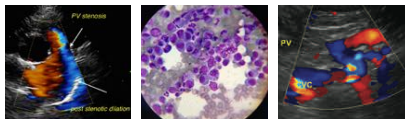
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
2/2/22

PATIENT
Cooper Riddle

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered male

AGE
2/2/15

WEIGHT
81.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Banfield Pet Hospital at Towson

REFERRING VET
Dr. Lewis

INVOICE
95743

PRESENTING CLINICAL SIGNS

History: vomiting and diarrhea of 3 days duration. No longer eating, very lethargic. PE: Depressed, 102.4 temp, HR 140, RR 44, 7 to 10% dehydrated, painful on abdominal palpation, mm pink and tacky, CRT 2 sec.
Current Medications: Currently on NaCL with 40 meq added K+, Cerenia 10 mg/ml 3.7 mls IV, Famotidine 20 mg/ml 3.7 mls IV, Buprenorphine 0.3 mg/kg 2.4 mls IV.
Lab Results: CPL Strong positive. Chemistry and CBC normal. Electrolytes: Na, Cl, K all low.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Buprenorphine given prior to the ultrasound.
Stat Report: REQUESTED.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 right kidney measured 6.38 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 2.3 x 0.73 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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

In short axis a 2.04 cm distinctly shadowing small **intestinal** foreign body was noted with reactive surrounding fat. In long axis this measured 6.7 cm. Variable intestinal thickening was noted with hypertrophied muscularis. This is suggestive for possible underlying inflammatory bowel. Upper GI stasis was noted prior to the foreign body followed by empty small intestine. Localized free fluid was also 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.

