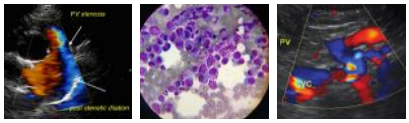
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/18/2022

PATIENT

Mac Hardon

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

Intact Male

AGE

9/1/2021

WEIGHT

25 lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Gernhart

INVOICE

10768

PRESENTING CLINICAL SIGNS

Vomiting since Friday.

Current Medications: Started IV fluids, Cerenia, Famotidine, Metronidazole.
Radiographs: Questionable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By:

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 prominent in size (1.69 cm) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (5.24 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. Renal vasculature is normal.

The right kidney presented normal size (5.72 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.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.44 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.

The right adrenal gland is normal size (0.37 cm at cranial pole) (0.43 cm at caudal pole) (2.38 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 (1.34 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
Within the lumen of the fundus, a 4.93 x 3.28 cm well-circumscribed, non-shadowing, avascular, echogenic structure is observed. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent at the time of this study. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
There is no evidence of free fluid. A 1.14 cm gastric lymph node is visualized. Surrounding mesentery is mildly hyperechoic. Several prominent mesenteric lymph nodes are also seen, the largest measuring 3.46 cm in length. One to two prominent sub lumbar lymph nodes are also visualized, measuring approximately 0.50 cm each.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

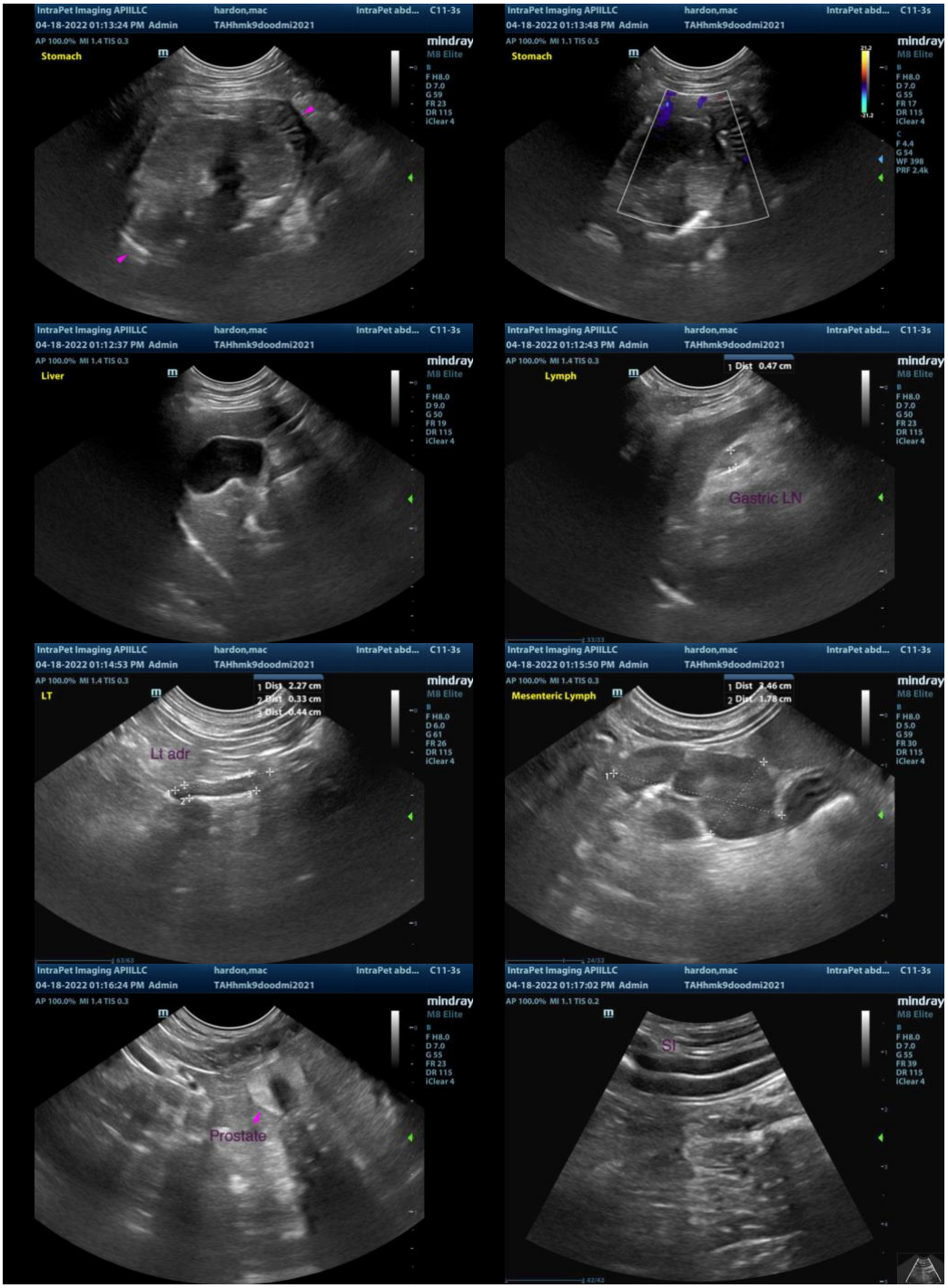
- The echogenic structure within the gastric lumen could be consistent with a foreign body, tumor, polyp, other.
- The abdomen lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis, lymphoid hyperplasia, or emerging lymphoma.

