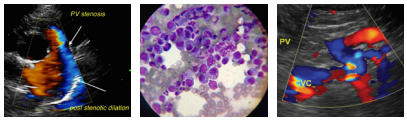
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/15/22

PATIENT

Gunner Subers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5/1/12

WEIGHT

67.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke Horney

INVOICE

36940

PRESENTING CLINICAL SIGNS

Started yesterday AM: vomited grass, was taken on a walk and had another episode of vomiting – ate some of his breakfast - vomiting started again at 3p: food and liquid Has been drinking but seems to be increased. Owners started boiled chicken and rice. Known to have trouble getting comfortable, seemed to pace around more. Started crying around 530a - two episodes of vomiting around 6a - no vomiting since. 2 previous FB surgeries - since owners have been trying to keep everything out of reach but is known to eat things outside like mud and housemates feces - owner noted that housemate is on budesonide for IBD. Had 3 BM yesterday - were pieces/small amounts - did defecate today as well. Was on vacation with the owner: known anxiety. Presented to rdvm today: - BW: Cl 103 - Rads: dilated stomach, radiodense material in the SI with some gas dilation, dilation and feces in the colon - tx: IV fluids, famoitidine -/5 mg/kg at 230p

Current Medications: maropitant, protonix, one dose of metocloperamide
Radiographs: have seen improvement in movement of foreign material- then pet stopped eating- there does appear to be material in the colon-but then there is a distended loop of SI and material- cannot tell if that material is in the small intestine or colon
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 measured 7.77 cm. The right kidney measured 6.78 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 0.79 cm at the caudal pole and 0.74 cm at the cranial pole. The left adrenal gland measured 2.62 cm x 0.56 cm at the caudal pole and 0.74 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

Examination of the **gastrointestinal tract** revealed upper GI dilation, followed by empty small intestine and shadowing foreign matter. Gastric stasis noted with chyme and gas accumulation. The foreign body measured 5.3 cm and was fully obstructive. Minor intestinal thickening 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.

