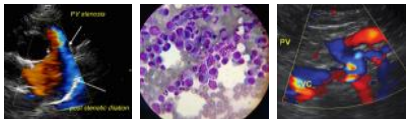
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/1/23

PATIENT

Loxley Nesbitt

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

7/21/18

WEIGHT

20 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

23740

PRESENTING CLINICAL SIGNS

History: Has been very sick and not eating. Waiting on full hx from Basin Run.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/Requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. Multiple cystoliths are also noted, measuring between 0.6 cm and 0.8 cm in size.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (4.53 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.

Right kidney is normal is size (4.72 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

Left adrenal gland is normal in size (0.61 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.63 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with fluid, as well as echogenic nonshadowing luminal contents and gas and some echogenic contents that do exhibit strong acoustic shadow consistent with foreign material. The pyloric outflow tract, however, appears patient.

The visible small intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty, however, in the left cranial abdomen, there is a dilated small bowel loop that ends at an echogenic curvilinear structure with very strong acoustic shadow consistent with a potentially hard round foreign body. There are other multifocal smaller shadowing intraluminal objects within the surrounding bowel that may represent additional foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a trace amount of anechoic free fluid throughout these images. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- An obstructive small intestinal foreign body is present with suspicion for other either partially or nonobstructive foreign material present in other portions of the small bowel, as well as the stomach.
- Multiple urinary bladder cystoliths, believed likely too large to pass on their own in a male dog.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- There is a trace amount of anechoic free fluid in these images.

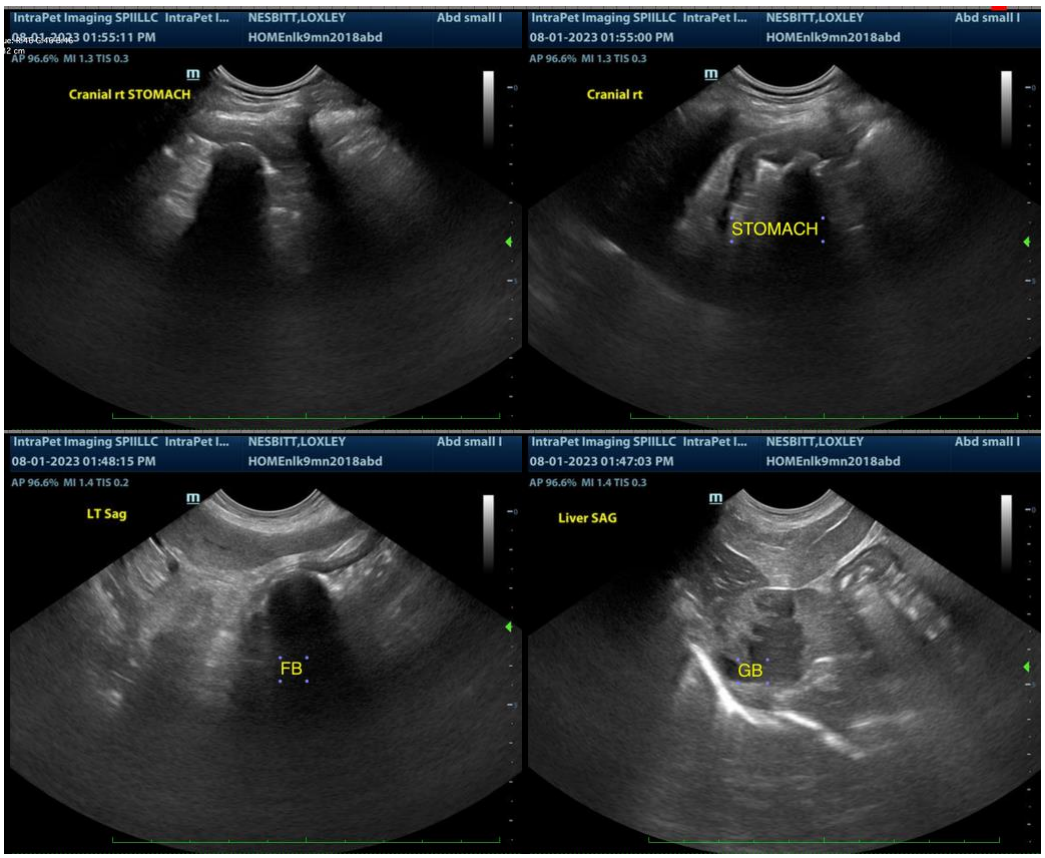
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

