IMAGING PERFORMED BY

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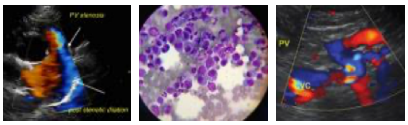

SonoPath
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DATE

5/30/22

PATIENT

Ava Ramos

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

7/29/2010

WEIGHT

65 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergendcy Hospital

REFERRING VET

Dr. Kalwa

INVOICE

13437

PRESENTING CLINICAL SIGNS

Hypersalivating Possible pancreatitis Not eating - started 2 days ago Not taking cushings or heart medication. Urgent care records: seen on 5/28/22 PC: vomiting, lethargy, coughing/ hacking CBC/CHEM/LYTES: amylase2097, Lipase 5663; Neu 13k, ALKP 1459 UA: USG 1048, pH 7- no rods or cocci CPL abnormal Thoracic xrays: VHS 10.8 - bronchial mineralization, rule out geriatric changes vs other, no obvious metastatic dz or LN enlargement Abdominal xrays: stomach empty ingesta, single population bowel, heterogenous semi formed stool in descending colon, small bladder, slight loss of detail cranial abdomen FAST scan- no FF DACVR review to oncura- pending DDX: pancreatitis- suspected Occasional coughing- inc frequency Hx of lymphoma- in remission Hx of arrhythmia (AVRC vs other) Hx of hyperadrenocorticism, stable Hx left cruciate disease, TPLO Treatment: - Cerenia - TGH - Omeprazole- TGH - EN- TGH - Gabapentin- TGH - Famotidine + cerenia injection in hospital - SQ fluids. CVCA 11/8/22: Mild degenerative valve disease B1- regurg, normal size Ventricular arrhythmia- occasional VPC- R/O boxer cardiomyopathy Gives 3/4 tablet sotalol (60 mg). Medical hx: - Lymphoma- multicentric - Arrhythmia - Cushings - TPLO sx- torn ligament left stifle according to owner: Workup at urgent care for vomiting, lethargy since there not eating Not able to give medications Lethargic, aloof, weak, hypersalivating, panting No vomiting (yesterday vomited- dark/ black color) No diarrhea.
Current Medications: Trilostaine- 50 mg SID - Sotalol- 60 mg BID - Gabapentin - Cerenia - Omeprazole - Cosequin SID. Administered in clinic 5/29/22 Ampicillin, Maropitant Citrate, Pantoprazole, Buprenorphine.
Lab Results: Attached.
Date of Previous IntraPet Ultrasound: No previous ultrasound.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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. The region of the trigone is normal.

The left kidney is normal size (6.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

On still image of the left adrenal gland is available for interpretation. The left adrenal gland is enlarged (1.04 cm at cranial pole) (1.23 cm at caudal pole) (3.41 cm in length) with a slightly irregular shape. The parenchyma appears mildly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is enlarged (1.29 cm at cranial pole) (2.50 cm in length) with an irregular shape. The parenchyma is mildly heterogeneous with some loss of glandular detail. Surrounding vasculature appears 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely fluid distended and hypomotile. In at least 2 segments of bowel (mid-jejunum, ileocecocolic junction), irregular hard shadowing material is observed. The colonic wall is normal.

Pancreas

A portion of the pancreas is obscured by the bowel distention. In the visualized portion, no obvious pathology is seen.

Free Abdomen

The mesentery in the mid-abdominal region is hyperechoic. Trace free fluid is observed. 1-2 prominent lymph nodes are observed at the ileocecal colic junction, the largest measuring 1.02 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