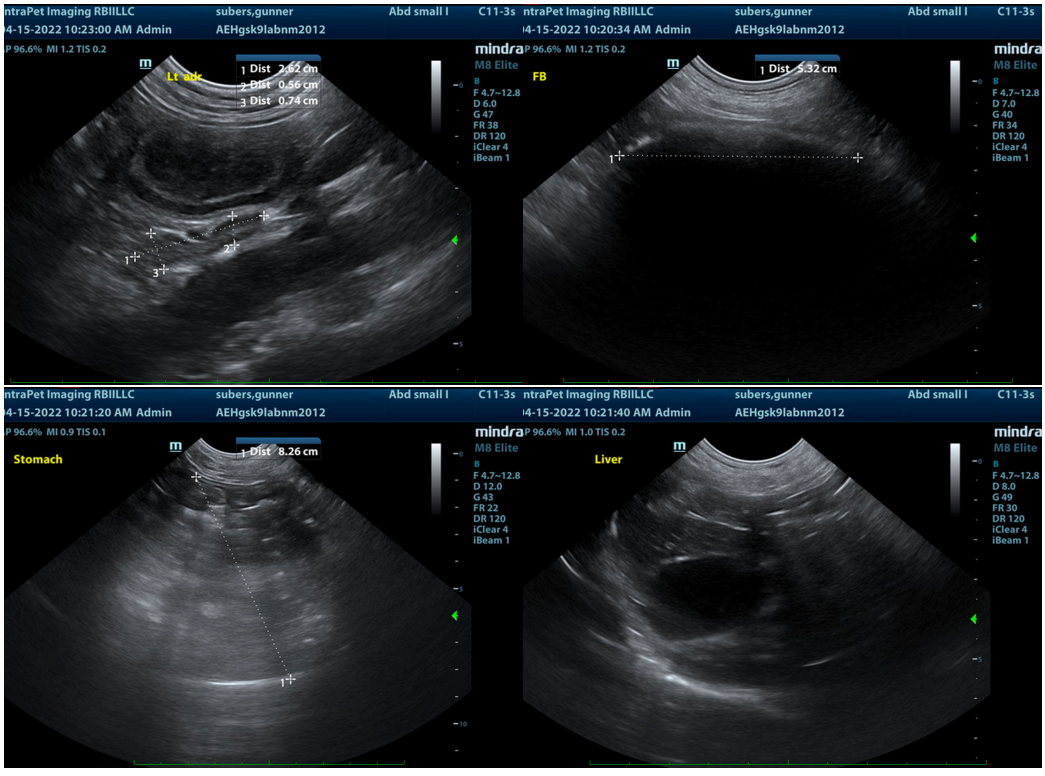
ULTRASONOGRAPHIC FINDINGS

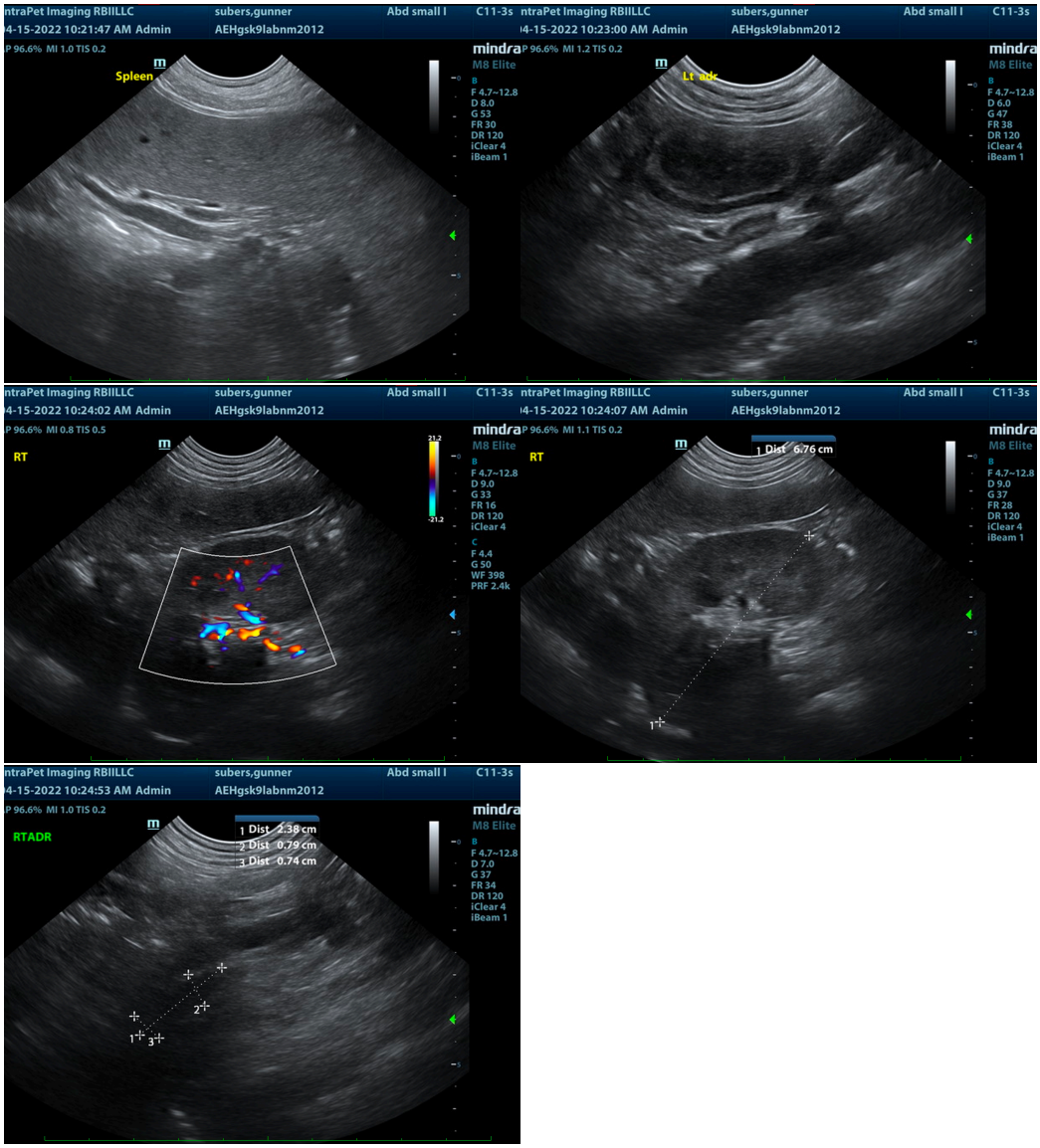
- Small intestinal foreign body obstruction and minor small intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inflammatory bowel or similar suspected. GI biopsies recommended at enterotomy surgery.

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/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.

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