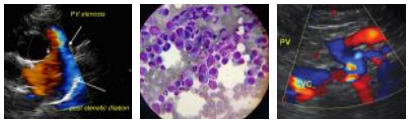
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/30/23

PATIENT

Olive Sardino

SPECIES

Canine

BREED

Staffordshire Terrier Mix

SEX

Spayed Female

AGE

7/8/15

WEIGHT

48.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

22233

PRESENTING CLINICAL SIGNS

Presented 4/25: Started around 2.5 week ago with vomiting - owner noted it was a lot. Has not been eating a lot especially her regular dog food - will vomit after eating it - last episode of vomiting was last Thursday. Owners has been spoon feeding her. Has been drinking. Owner noted that she intermittent appears like she is in pain. Has intermittently looked like she was fine. Sunday was the last time she defecated - was small and dark. No vomiting today. Seemed off today. Owner gave 300 ml of IV fluids in LF - lactated ringers. Had surgery 4 days ago – notes attached.

Current Medications: Cisapride, entice, ondansetron, azithromycin, metoclopramide, buprenorphine, metronidazole, Vitamin K, buprenorphine, pantoprazole, lidocaine, enrofloxacin, potassium chloride, atropine.
Lab Results: Attached.
Radiographs: Decreased serosal detail, gassy changes in the colon, suspected microcardia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

LIMITED ULTRASONOGRAPHIC EXAMINATION

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 right kidney measured 6.36 cm. The left kidney measured 6.2 cm.

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 2.92 cm x 0.87 cm at the caudal pole and 0.83 cm at the cranial pole. The right adrenal gland measured 2.97 cm x 0.96 cm at the caudal pole and 0.88 cm at the cranial pole.

The **stomach** was empty with no loss of mural detail. The intestinal tract was empty. Portions of small intestine were focally thickened with minor areas of loss of mural detail in the jejunum with surrounding reactive mesentery. Slight areas of free fluid were noted adjacent to tortuous intestine. No overt perforation was noted; however, early leakage cannot be completely ruled out.

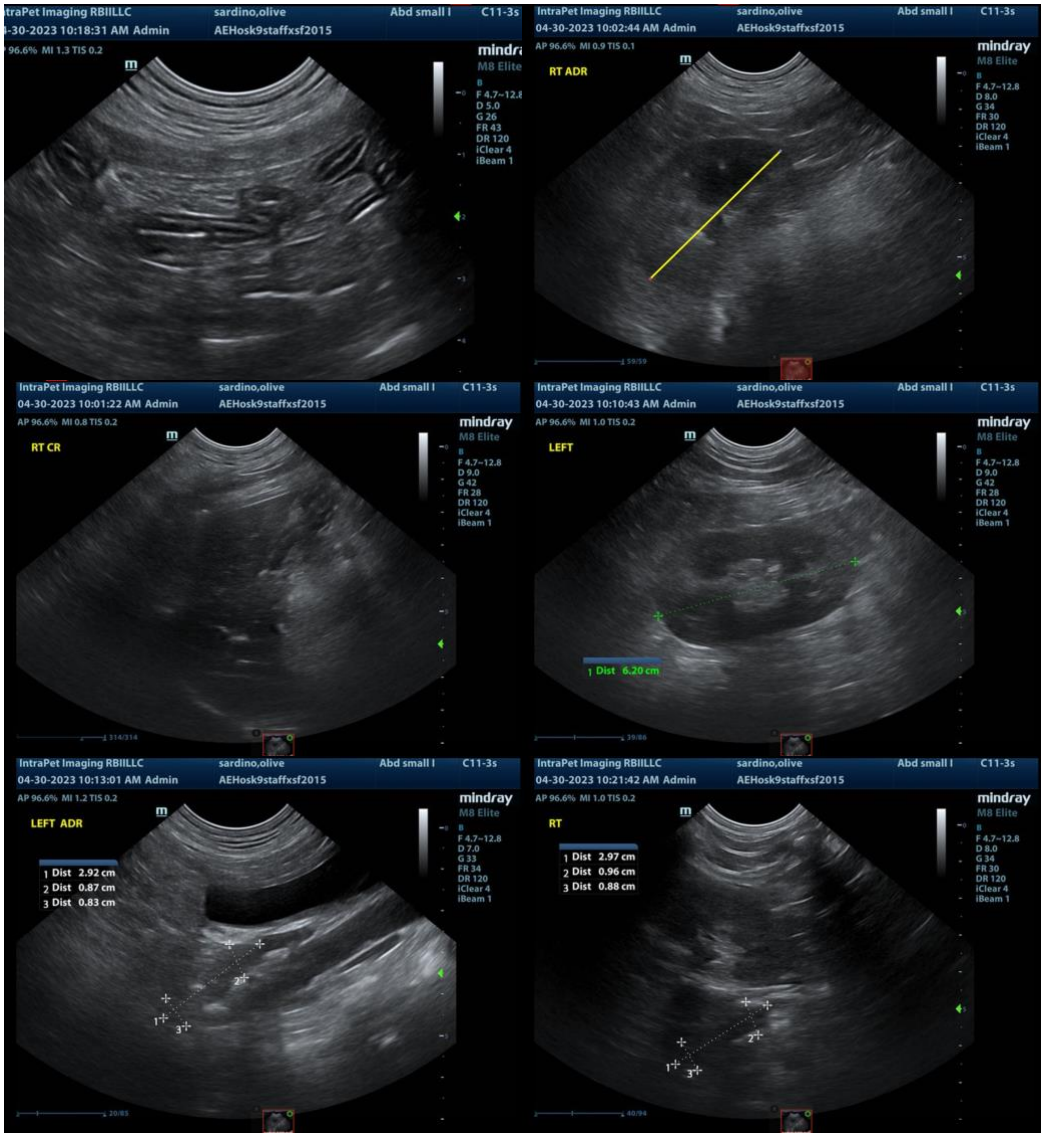
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

