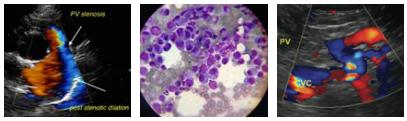
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

1/30/23

PATIENT

Beatrice Six

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

1/16

WEIGHT

63.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

42420

PRESENTING CLINICAL SIGNS

Patient has a 3-4 month history of intermittent vomiting. No pain on abdominal palpation. Physical exam unremarkable.
Current Medications: None at this time.
Lab Results: Unremarkable.
Radiographs: Possible mass or foreign body in GI tract.
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**, 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 was noted. Ureteral papillae were normal.

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 6.45 cm. The right kidney measured 6.25 cm.

Adrenal Glands

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 left adrenal gland measured 2.22 x 0.61 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 3.15 x 0.71 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Slightly increased portal markings were noted. 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 was mildly over distended secondary to GI issues.

Gastrointestinal

The **gastrointestinal tract** revealed an unremarkable stomach wall with minor fluid filled lumen. The small intestine was dilated and followed by empty small intestine. Wall thickness measured up to 2.0 cm. This may be due to secondary hypertrophy. The mesenteric lymph nodes were reactive and measured up to 1.5 cm. No free fluid was noted.

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.

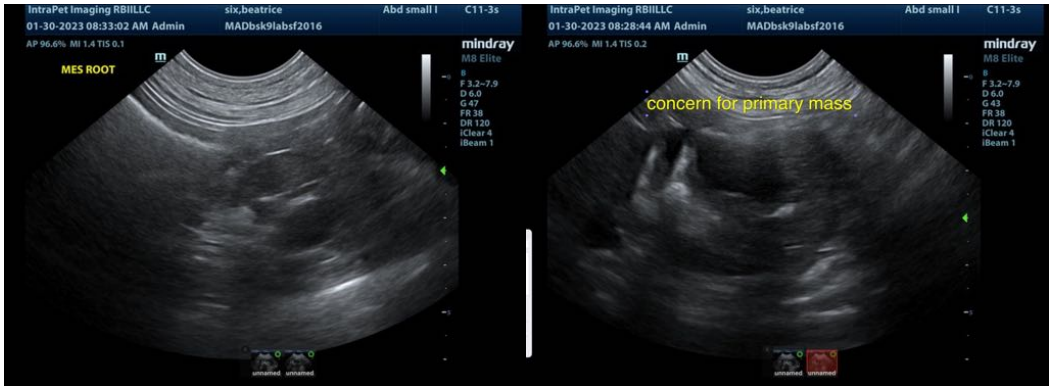
ULTRASONOGRAPHIC FINDINGS

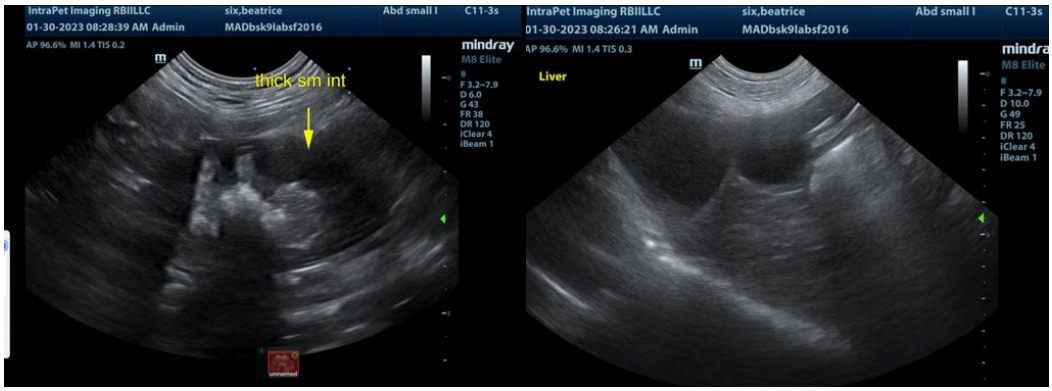
Focal intestinal thickening with foreign matter and obstructive pattern. Appears to be in the jejunum.

