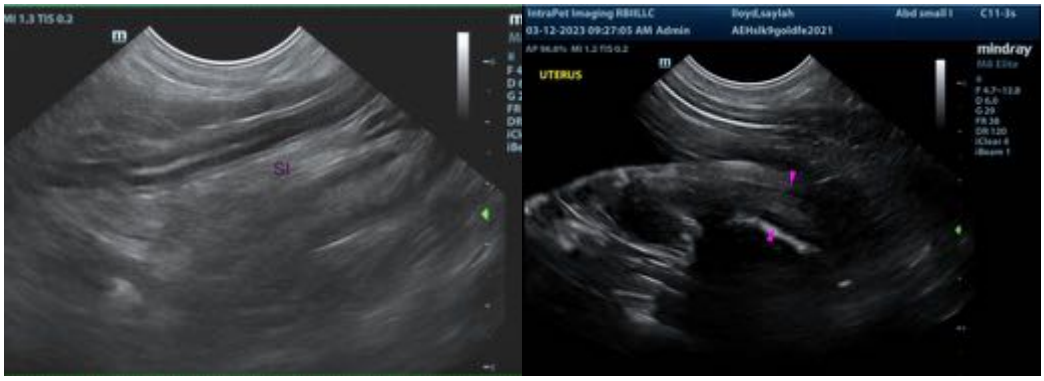
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

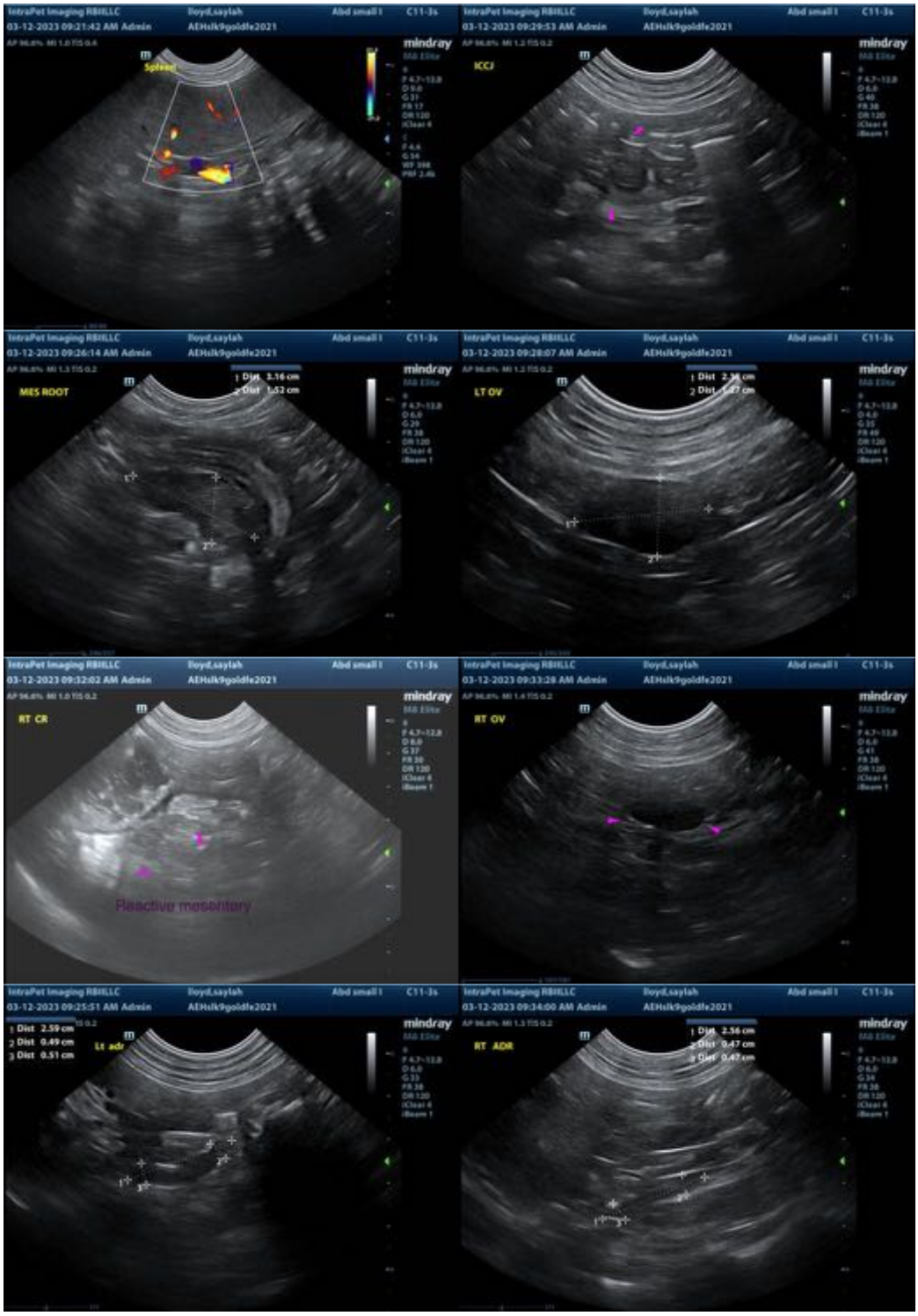
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the anemia and thrombocytopenia, consider the following:

    1. CBC with reticulocyte count (send to diagnostic lab)
    2. Slide agglutination test
    3. Comprehensive tick panel
    4. 3-view thoracic radiographs

- Continued supportive care for gastroenteritis is also recommended with repeat abdominal imaging (i.e., radiographs, ultrasound) in 12-24 hours to reassess the stomach for possible foreign material. A fecal evaluation for ova and Giardia should also be considered. If the patient does not respond to medical management, a more comprehensive GI work-up may be warranted.




IntraPet Imaging RBIILLC
03-12-2023 09:21:42 AM Admin
Spleen
IntraPet Imaging RBIILLC
03-12-2023 09:29:53 AM Admin
ICCJ
IntraPet Imaging RBIILLC
03-12-2023 09:26:14 AM Admin
MES ROOT
1 Dist 3.16 cm
2 Dist 1.52 cm
IntraPet Imaging RBIILLC
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LT OV
IntraPet Imaging RBIILLC
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RT CR
Reactive mesentery
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RT OV
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1 Dist 2.59 cm
2 Dist 0.49 cm
3 Dist 0.51 cm
Lt adr
IntraPet Imaging RBIILLC
03-12-2023 09:34:00 AM Admin
RT ADR
1 Dist 2.56 cm
2 Dist 0.47 cm
3 Dist 0.47 cm

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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