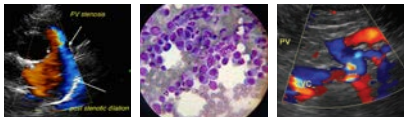
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

4/11/23

PATIENT

Brooklyn Harvey

SPECIES

Canine

BREED

English Bulldog

SEX

Intact Male

AGE

8/2/22

WEIGHT

67 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Medical Center

REFERRING VET

Dr. Chaudhry

INVOICE

46563

PRESENTING CLINICAL SIGNS

Vomiting.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size for an intact male (2.29 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal in size (6.73 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.53 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.38 cm long x 0.63 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.01 cm long x 0.57 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly to moderately distended with a large amount of reverberation artifact caused by gas, as well as an echogenic curvilinear interface with strong acoustic shadowing, concerning for a gastric foreign body.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Both testicles are visualized without evident pathology.

ULTRASONOGRAPHIC FINDINGS

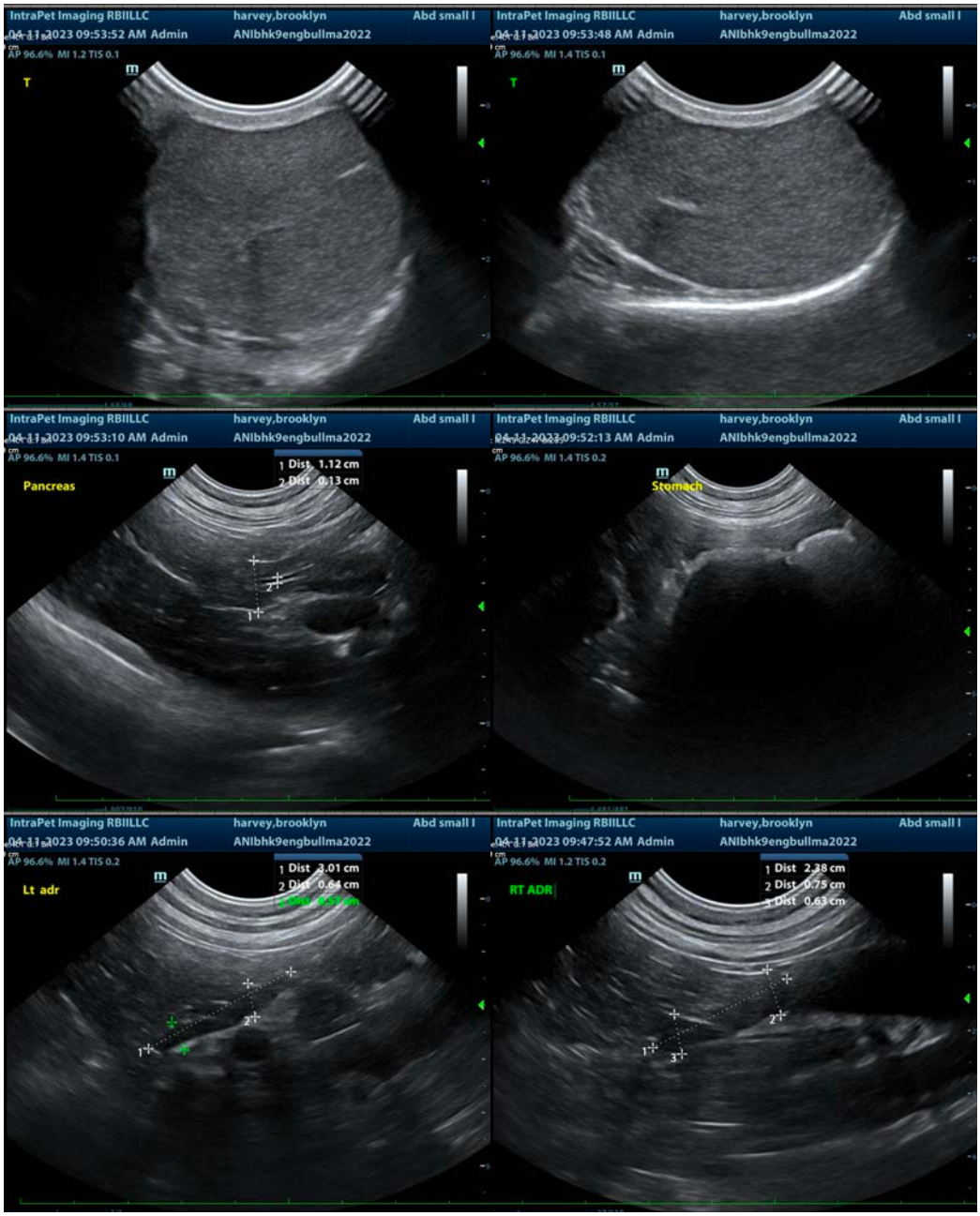
- Suspect gastric foreign body
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already evaluated, a general metabolic health screen is recommended, including CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture are. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A gastric foreign body versus normal ingesta, etc., given the large amount of gas artifact, cannot be guaranteed definitively, but is strongly suspected. Therefore, next steps to consider include gastroscopy for further visualization/confirmation of foreign body, and ideally removal, versus an exploratory laparotomy for planned foreign body removal.

