

IMAGING PERFORMED BY

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DATE

8/8/22

PRESENTING CLINICAL SIGNS

Rescued from shelter on Friday. Looked really bad so took to RDVM yesterday. Had blood work that showed mild anemia, was sent home with vitamin supplement. Seemed better through the day today, even wagging her tail and playful, then acutely tonight, lethargic, gums looked white.

PATIENT

Mary Lu Bertling
(FARM Rescue)

Current Medications: Metronidazole, Pantoprazole, Buprenorphine, Maropitant Citrate.

Lab Results: Attached.

Radiographs: Abdomen 2 View Lat and V/D abdomen- stomach very distended with ingesta, minimal detail visible in caudal abdomen due to lack of fat/ emaciation.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Poodle Standard

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 or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Female

AGE

11/10/20

Left kidney is normal is size (5.65 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.

WEIGHT

14.3 lbs

Right kidney is normal is size (5.92 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Left adrenal gland is normal in size (2.18 cm long, 0.54 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Animal Emergency
Hospital

Right adrenal gland is normal in size (2.3 cm long, 0.58 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Goessling

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.

INVOICE

32200

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 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 visible stomach wall is normal in thickness and layering. The stomach is markedly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. The small bowel is diffusely distended with echogenic fluid to the level of an intussusception in the caudal abdomen.

The visible colon is normal in wall thickness (< 0.2 cm) and layering, but markedly echogenic fluid distended as well.

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 small amount of anechoic free fluid and enhanced hyperechoic mesentery surrounding the intussusception.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

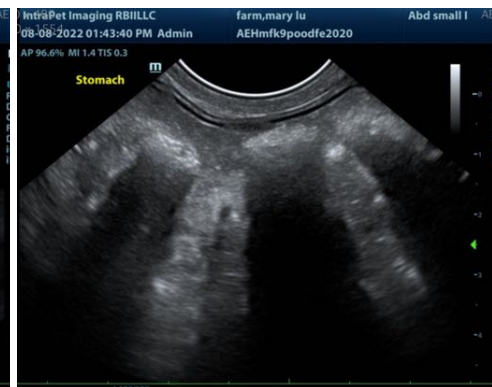
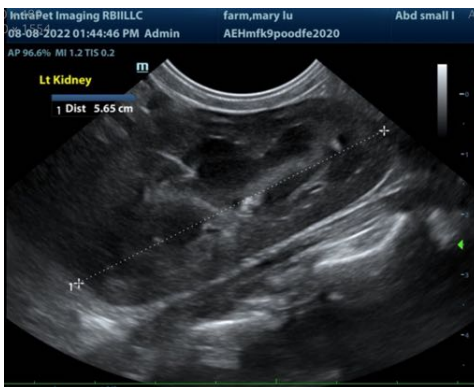
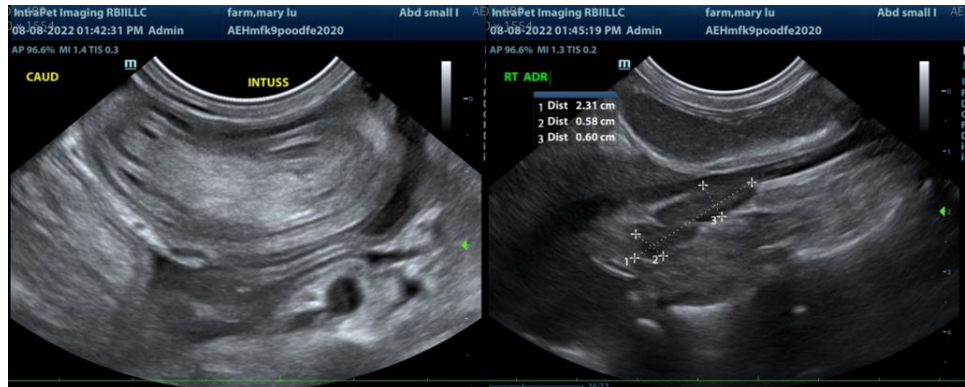
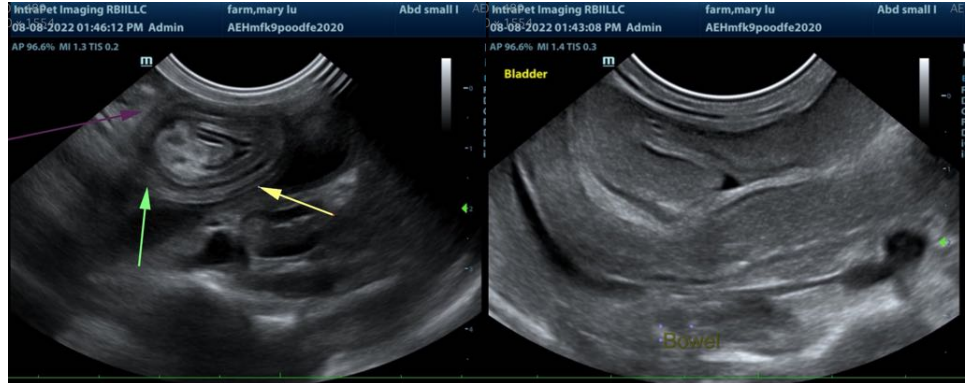
- Small intestinal intussusception with concurrent obstructive pattern and evidence of focal peritonitis surrounding the intussusception.

Secondary Findings

- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Exploratory laparotomy is recommended for bowel assessment, intussusception correction/removal, etc. Biopsies of any visibly or palpably abnormal bowel are recommended.
2. Given this patient's anemia further evaluation for possible infectious disease +/- parasitic disease given the intussusception is recommended as well as empirical deworming with a 5 day course of Panacur following surgery.





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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