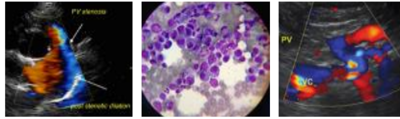
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE
01/17/2023

PATIENT
Rosco Pham

SPECIES
Canine

BREED
PitBull Mix

SEX
MN

AGE
2010

WEIGHT
52lb

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Hicks

INVOICE
12725ag

PRESENTING CLINICAL SIGNS

Has vomited 8 times in the last 24 hours. We saw a piece of a toy come out in his poop and think the vomiting might be from an intestinal blockage - still wants to eat/play - P vomited Sunday around midnight - P vomited multiple times Sunday afternoon after eating breakfast - Ate dinner on Sunday night - Vomited bile this a.m. but then ate breakfast and has kept it down No other medical hx, no meds

Current Medications: Metoclopramide, Apomorphine, Buprenorphine, Protonix.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Ace.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The left kidney measured 6.7 cm in length.

The right kidney has a normal shape and size. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The right kidney measured 6.2 cm in length.

The prostate is normal in size and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.69cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.85 at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.39 cm) and the jejunum measured as normal (0.32 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

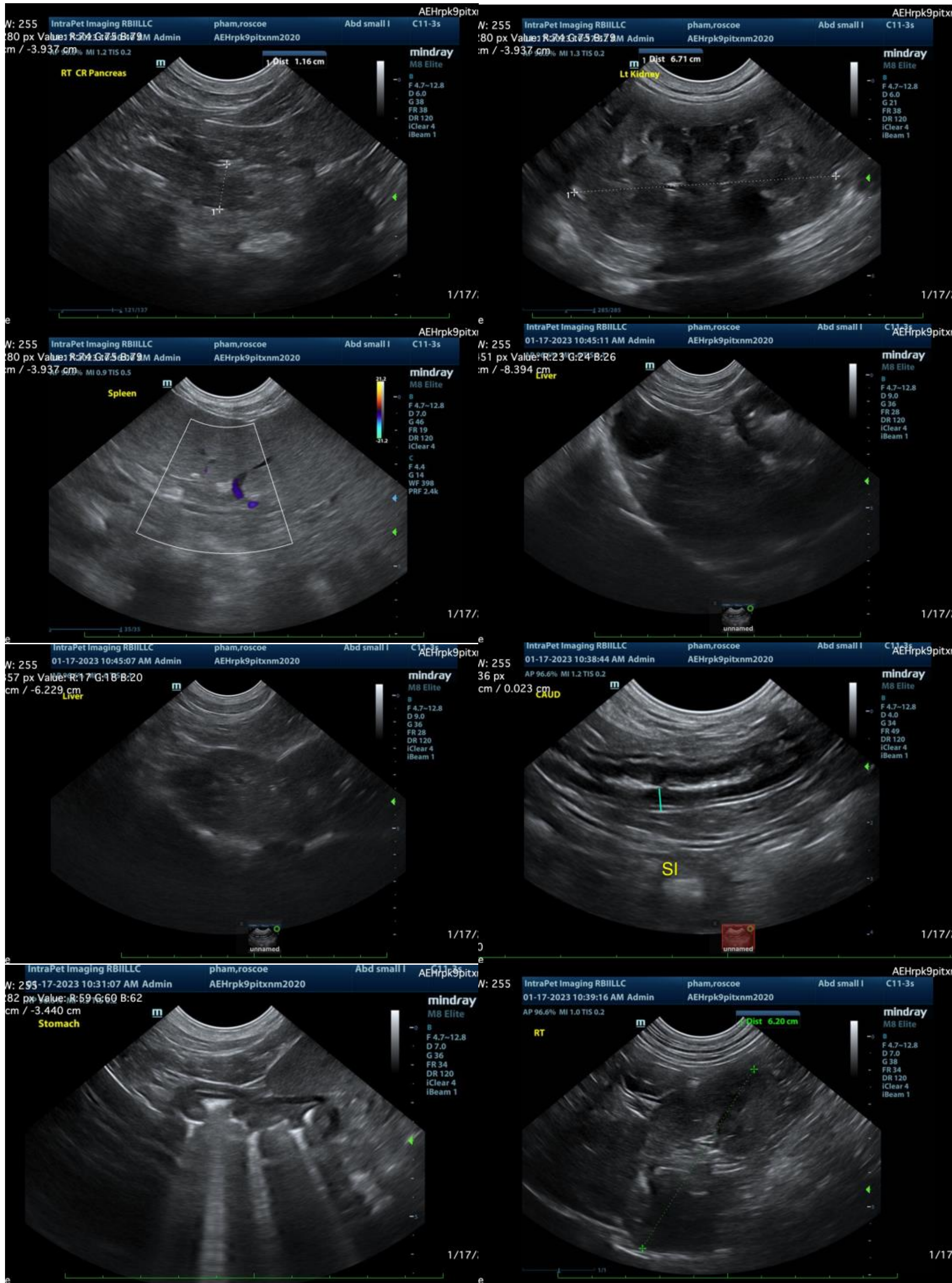
- The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

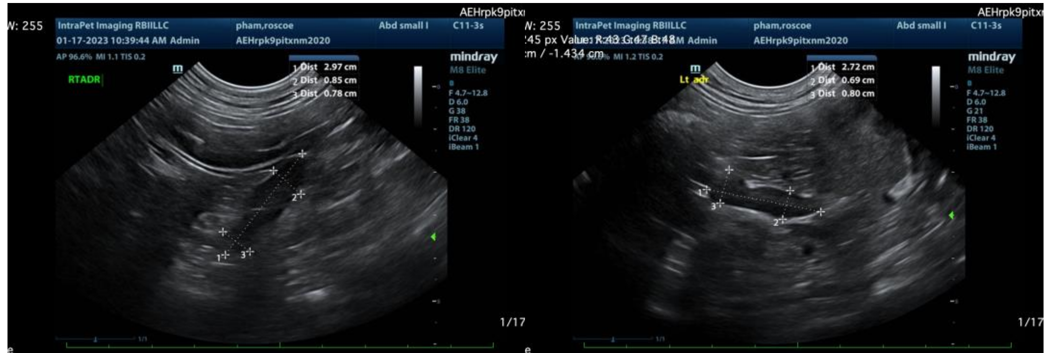
Today's scan appears relatively normal. No evidence of an obstructive pattern is visualized. The stomach appears empty and no focal bowel lesions are observed. Unfortunately, this does not definitively rule out the possibility of GI foreign material but makes it less likely.

The pancreas is somewhat prominent and is not overtly inflamed but this could be consistent with previous episodes of pancreatitis or very mild pancreatic inflammation.

Recommended treatment for acute gastroenteritis with serial imaging and radiographs particularly if there is a decline or lack of response to therapy. Recommended complete bloodwork looking for any metabolic causes of vomiting (if not already done).



IntraPet Imaging RBIILLC
pham,roscoe
Abd small I
C11-3s
AEHrpk9pitxnm2020
mindray
M8 Elite
RT CR Pancreas
Dist 1.16 cm
Lt Kidney
Dist 6.71 cm
Spleen
01-17-2023 10:45:11 AM Admin
Liver
01-17-2023 10:45:07 AM Admin
Liver
01-17-2023 10:38:44 AM Admin
CAUD
SI
01-17-2023 10:31:07 AM Admin
Stomach
01-17-2023 10:39:16 AM Admin
RT
Dist 6.20 cm



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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