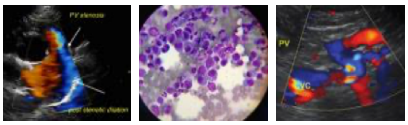
IMAGING PERFORMED BY

IntraPet.com



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DATE

8/16/22

PATIENT

Houdini Kiger

SPECIES

Canine

BREED

Dachshund

SEX

Male, neutered

AGE

7/30/2007

WEIGHT

14 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

13841

PRESENTING CLINICAL SIGNS

Vomiting and not eating.

Current Medications: None listed.
Lab Results: CPLI normal. BW all normal other than increased WBC.
Radiographs: Possible foreign body or abdominal mass.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 cystourethral junction and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.78 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 (5.72 cm in length) with a slightly irregular shape. The cortex is mildly thickened and hyperechoic to heterogeneous with numerous cortical cysts. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.46 cm in length) with a slightly irregular shape. The cortex is mildly thickened and hyperechoic to heterogeneous with numerous cortical cysts. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.52 cm at caudal pole) (1.70 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 (0.65 cm at cranial pole) (0.46 cm at caudal pole) (2.07 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 (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.49 x 0.26 cm hypoechoic nodule is seen approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate

amount of aggregated echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is mildly fluid distended and contains gravity-dependent sand as well as a 0.72 cm stone. The pyloric outflow tract is patent. The small intestinal lumen is moderately distended with fluid and chyme and hypomotile. The small intestinal wall thickness is normal with retention of the normal layering pattern. Discreet masses are not identified. The colonic wall is normal.

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
Trace free fluid is observed. The mesentery in the mid-abdominal region is hyperechoic. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.14 cm in length.

Other
A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Gastrointestinal foreign material (sand/stone), which appears non-obstructive at this time. The diffuse bowel changes are most consistent with gastroenteritis. However, a partial obstruction cannot be completely excluded.
- The mild mid-abdominal peritonitis is likely secondary to gastrointestinal inflammation.

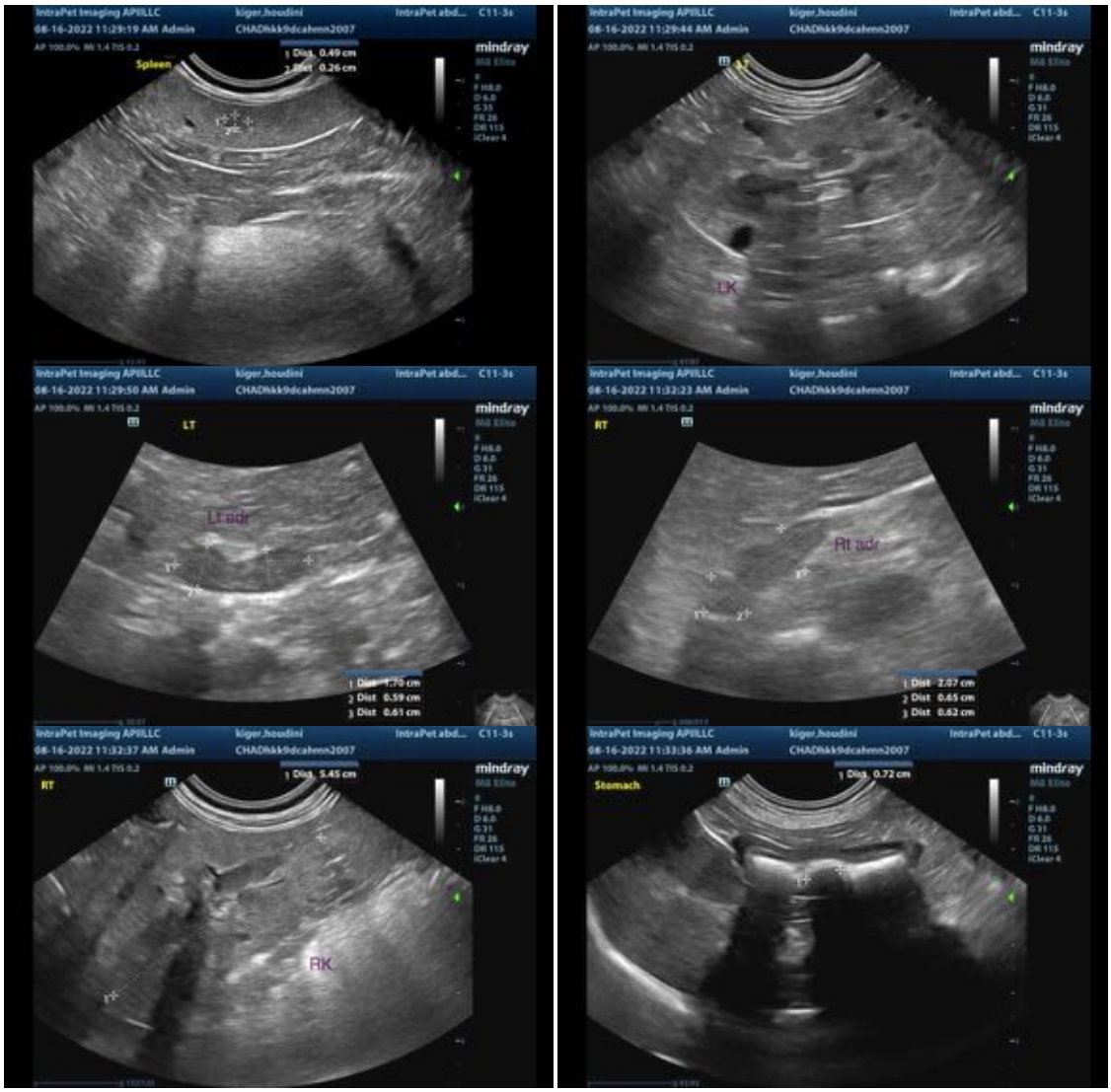
Secondary Findings:

- Bilateral, degenerative renal changes with dystrophic mineralization, cortical cysts and pyelectasia.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of emerging neoplasia.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Supportive care for acute gastroenteritis is recommended including fluid therapy, gastroprotectants, antiemetics and pain medication as needed.

- Given the stone within the gastric lumen, serial abdominal imaging (i.e., radiographs or ultrasound) should be considered to assess for the development of an obstruction, particularly if the patient's clinical signs do not improve with supportive care.

- Also consider thoracic radiographs to assess for occult aspiration pneumonia.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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