

**DATE PRESENTING CLINICAL SIGNS**

1/25/22

History: Presenting Complaint: Seizures; Not Eating; Vomiting. Date: 01-24-2022 Notes: P started exhibiting signs of facial seizures today. O said that the seizure that happened today lasted around 5 minutes on the way here. The rest of the seizures are usually less than 5 minutes. P has also lost a significant amount of weight. Owner said that P does not want to eat and seems very lethargic. P has no history of seizures in the past. Assessment: Facial seizures - Toxins vs Epilepsy vs Idiopathic vs tumor.

PATIENT

Tito Greaver

SPECIES

Canine

Current Medications: Fenbendazole, Gabapentin, Phenobarbital, Diazepam.

Lab Results: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

American Bully

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

1/24/18

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.33 cm.

WEIGHT

48.9 Pounds

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.49 cm x 1.14 cm at the caudal pole and 0.78 cm at the cranial pole. The left adrenal gland measured 3.34 cm x 0.20 cm at the caudal pole and 0.59 cm at the cranial pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Spleen**HOSPITAL NAME**Animal Emergency
HospitalThe **spleen** was folded upon itself caudally, uniform.**REFERRING VET**

Dr. Roper

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

35074

Gastrointestinal

The **pylorus** was free of evident pathology with empty lumen. Jejunal intussusception noted in this patient, measuring 4.6 cm x 3.26 cm. This may be reducible. Some transit of chyme appears to be occurring. A minor

amount of free fluid was noted adjacent to the intussusception, which would suggest potential emerging peritonitis or lymphatic congestion. Minor mesenteric lymphadenopathy noted, reactive.

Pancreas

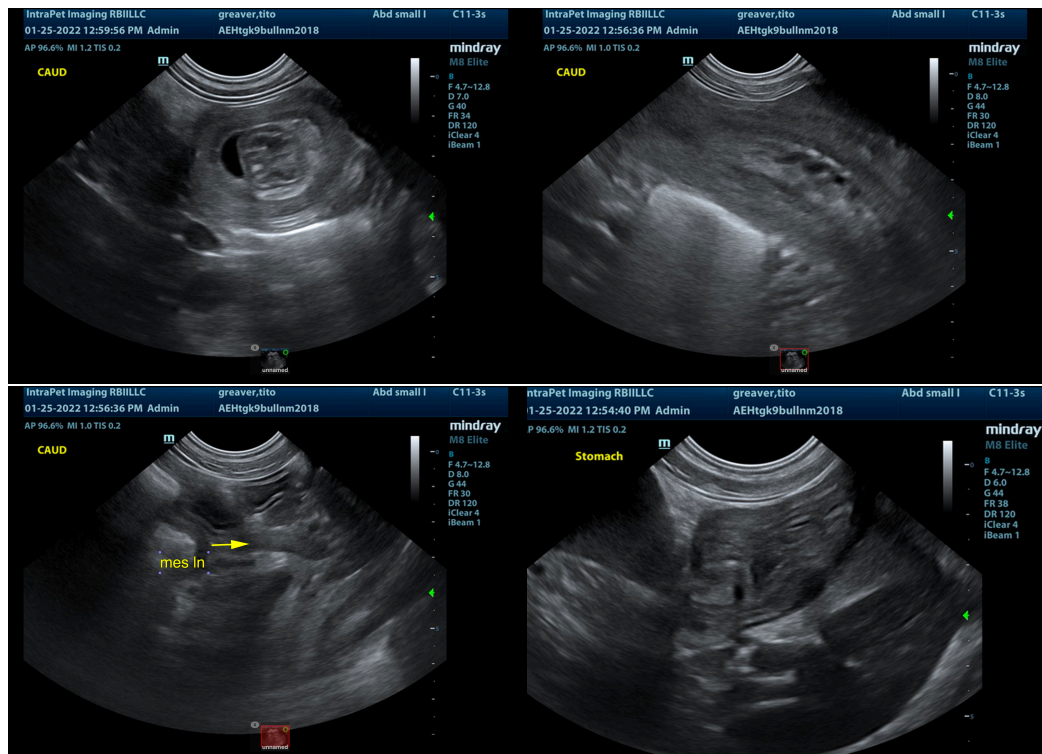
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

