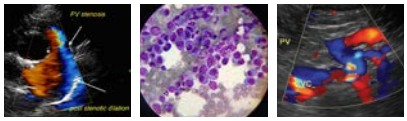
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/10/23

PATIENT

Caesar Veader

SPECIES

Canine

BREED

Doberman

SEX

Neutered Male

AGE

2/15/12

WEIGHT

77.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Miller

INVOICE

44586

PRESENTING CLINICAL SIGNS

Hx of persistent mineral opacity in pyloric region (6/22, 6/19 rad). Recent vomiting.

Current Medications: ED diet.
Lab Results: WNL 6/20/23.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Telazol.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.68 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 (7.24 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 (0.66 cm at the cranial pole and 0.65 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 (0.63 cm at the cranial pole and 0.68 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. A 1.6 cm x 2.4 cm anechoic/cystic area in the mid right liver is noted. 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 moderately overdistended with fluid as well as some echogenic non-shadowing luminal contents, including some mineral/sand non-shadowing debris and gas, consistent with normal ingesta/chyme and potentially the mineral density foreign material reported radiographically. There is no evidence of infiltrative disease or shadowing associated with foreign material. The pyloric outflow tract, while mildly dilated with a similar appearance as the remainder of the stomach, appears patent.

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 largely empty with no evidence of obstruction, foreign material or infiltrative disease. However, the proximal duodenum is mildly fluid distended without evidence of a definitive foreign body.

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.

There is no apparent lymphadenopathy noted in these images.

