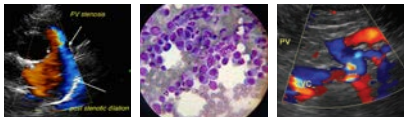
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/4/22

PATIENT

Bowser Obenstine

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

1/3/18

WEIGHT

70.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

33940

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting; Appetite Decreased. Date: 01-03-2022 Notes: Beginning 22nd / 23rd of December owner noted him acting lethargic, not interested in food and having loose stool. Owner changed diet to chicken and rice - initially was eating then only wanted to eat chicken then only picking at food. Seemed to be improving then this morning vomited approx. 5 times. Did chew up stuffed toy on Christmas - owner does not think ingested stuffing. Not a known eater of foreign material. Seen rDVM - X-rays loss of detail. BW - BG 69mg/dl, SDMA 25Ug/dl, TP 5.0 g/dl, Albumin 2.2 g/dl cPL Normal Dental Dec 10th - preop BW - wnl. Assessment: Vomiting, ascites. Plan: admit into hospital - IV fluids and supportive care. Recommend abdominal US. Concern for peritonitis vs pancreatitis vs PLE vs neoplasia vs other.

Current Medications: Ampicillin, Enrofloxacin, Pantoprazole, Buprenex.
Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.32 cm). 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 was not clearly visualized due to interference with a mass effect in the area and patient discomfort.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 cm 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 was not clearly visualized due to interference with a mass effect in the area and patient discomfort.

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.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter. Wall thickness appears normal. The duodenum measures as normal (0.3-0.5 cm in wall thickness), and visualized areas of jejunum measure as normal (0.2-0.47 cm). There is a large amount of echogenic fluid surrounding the bowel, and some mild fluid dilation is present with some evidence of irritation/corrugation. Additionally, there is a large, irregular mass effect, which I suspect involves the ileocecal junction or proximal colon, which measures approximately 5.0 cm in diameter. There is complete loss of wall layering and possibly intraluminal gas visualized.

The ileocecal junction is poorly visualized due to a large mass effect in the area. This mass arises from bowel, which seems most likely proximal colon or bowel at the ileocecal junction. Bowel in this area measures 2.0 cm in wall thickness with complete loss of layering, creating a mass effect measuring approximately 5.0 c in diameter. Additionally, there is the impression of intraluminal gas present. Findings are most consistent with a bowel mass.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a large volume of echogenic free fluid. There is a severe mesenteric lymphadenopathy visualized with lymph nodes coalescing at the root of the mesentery to create a mass effect measuring 8.3 cm x 6.03 cm. The omentum is generally of increased echogenicity, particularly around the bowel mass.

