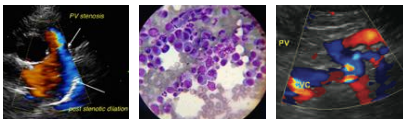
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/8/21

PATIENT
Boo Collins

SPECIES
Canine

BREED
Dachshund

SEX
Neutered male

AGE
8/6/15

WEIGHT
10.8 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
91041

PRESENTING CLINICAL SIGNS

Ingested corn cob, did well after IVF, ate several times, but went home and vomited again on original films, concern for corn cob.
Recheck 8/7-- recommend surgical exploration, owner wanted to see if could find FB on US prior to surgical intervention. Lab work from RDVM was ok.
Current Medications:
Lab Results: IDEXX In House Catalyst LYTE 4; attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: not needed
Stat Report: not requested

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 mostly 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 normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.55 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 in size (3.47 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 prominent in size (0.55 cm at cranial pole) (0.55 cm at caudal pole) (1.97 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

The right adrenal gland is mildly enlarged in size (0.63 cm at cranial pole) (0.63 cm at caudal pole) (1.63 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measures 1.6 cm at the level of the hilus.

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately fluid distended in the region of the fundus. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The right limb of the pancreas are hyperechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mild gastric stasis.

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.

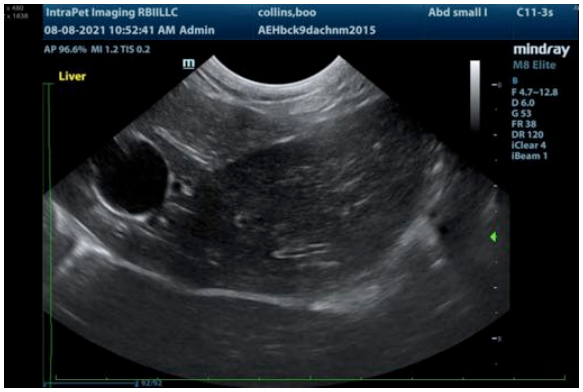
- Borderline bilateral adrenomegaly.

*There is no obvious evidence of a foreign body/gastrointestinal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended. If clinical signs do not resolve with medical management a more advanced GI work-up may be warranted.

- Consider three view thoracic radiographs to assess for occult aspiration pneumonia.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collins,boo
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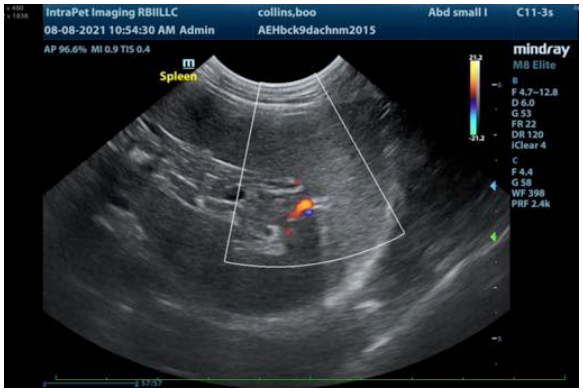
Liver
mindray
M8 Elite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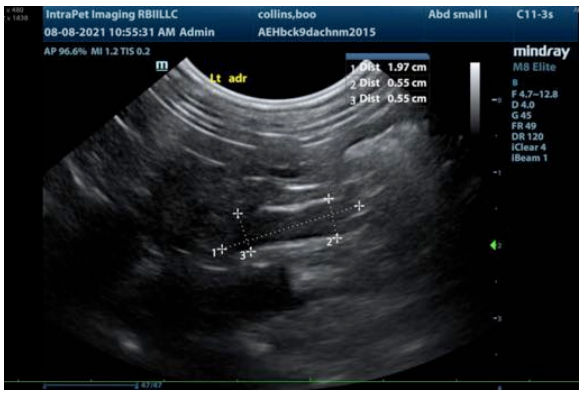
Spleen
mindray
M8 Elite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Lt adr
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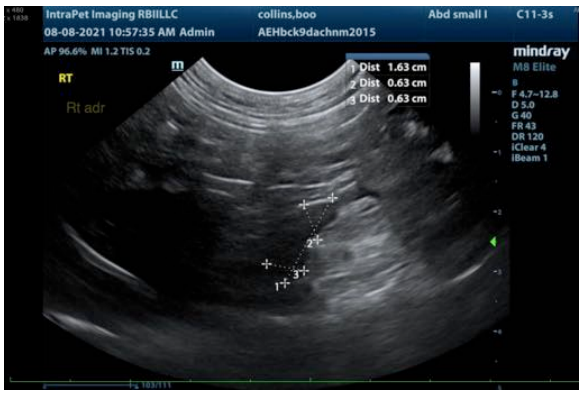
2 Dist 0.55 cm
3 Dist 0.55 cm
mindray
M8 Elite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RT
Rt adr
1 Dist 1.63 cm
2 Dist 0.63 cm
3 Dist 0.63 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
collins,boo
Abd small I
C11-3s
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AEHbck9dachnm2015
AP 96.6% MI 1.2 TIS 0.2
RT
Stomach
mindray
M8 Elite