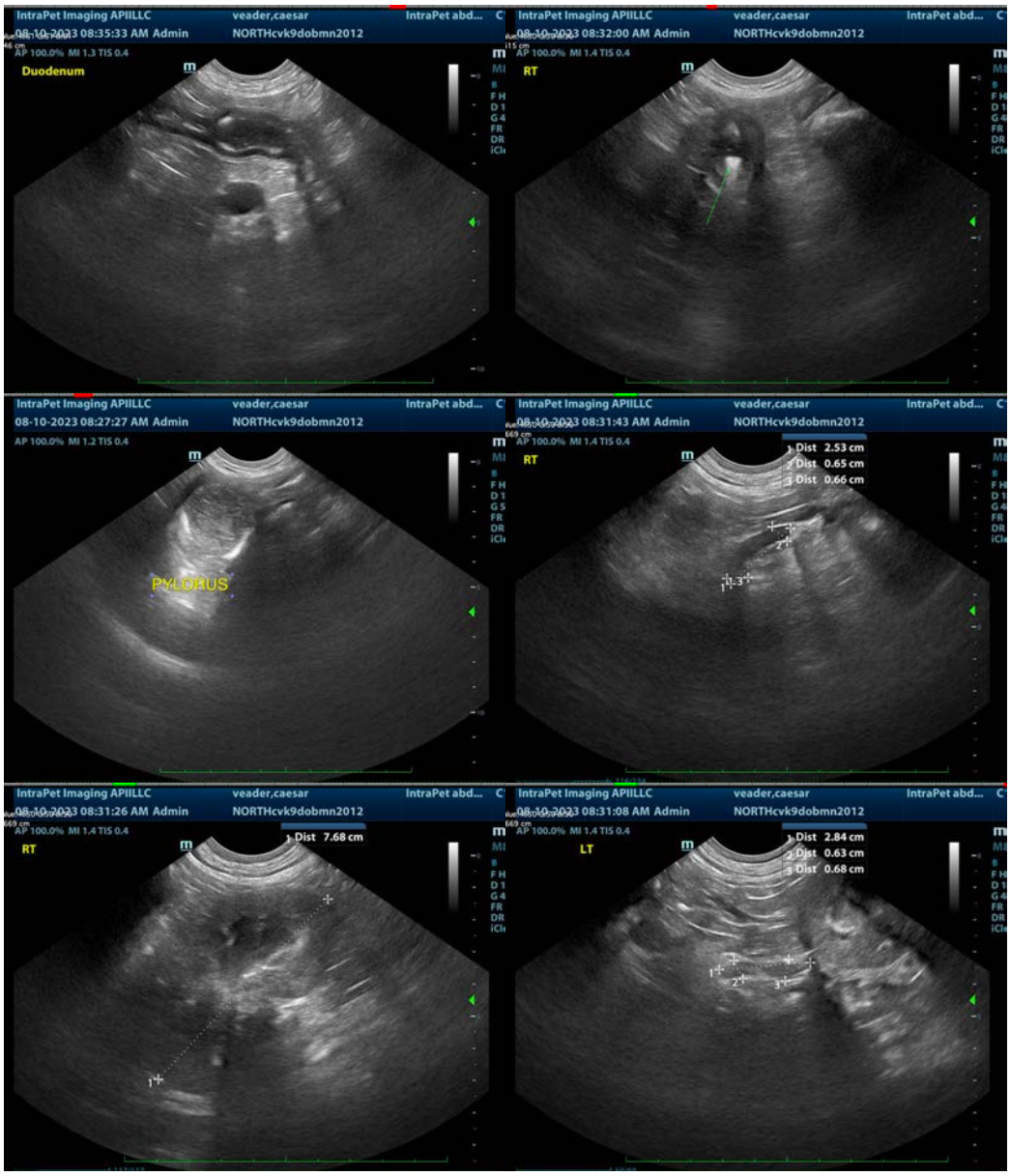
ULTRASONOGRAPHIC FINDINGS

- Gastric, pyloric, and proximal duodenal distention – This could be secondary to a partial or progressing upper GI obstruction, and while some mineral debris is noted within the stomach, there is no definitive foreign body, shadowing, etc. noted in these images currently, so dietary indiscretion, small non-obstructive passing foreign material, or some mild ileus are also possible.

- Benign in appearance cystic lesion in the right liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive/symptomatic medical management of gastritis, dietary indiscretion, etc. is recommended in the form of antiemetics and gastroprotectants, while closely monitoring patient for continued or progressive vomiting. If vomiting continues, additional imaging such as barium swallow, gastroscopy, or even ultimately an exploratory laparotomy could be considered to help identify foreign material if present. However, again, there is no visible evidence of distinct obstructive foreign body in these images currently.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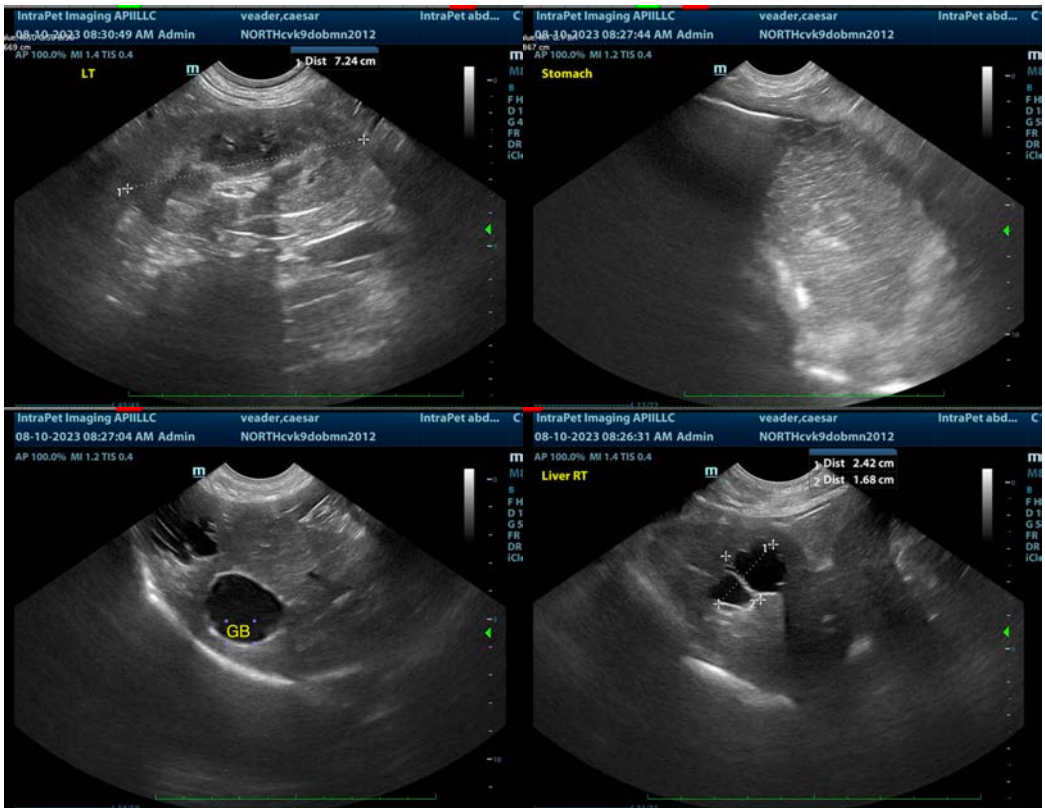

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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