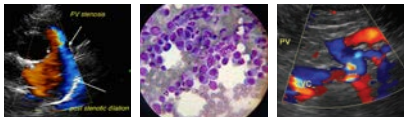
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/28/22

PATIENT

Charlotte Vance

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

8/31/21

WEIGHT

23 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

42486

PRESENTING CLINICAL SIGNS

Diarrhea started Tuesday night. Now vomiting through Cerenia.

Current Medications: Cerenia 1mg/kg, Diagel.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 were 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 measures 4.0 cm. The right kidney measures 4.32 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 right adrenal gland measured 2.38 cm x 0.49 cm at the cranial pole and 0.39 cm at the caudal pole. The left adrenal gland measured 2.37 cm x 0.50 cm at the caudal pole and 0.45 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 were noted.

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.

Gastrointestinal

The **stomach** presented a minor amount of fluid accumulation. The pylorus was subjectively thickened. The small intestine and colon were unremarkable. The upper duodenum was empty. In two views, the gastric lumen revealed a hyperechoic linear structure. This could be artifactual or possible foreign matter such as a straw or hay type material, measuring approximately 2.0 cm in length.

Pancreas

Minor heterogeneous **pancreatic** changes noted, not likely a clinical issue.

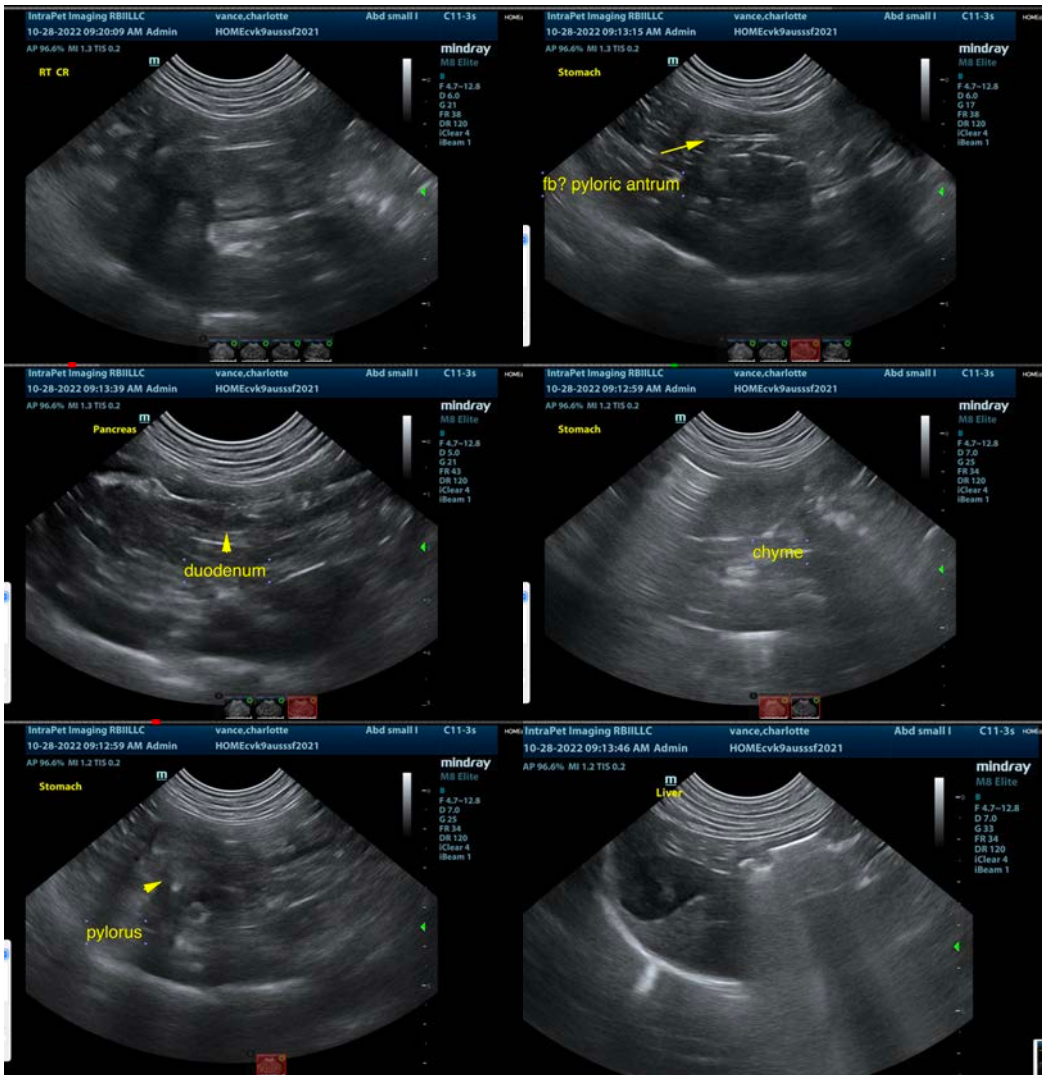
ULTRASONOGRAPHIC FINDINGS

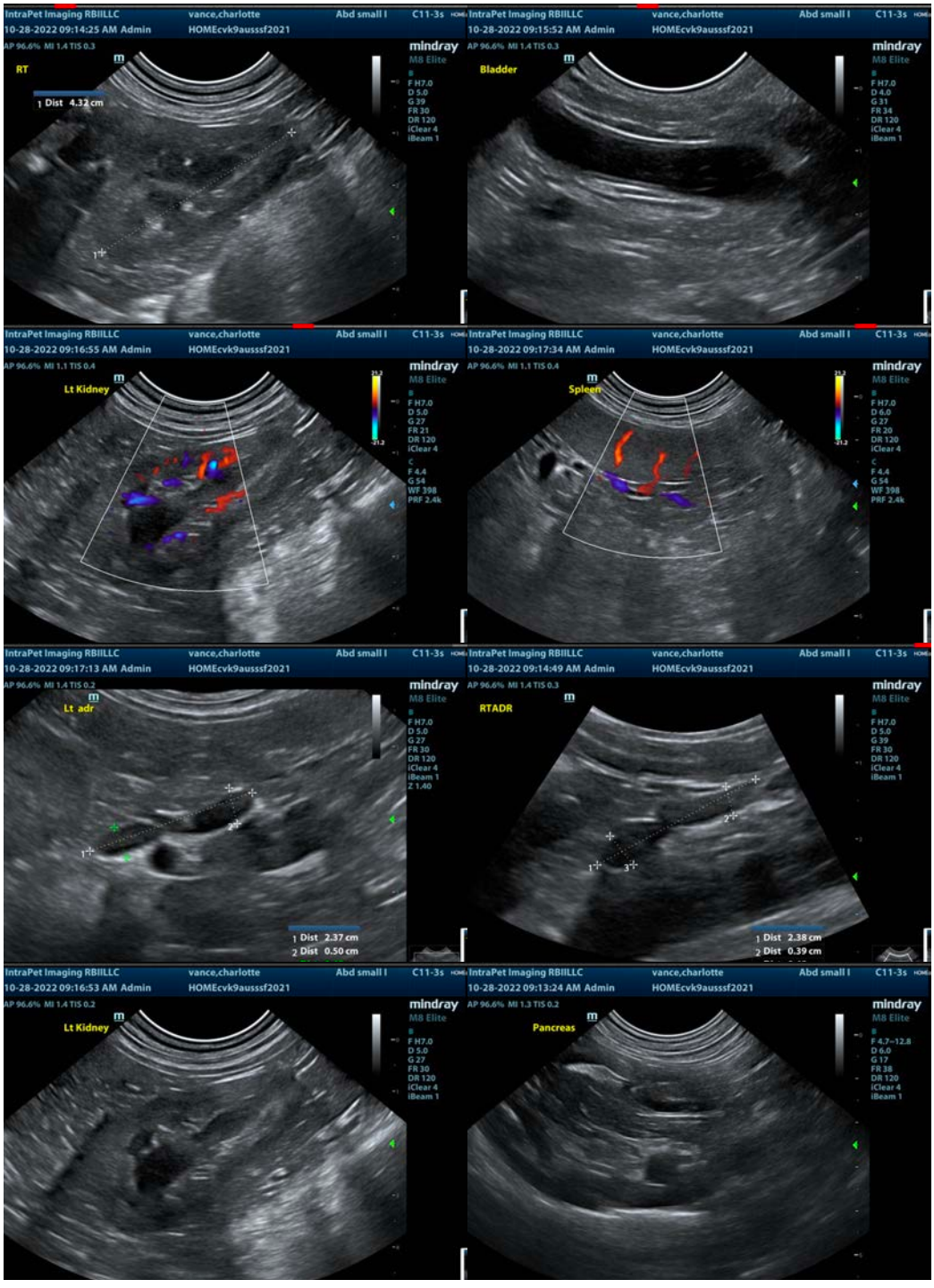
- Gastritis with retention of linear material, possible grass or plastic type foreign matter, delayed outflow pattern

- Minor heterogeneous pancreas – not clinically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical management and recheck sonogram at NPO status in 48-72 hours to assess if the structure is persistently present. Otherwise, endoscopy indicated. If exploratory gastrotomy is to be performed, sonogram should be performed just prior to the procedure to ensure the linear material is persistently present. The linear material may also be incidental and not directly related to the clinical signs. GI biopsies warranted if intervention is performed.




IntraPet Imaging RBIILLC
vance,charlotte
Abd small I
C11-3s
10-28-2022 09:14:25 AM Admin
HOMEcvk9ausssf2021
RT
1 Dist 4.32 cm
10-28-2022 09:15:52 AM Admin
Bladder
10-28-2022 09:16:55 AM Admin
Lt Kidney
10-28-2022 09:17:34 AM Admin
Spleen
10-28-2022 09:17:13 AM Admin
Lt adr
1 Dist 2.37 cm
2 Dist 0.50 cm
10-28-2022 09:14:49 AM Admin
RTADR
1 Dist 2.38 cm
2 Dist 0.39 cm
10-28-2022 09:16:53 AM Admin
Lt Kidney
10-28-2022 09:13:24 AM Admin
Pancreas
mindray
M8 Elite

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com