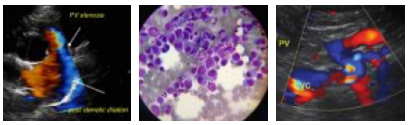
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/17/22

PATIENT

Nitro Godwin

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Male, intact

AGE

10/21/2021

WEIGHT

9.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Glen Burnie AH

REFERRING VET

Dr. Shah

INVOICE

13383

PRESENTING CLINICAL SIGNS

Came in 4/21/22 for vomiting. Came in 2 other times for same issue 5/6 and 5/13. Progressive weight loss from 13.5lbs down to 9.6lbs. Bloody diarrhea. Decreased appetite. Owner is giving water by dropper. When vomiting started it was bile now it is food. Painful abdomen.

Current Medications: 4/21 Famotidine ½ tab for 4 days, Metronidazole 125mg/mL 0.4mL BID, Cerenia 16mg SID. 5/6- Fortiflora 1 packet SID, Clavamox 62mg BID. 5/13 refilled Metronidazole.
Lab Results: See attached.
Radiographs: Moderate gas pattern throughout lower GI tract.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/Requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is caudally located. The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.80 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 (4.22 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 is normal size (4.64 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.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.38 cm at caudal pole) (1.67 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 (0.48 cm at cranial pole) (0.42 cm at caudal pole) (1.80 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 (0.92 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 normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall

bladder lumen is 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/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. An small intestinal intussusception is visible in the cranial to mid-abdomen, adjacent to the mesenteric root. The mesentery effacing the serosal surface in this region is mildly hyperechoic. The remaining small intestinal segments are not dilated. The remaining small intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The colonic lumen contains granular appearing echogenic and shadowing fecal material.

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. Several prominent mesenteric and caudal abdominal lymph nodes are visualized, the largest measuring 3.96 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal intussusception with adjacent peritonitis.

Secondary Findings:

- Questionable microhepatica.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to address the small intestinal intussusception. Thoracic radiographs should be considered prior to anesthesia to assess for aspiration pneumonia.
- Once the patient has recovered, consider pre- and post-prandial serum bile acids to assess hepatic function.


IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 11:52:36 AM GBAHngk9shihmi2021abd
LT
Dist 1.67 cm
Dist 0.38 cm
Dist 0.34 cm
Lt adr
mindray


IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 11:56:38 AM GBAHngk9shihmi2021abd
prostate
Dist 0.80 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 11:56:59 AM GBAHngk9shihmi2021abd
Colon
Dist 1.64 cm
mindray

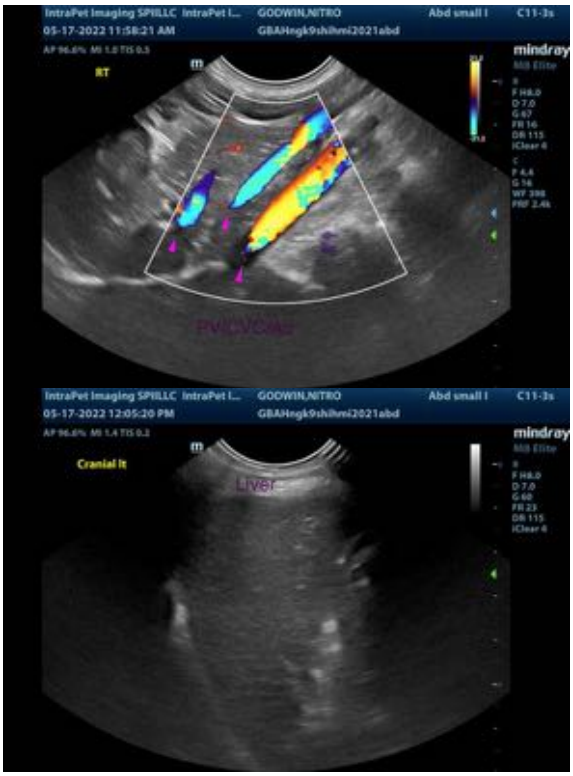

IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 11:57:54 AM GBAHngk9shihmi2021abd
RT
Dist 1.80 cm
Dist 0.42 cm
Dist 0.48 cm
Rt adr
mindray

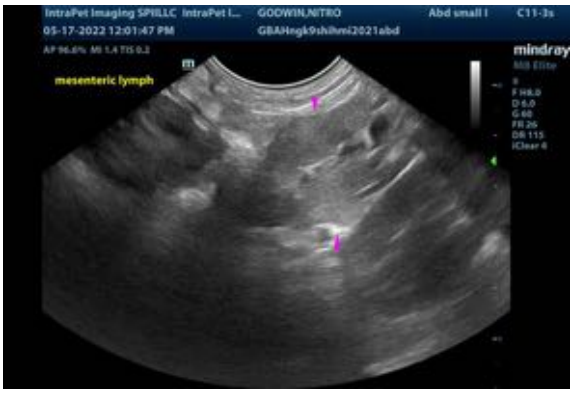

IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 12:02:15 PM GBAHngk9shihmi2021abd
Intussusception
mindray


IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 12:04:40 PM GBAHngk9shihmi2021abd
Intussusception (longitudinal)
mindray


IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 11:49:10 AM GBAHngk9shihmi2021abd
Liver
mindray


IntraPet Imaging SPIILLC IntraPet I... GODWIN,NITRO Abd small I C11-3s
05-17-2022 11:49:36 AM GBAHngk9shihmi2021abd
Liver LT
Stomach
mindray





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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