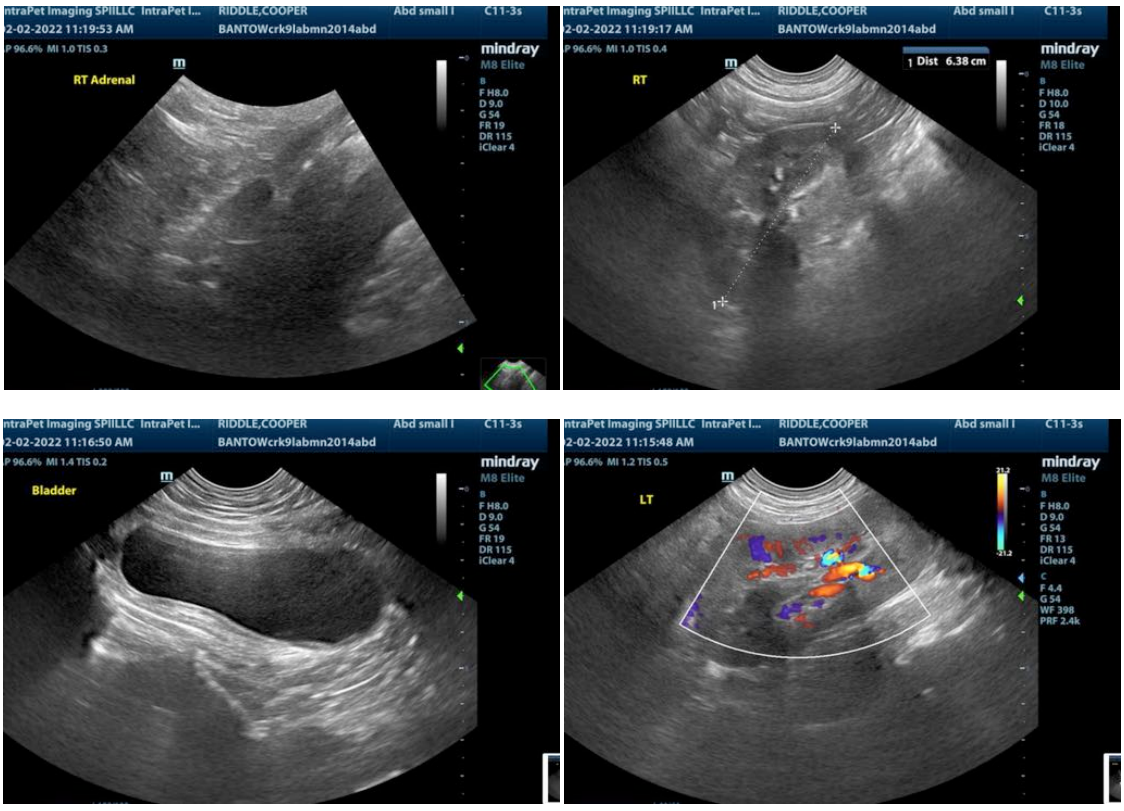
ULTRASONOGRAPHIC FINDINGS

Shadowing jejunal foreign body with reactive mesentery.
Underlying inflammatory bowel or similar intestinal disease is suspected.
Localized free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is recommended. Gastrointestinal biopsies are warranted. Omentopexy should be considered in this patient given the periserosal inflammation and potential for underlying diseased bowel that may not optimally heal. Sock or similar foreign body is suspected. The free fluid is consistent with early peritonitis.

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.




RIDDLE,COOPER
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02-02-2022 11:12:36 AM
1 Dist 2.04 cm
mindray
M8 Elite


RIDDLE,COOPER
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02-02-2022 11:12:23 AM
1 Dist 6.67 cm
mindray
M8 Elite


RIDDLE,COOPER
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1 Dist 0.23 cm
mindray
M8 Elite
thick muscularis


RIDDLE,COOPER
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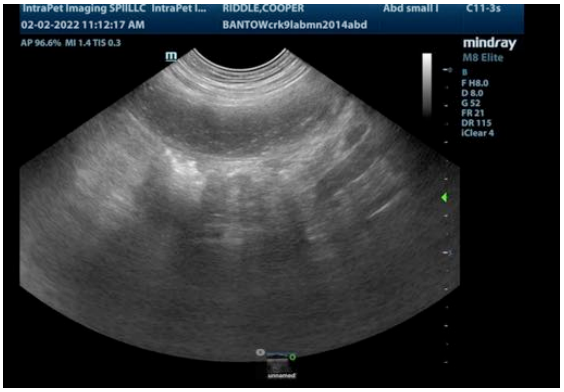
mindray
M8 Elite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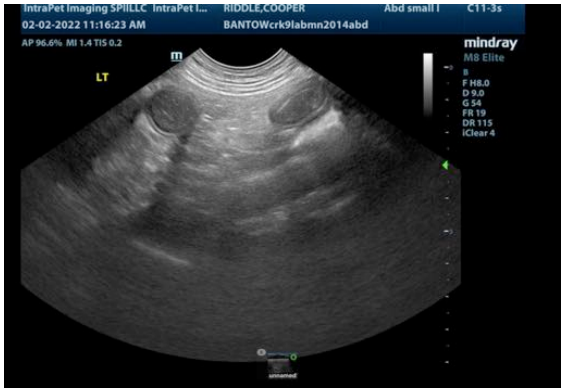
RIDDLE,COOPER
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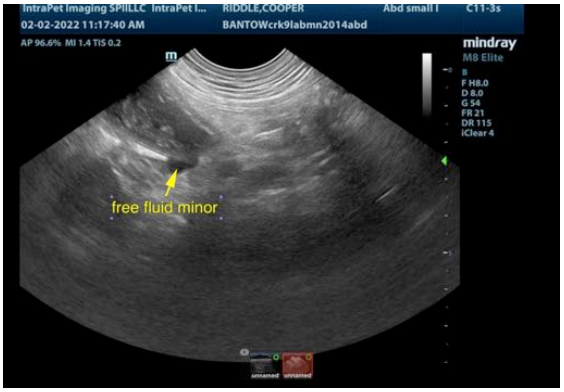
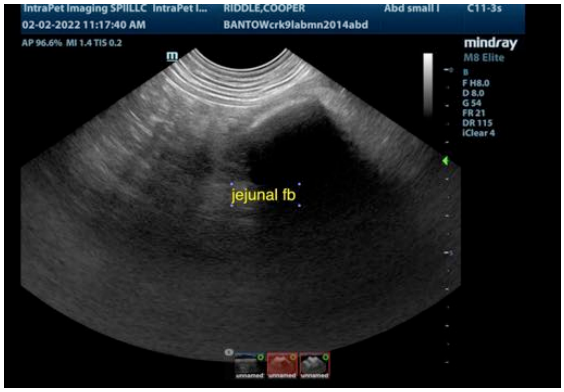
M8 Elite





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.

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