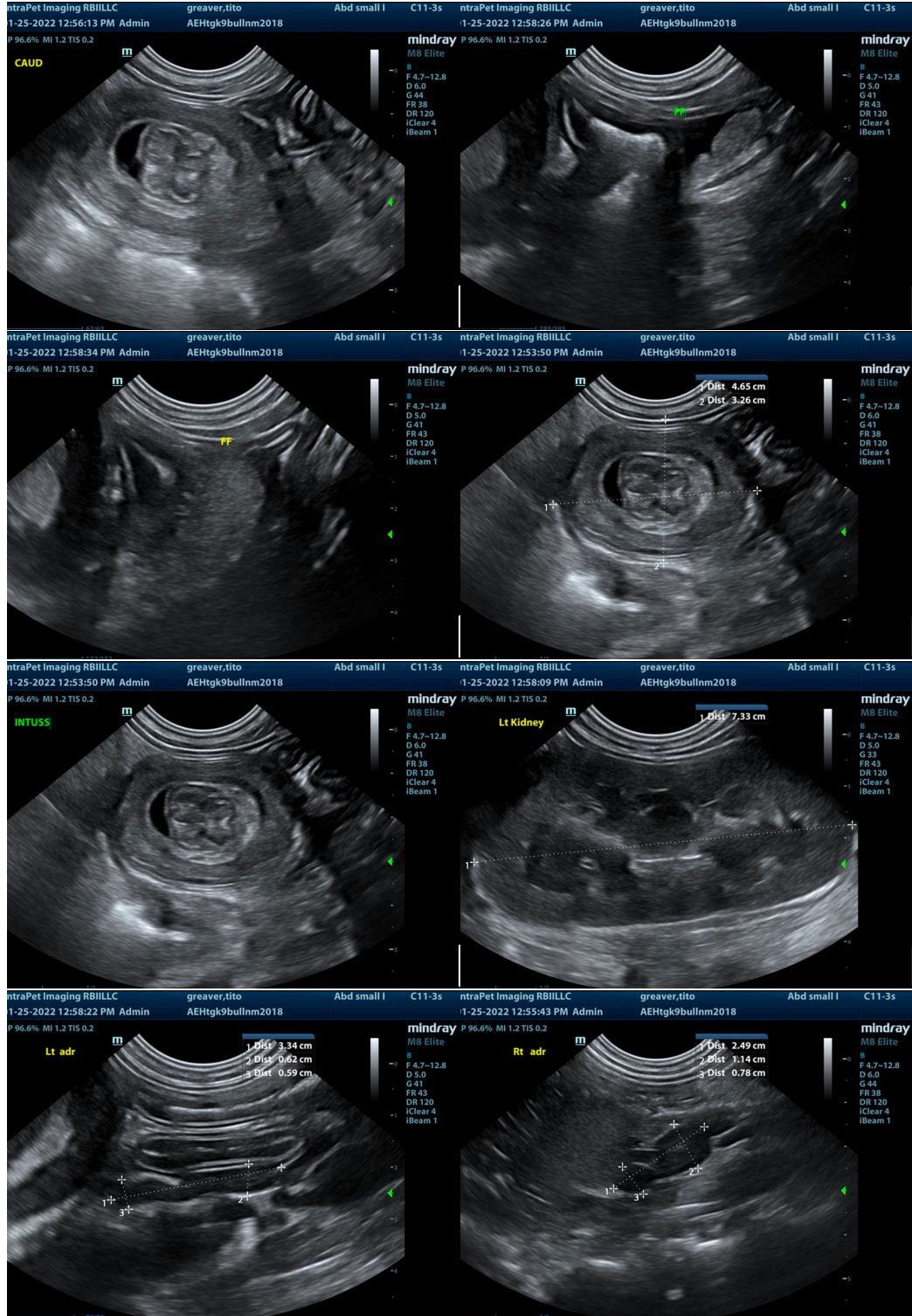
ULTRASONOGRAPHIC FINDINGS

- Intussusception - Necessitates surgery, may be reduceable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some chronic mural disease appears to be present within the intussusception. If confirmed compromised bowel, then resection and anastomosis warranted. Given the patient history, CT of the CNS would be ideal if the patient is stable to ensure concurrent disease is not present. Intestinal biopsies warranted to rule out concurrent underlying disease.





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.

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