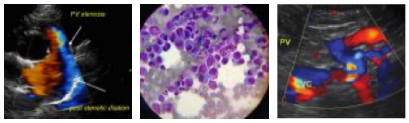
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3.13.23

PATIENT

Fritz Davies

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

2/7/2022

WEIGHT

28.3 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Willer

INVOICE

1241159

PRESENTING CLINICAL SIGNS

Chewed on treated wood last night- possible chewed about 1/4- 1/2 inch of wood- was fine last night; ate breakfast this morning- started vomiting around 10am- initial food with pieces of wood, then bile; owner left for mass- came back- and he vomited more; owner gave a couple pieces of cheese- vomited that up; at some point- ate grass and had vomited that up as well did chew apart an electrical charger cord this morning then also on Friday chews on everything

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT 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 prostate is normal in size (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.32 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.

The right kidney is normal in size (5.73 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 in size (0.57 cm at cranial pole) (0.50 cm at caudal pole) (0.94 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 upper limits of normal size (0.82 cm at cranial pole) (0.56 cm at caudal pole) (2.10 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 (1.37 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately fluid-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 segmentally fluid-distended (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The lumen of the descending colon is moderately distended with diarrheic stool. A small amount of hyperechoic linear material is observed within the lumen. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. One to two prominent mesenteric lymph nodes are visualized (the largest measuring 2.34 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

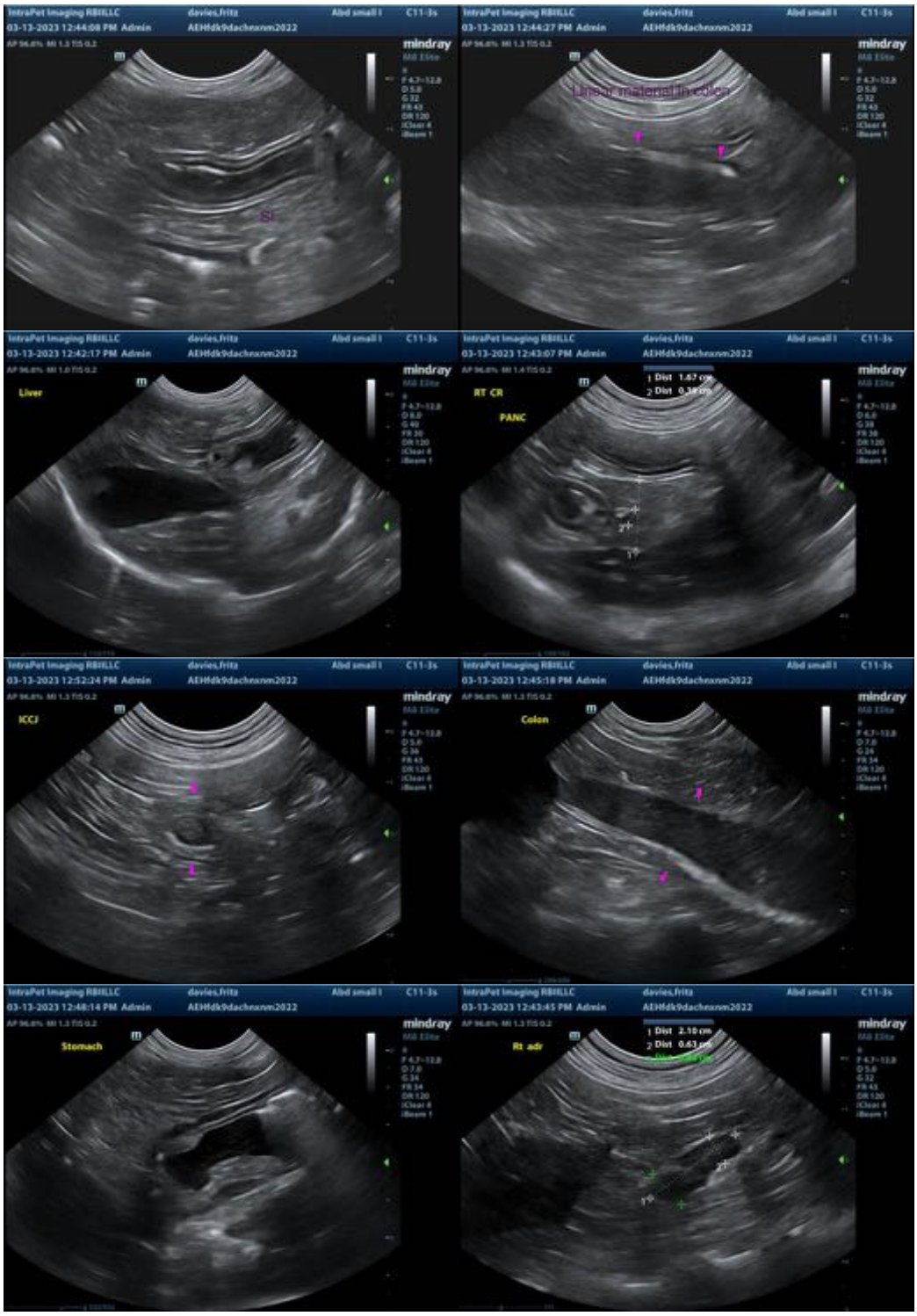
- Diarrheic stool. The hyperechoic linear structures within the descending colonic lumen likely represent foreign material (i.e., grass, wood, other).

Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes may be a normal variant for this patient or may represent low-grade pancreatitis and/or parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for acute gastroenteritis/dietary indiscretion is recommended.
- Also consider a fecal evaluation for ova and Giardia.
- A probiotic may also prove beneficial.
- If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a repeat abdominal imaging (i.e., radiographs, ultrasound) as well as a more comprehensive GI work-up may be warranted.


IntraPet Imaging RBIILLC
davies,Fritz
Abd small I
C11-3s
03-13-2023 12:44:08 PM Admin
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SI
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Linear material in colon
03-13-2023 12:42:17 PM Admin
Liver
03-13-2023 12:43:07 PM Admin
RT CR
PANC
1 Dist 1.67 cm
2 Dist 0.34 cm
03-13-2023 12:52:24 PM Admin
ICCJ
03-13-2023 12:45:18 PM Admin
Colon
03-13-2023 12:48:14 PM Admin
Stomach
03-13-2023 12:43:45 PM Admin
Rt adr
1 Dist 2.10 cm
2 Dist 0.63 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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