IntraPet Imaging RBIILLC
collins,boo
Abd small I
C11-3s
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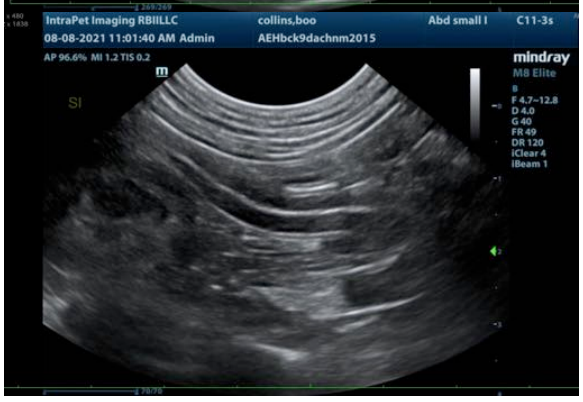
AP 96.6% MI 1.2 TIS 0.2
RT
Pancreas
1 Dist 1.43 cm
mindray
M8 Elite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AP 96.6% MI 1.2 TIS 0.2
SI
mindray
M8 Elite


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collins,boo
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Bladder
Prostate
mindray
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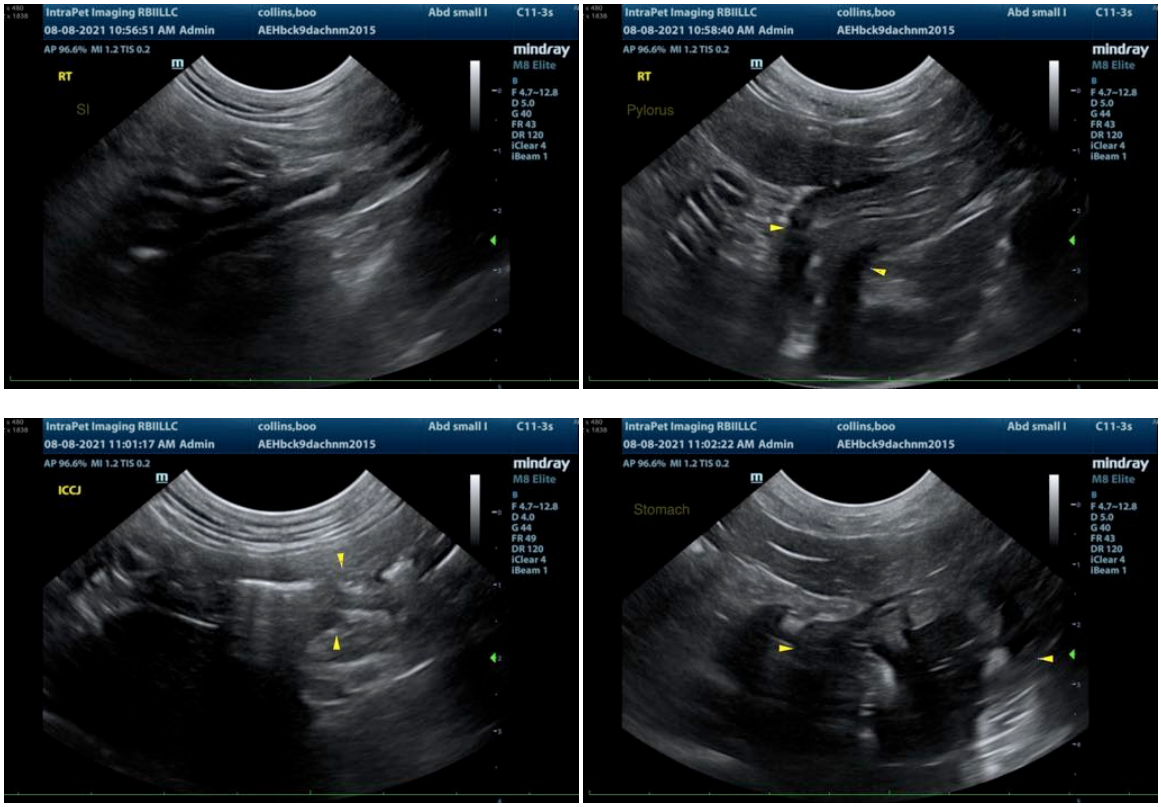

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
Andrea.nicastro@sonopath.com