The lymphadenopathy is likely normal patient variant, given the young age of this patient. However, in the very low chance that an exploratory laparotomy is performed and there is no foreign body identified, a biopsy of the lymph node is recommended.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harvey,brooklyn
Abd small I
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Abd small I
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ANIbhk9engbullma2022
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Abd small I
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Pancreas
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2 Dist 0.13 cm
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Lt adr
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IntraPet Imaging RBIILLC
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Abd small I
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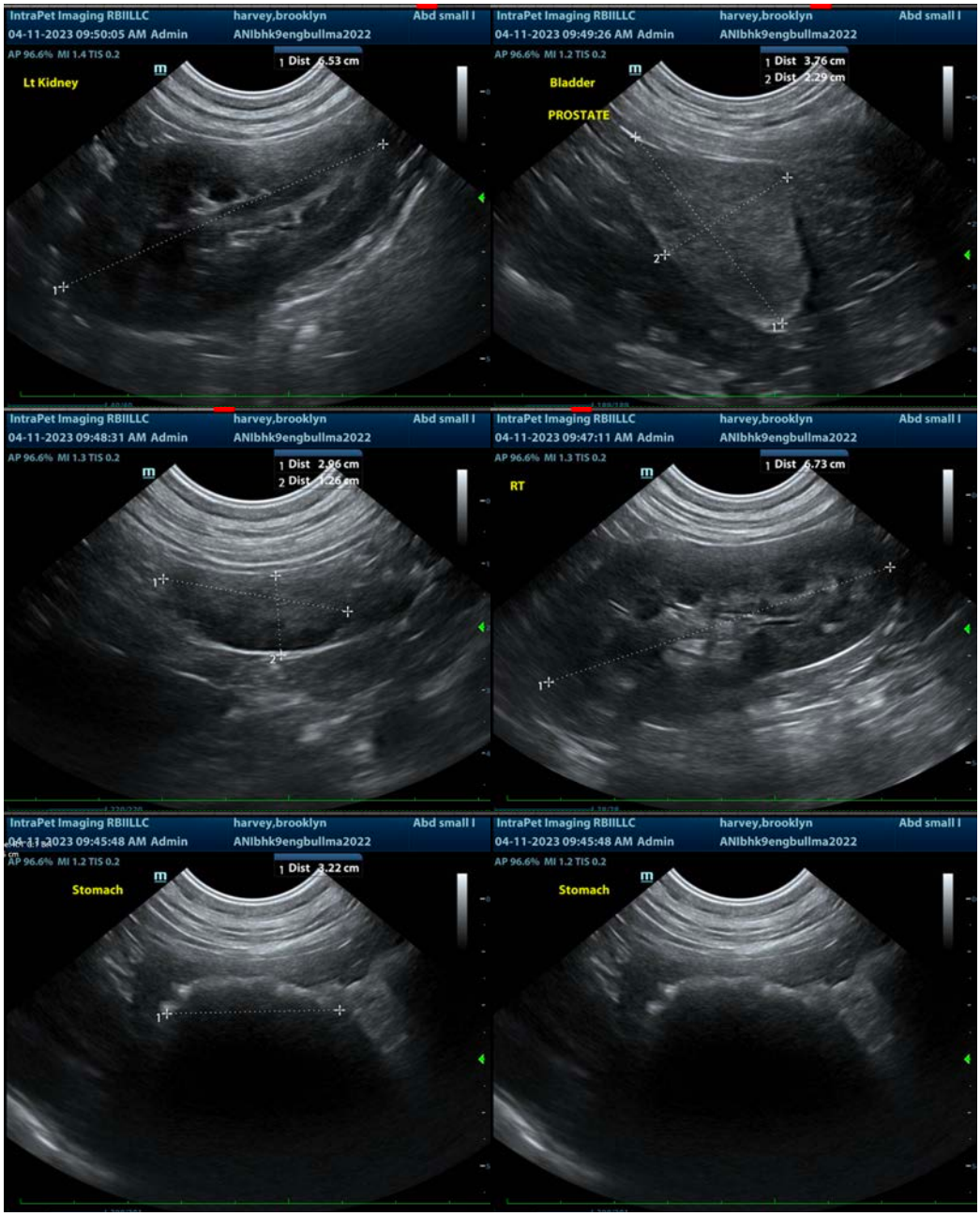
AP 96.6% MI 1.2 TIS 0.2
RT ADR
1 Dist 2.38 cm
2 Dist 0.75 cm
3 Dist 0.63 cm



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Beth Johnson, DVM, DACVIM
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