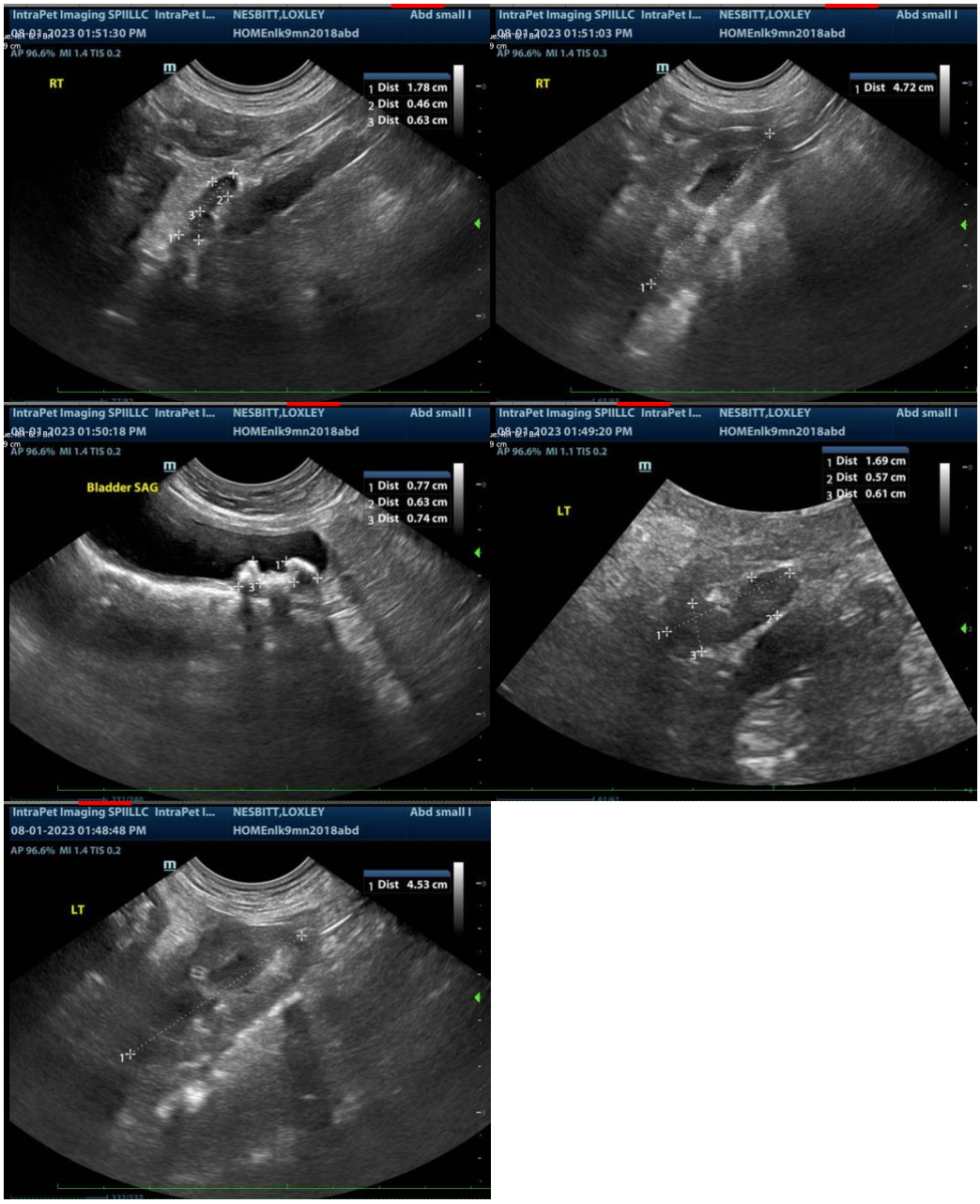
If not already evaluated, a general metabolic health screen is recommended to include CBC/chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine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

Pending those results, once patient is stable enough to undergo surgery, an exploratory laparotomy is recommended as soon as possible for further evaluation and removal of the obstructive suspected small bowel foreign body, as well as the suspected foreign material within the stomach and other portions of the small bowel.

If patient is stable while in surgery, a cystotomy for removal of bladder stones could be considered concurrently.

Additionally, while the appearance of the gallbladder is consistent with likely incidental debris, further visual assessment of the gallbladder could also be evaluated, as well as assessment for patency.





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.

Beth Johnson, DVM DACVIM
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