

**DATE PRESENTING CLINICAL SIGNS**

5/10/22

Vomiting on and off for one week. Vomits bile or food but not every day. BAR, BCS 5/9, H/L clear. Abdomen tense on palpation. Small hard lump in right anal sac.

PATIENT

Peyton Rissling

Current Medications: Gabapentin 50mg BID, Clavamox 250mg BID, Denamarin.

Lab Results: ALT 496, GGT 15, ALB 2.9, CPL abnormal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Corgi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

The prostate is normal in size (0.81 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11/1/2009

The left kidney is normal size (5.87 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

30.6 lbs.

The right kidney is normal size (5.15 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.65 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.

HOSPITAL NAME

Jacksonville VH

The right adrenal gland is normal size (0.73 cm at cranial pole) (0.75 cm at caudal pole) (1.94 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.

REFERRING VET

Dr. Burk

Spleen

The spleen is normal in size (1.20 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.

INVOICE

13326

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 is patent. In one segment of small intestine in the mid to caudal abdomen, the wall is thickened (up to 0.89 cm), plicated and irregular with possible loss of the normal layering pattern. Within the lumen in this segment, shadowing material is observed. The mesentery effacing the serosal surface in this area is reactive. The remaining small intestinal segments are not dilated and the walls are normal in thickness with a normal layering pattern. The colonic wall is normal. The colonic lumen contains shadowing fecal material.

Pancreas

The right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small to moderate amount of free fluid is observed.

One still image reveals a 2.17 x 1.31 cm rounded hypoechoic lymph node in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The focal small intestinal pathology is most consistent with a linear foreign body with a severe inflammatory process and subsequent peritonitis. However, given the possible loss of the normal wall layering pattern, infiltrative neoplasia cannot be completely excluded.
- The enlarged abdominal lymph node could be consistent with reactive change or infiltrative neoplasia.

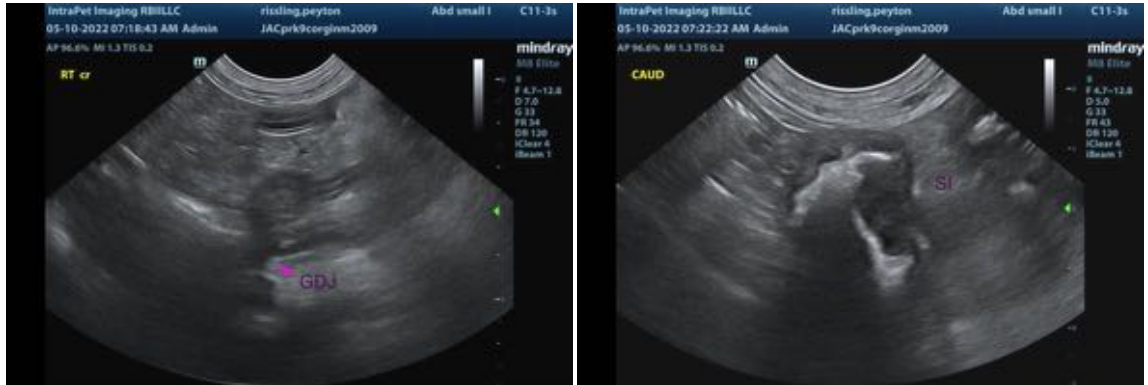
Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An emergency abdominal exploratory is recommended to assess for a foreign body/obstruction. Biopsies of the abnormal bowel are also recommended to evaluate for infiltrative neoplasia. Thoracic radiographs (3-view) should be performed prior to anesthesia.





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.

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