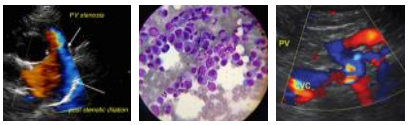


DATE
05/09/2022

PATIENT
Cosmo Hemphill

SPECIES
Canine

BREED
Mixed

SEX
FS

AGE
2 years

WEIGHT
51 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Perry Hall Animal Hospital

REFERRING VET
Dr. Miller

INVOICE
10557ag

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of vomiting and diarrhea since Thursday. Eating well, but unable to keep food down. PE unremarkable.

Current Medications: None current.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Declined.
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 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 6.56 cm in length. The right kidney measured 5.63 cm in length.

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 3.06 cm in length by 0.57 cm caudal pole width by 0.4 cm cranial pole width. The right adrenal gland measured 3.0 cm in length by 0.61 cm caudal pole width by 0.67 cm cranial pole width.

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 a definitive linear structure in the gastric lumen with a separate linear structure in the duodenum. The linear structures are nonobstructive however are likely irritative as the irregular mucosal changes and regional inflammatory pattern noted around the stomach extending to the pancreas. A needle or similar material is likely.

Pancreas

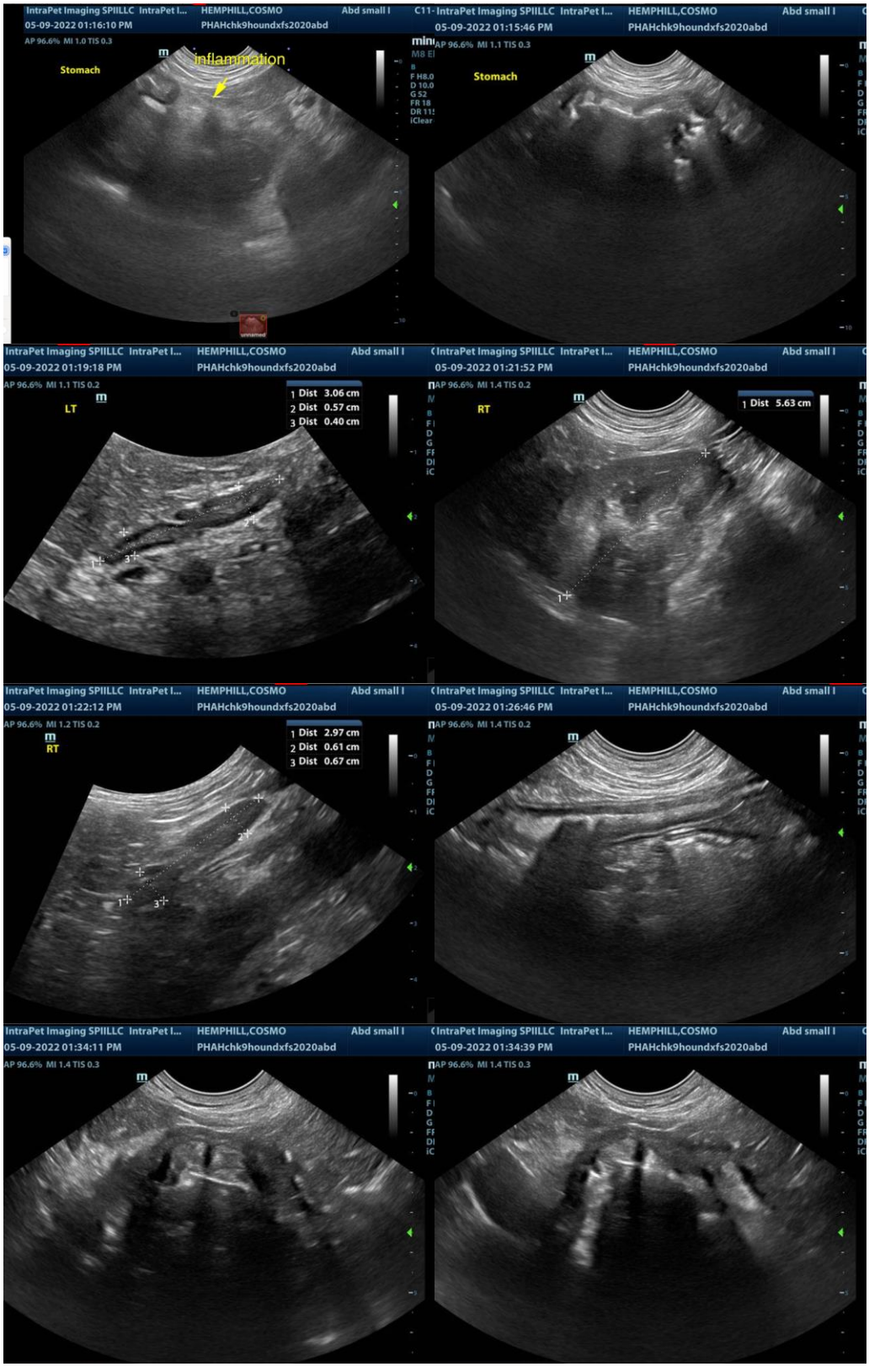
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- A 4 cm linear gastric structure with a separate small intestinal linear structure
- Regional inflammation/gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or gastrotomy is indicated. Examination of the oral cavity is recommended at the time of sedation to ensure an attachment is not present. Gastrotomy enterotomy with GI biopsies would be ideal.


IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
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AP 96.6% MI 1.0 TIS 0.3
Stomach
inflammation
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
05-09-2022 01:15:46 PM PHAHchk9houndxfs2020abd
AP 96.6% MI 1.1 TIS 0.3
Stomach
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
05-09-2022 01:19:18 PM PHAHchk9houndxfs2020abd
AP 96.6% MI 1.1 TIS 0.2
LT
1 Dist 3.06 cm
2 Dist 0.57 cm
3 Dist 0.40 cm
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
05-09-2022 01:21:52 PM PHAHchk9houndxfs2020abd
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 5.63 cm
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
05-09-2022 01:22:12 PM PHAHchk9houndxfs2020abd
AP 96.6% MI 1.2 TIS 0.2
RT
1 Dist 2.97 cm
2 Dist 0.61 cm
3 Dist 0.67 cm
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
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IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,COSMO Abd small I
05-09-2022 01:34:39 PM PHAHchk9houndxfs2020abd
AP 96.6% MI 1.4 TIS 0.3

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
Eric.Lindquist@SonoPath.com