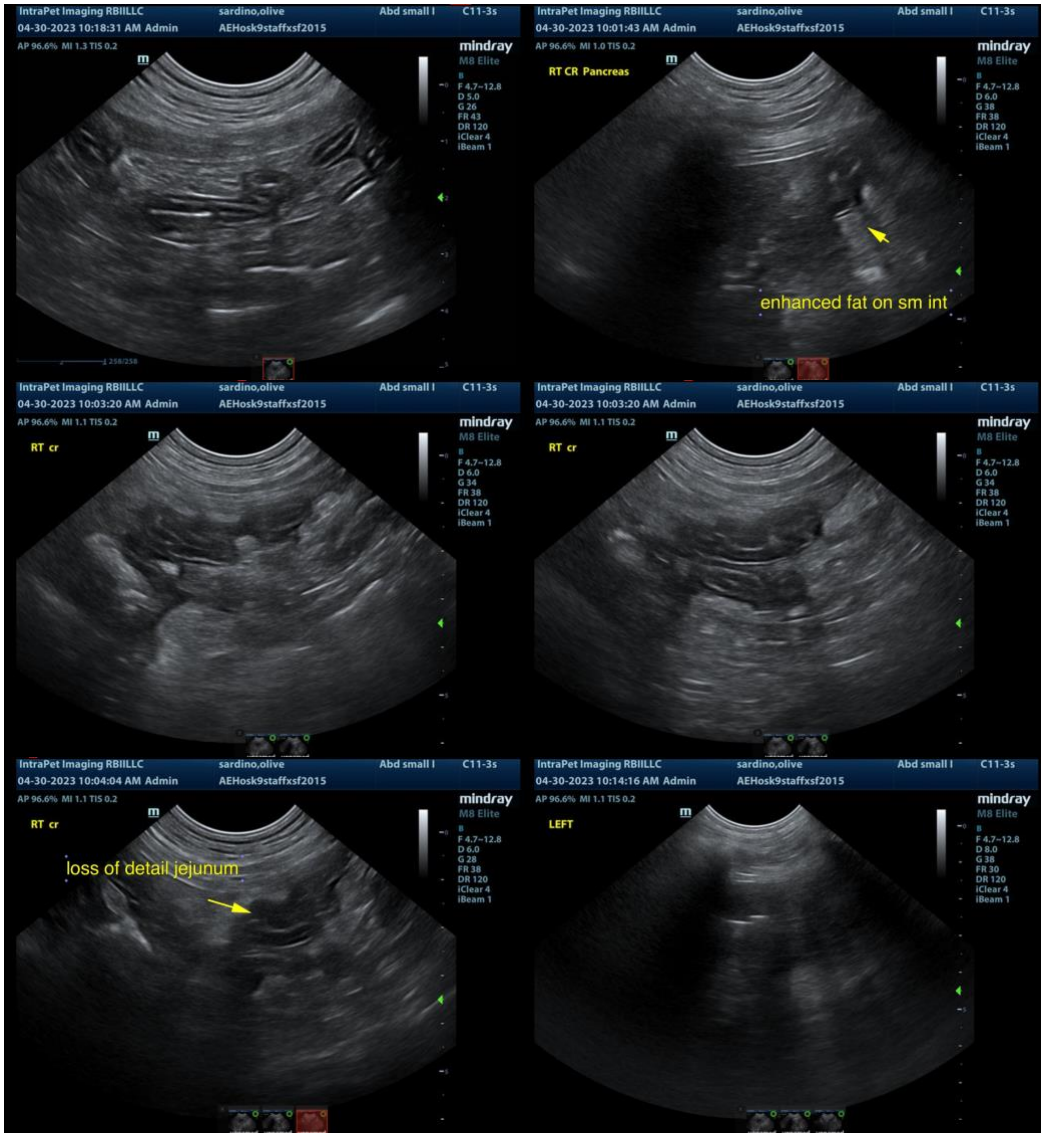
ULTRASONOGRAPHIC FINDINGS

- Intestinal thickening and adhesions with slight areas of free fluid and tortuous contour

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for potential underlying emerging intestinal lymphoma in this patient. If biopsies were taken at surgery, then I recommend reevaluation of the histopathology. Medical management may continue to be utilized in this patient, however, if clinical decline progresses, then exploratory surgery is warranted. Recheck sonogram daily on this patient to assess for progressive free fluid accumulation and evaluation of intestinal thickening.





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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