Secondary Findings

- The prostate changes are as expected for a young intact male.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- A gastrotomy to further assess +/- remove and/or biopsy of the structure within the gastric lumen. Lymph nodes should also be biopsied at the time of surgery.
- If a more conservative approach is to be pursued, supportive care is recommended with a repeat abdominal ultrasound within 12-24 hours to reassess the stomach. If the structure is still present, surgery should be reconsidered.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2 Dist 0.33 cm
3 Dist 0.44 cm
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Mesenteric Lymph
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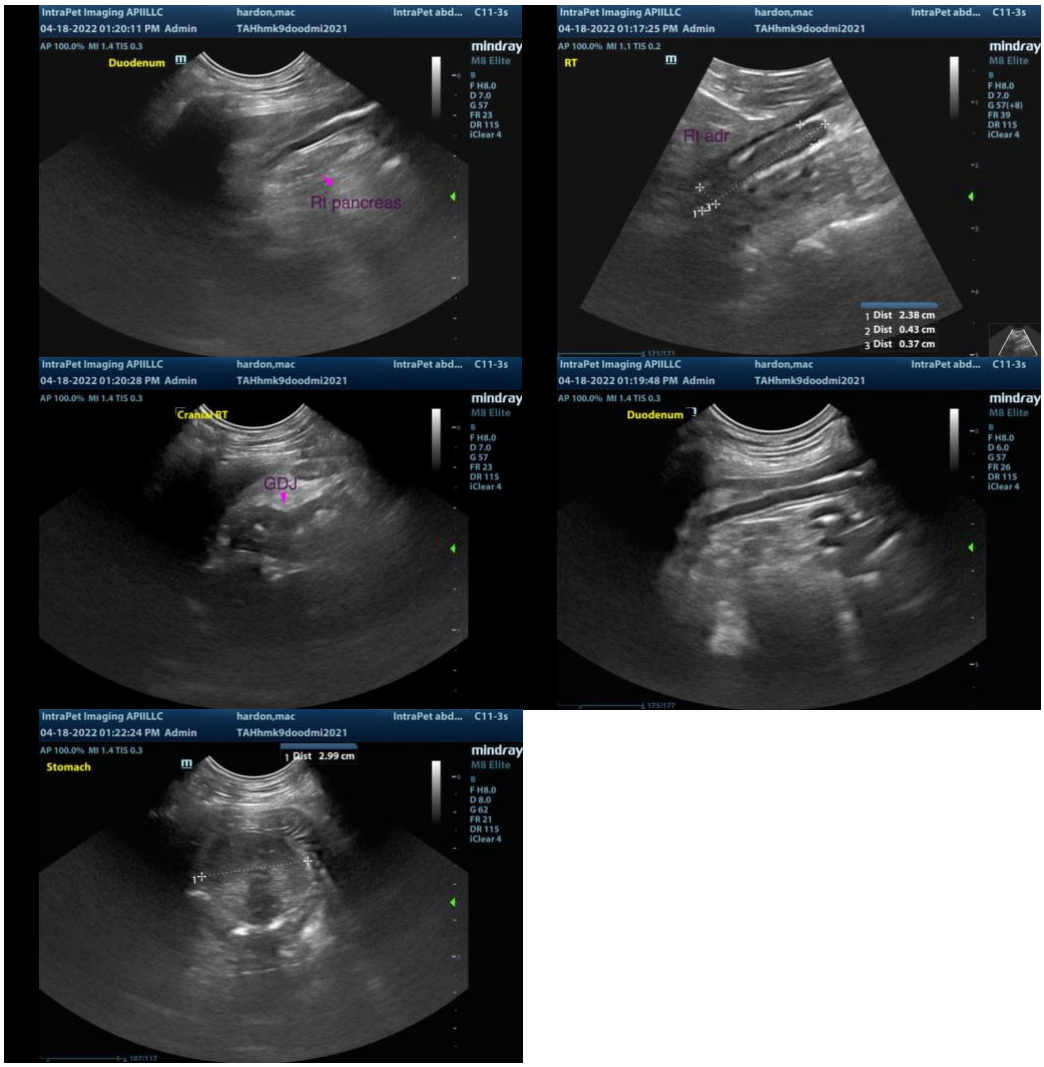

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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