ULTRASONOGRAPHIC FINDINGS

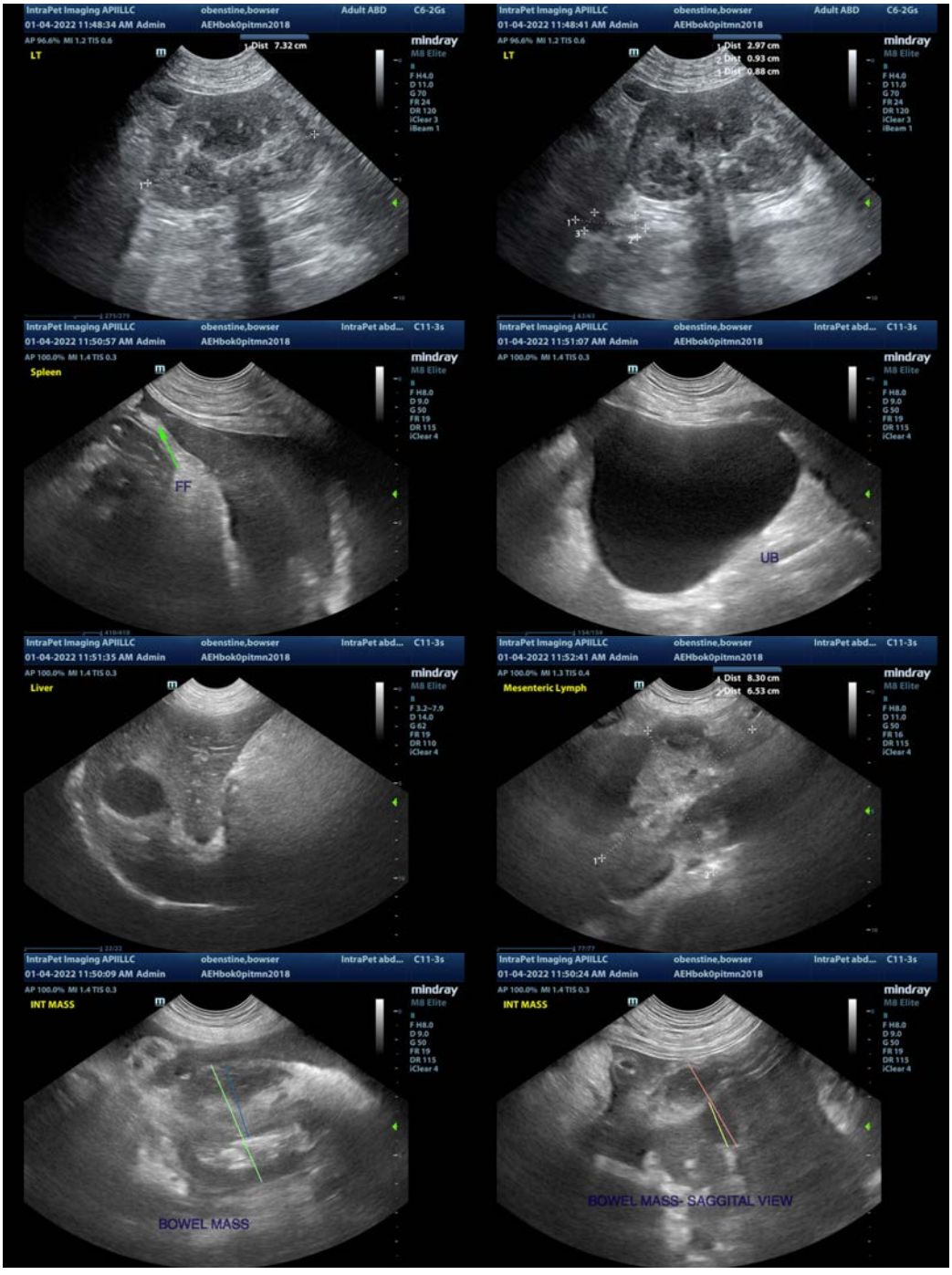
- Large bowel mass effect – most concerning for a possible neoplastic process, but other differentials such as fungal disease, benign lesions, a perforation, etc. exist.

- Echogenic free abdominal fluid with hyperechoic mesentery – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture.

- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large bowel mass effect and evident peritonitis. Recommend fluid sampling and either referral to a veterinary surgeon for possible exploratory surgery (as long as 3-view thoracic radiographs look ok), or emergency cytology on the abdominal fluid and mesenteric lymph node +/- bowel mass if there is a strong concern for metastatic neoplasia. Unfortunately, this seems most likely. However, in a young dog, the diagnosis should ideally be confirmed.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Adult ABD
C6-2Gs
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Mesenteric Lymph
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BOWEL MASS- SAGGITAL VIEW
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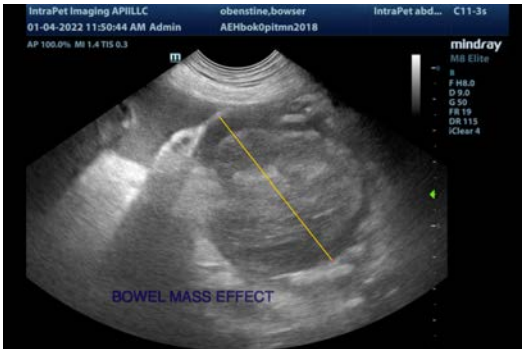

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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