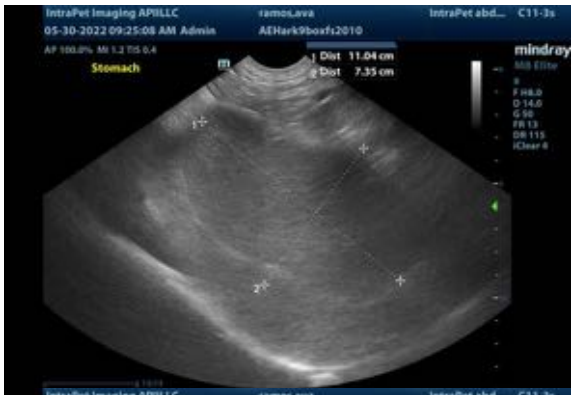
- Obstructive bowel pattern with suspected foreign material (mid-jejunum, ileocecocolic junction). However, due to diffuse bowel distension, the presence a mass cannot be ruled out.
- Peritonitis is present, likely secondary to bowel pathology.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- Bilateral adrenomegaly, consistent with the previous diagnosis of hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any GI foreign material.
- Thoracic radiographs are recommended prior to anesthesia to assess for evidence of aspiration pneumonia.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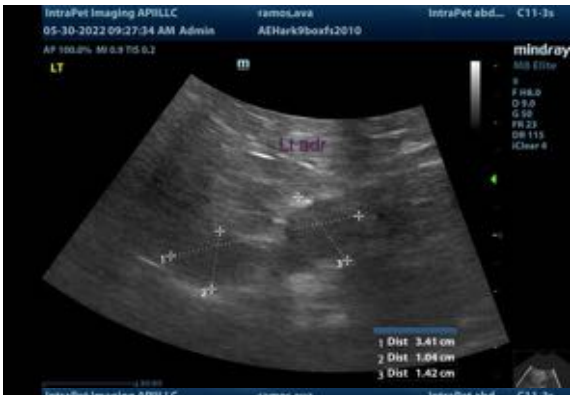
Stomach
1 Dist 11.04 cm
2 Dist 7.35 cm
mindray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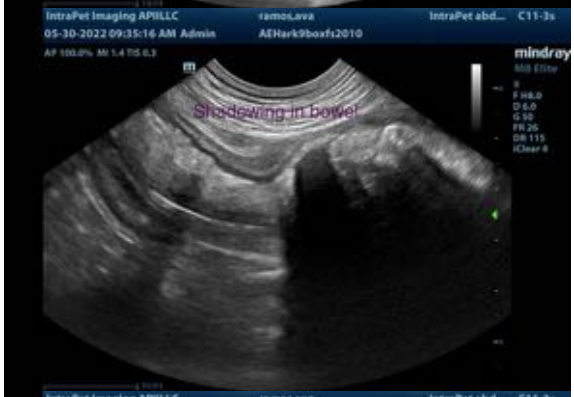
LT
Lt adr
1 Dist 3.41 cm
2 Dist 1.04 cm
3 Dist 1.42 cm
mindray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Shadowing in bowel
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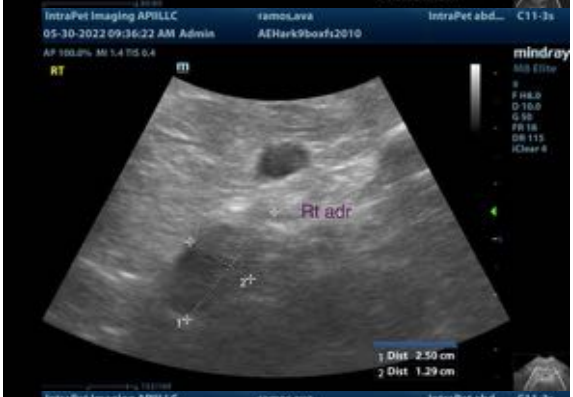
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RT
Rt adr
1 Dist 2.50 cm
2 Dist 1.29 cm
mindray


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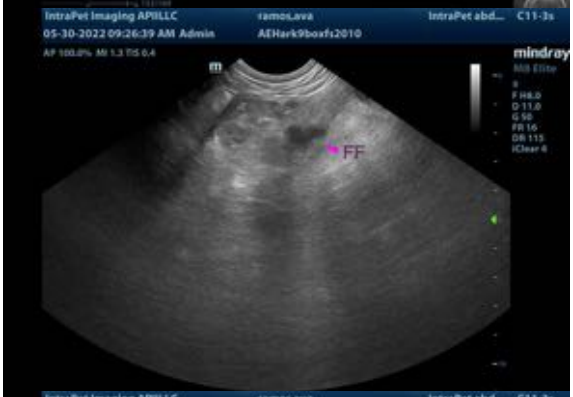
Fluid-filled bowel
mindray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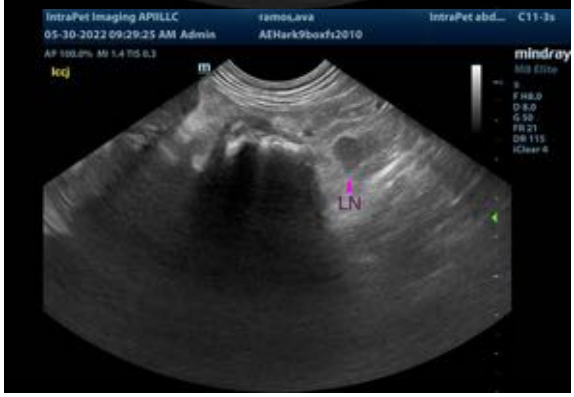
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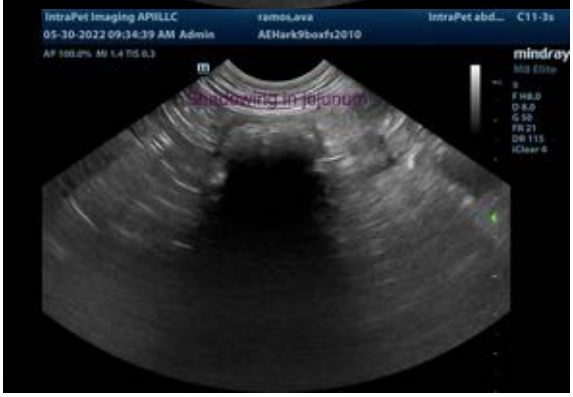
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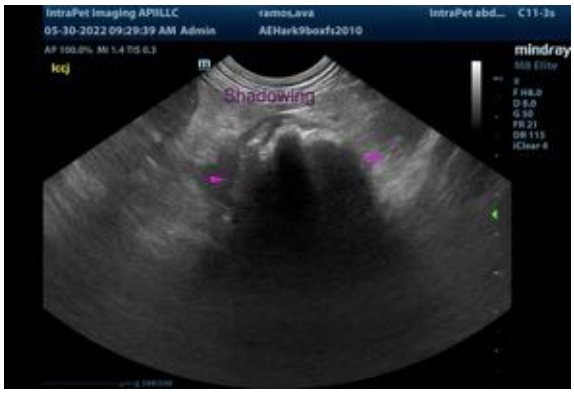
Shadowing in jejunum
mindray



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.

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