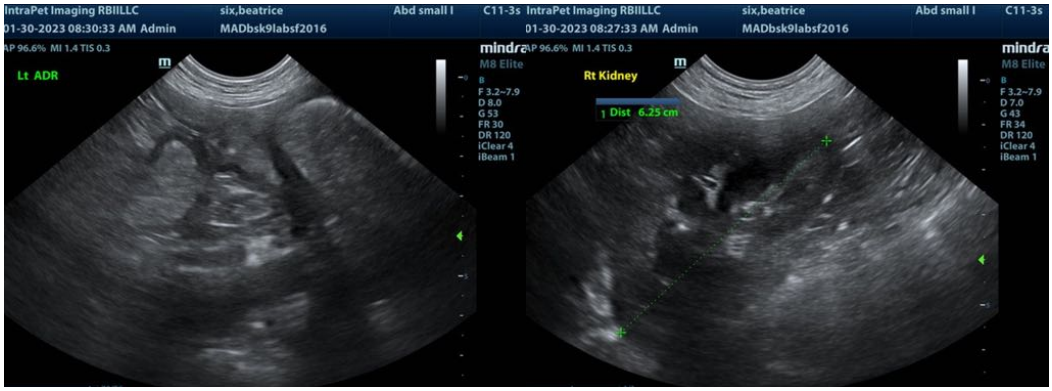
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

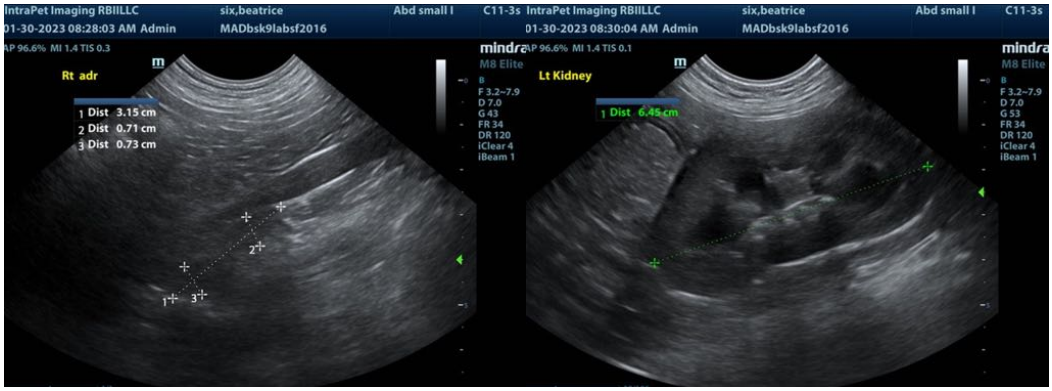
There is concern for primary neoplasia with foreign body versus chronic granulomatous change or hypertrophy owing to foreign body. The surgeon should be prepared for resection of this abnormal tissue where the foreign body is lodged. Immediate exploratory surgery with expectations towards resection and anastomosis, biopsy and lymph node biopsies are all indicated.

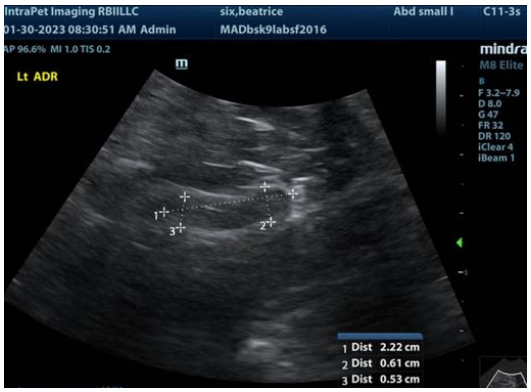
According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.











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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