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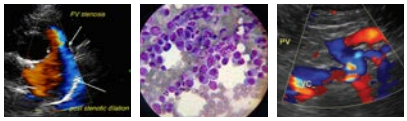

SonoPath
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DATE

1/5/23

PATIENT

Odin Beck

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

9/6/21

WEIGHT

68.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

43988

PRESENTING CLINICAL SIGNS

Referral from ACC- Temp 103.8 Last night; 103.3 F today - 2/9 BCS - No hx of pancreatic insult - Radiographs: Gas pattern abnormal, maybe free fluid - BW: wbc elevated - Consider surgery vs AUS ATO in room: (lethargic, shaky, fever): - Clinical signs started yesterday afternoon - O has 5 dogs - P urinated yesterday then laid in the yard- this is atypical for patient. Usually very energetic, didn't want treat - O did rectal temp yesterday 103.8 F last night, began breathing rapidly - Last night didn't eat, gave bone broth and water - No vomiting - O obtained fecal- normal texture and consistency- no abnormal color- O gave fecal sample to rDVM to test - At referral center temp went down- concern for GI obstruction/ perforation - Up until yesterday afternoon P was normal - P has always been skinny since full size- feeds kirklands cosco lamb and rice + Probiotic - No weight loss - No diarrhea - Last given flea/tick/hw october/ november - Owned since puppy 8 weeks of age- always nervous dog - Breathing more rapid, no coughing, not been to dog park - Chews straw and does ingest neighbors bamboo- no sock or underwear ingestion- chewed shoes as a puppy, crate trained.

Current Medications: None given yet.
Lab Results: CBC/CHEM (no lytes): HCT 49%, WBC 21k, Neutrophilia 16k, no bands, monocytosis 2.9k, PLT wnl, Glucose 135; BUN/CREA wnl, TP wnl, Liver values wnl, 4dx: Negative x 4. Fecal: pending at rDVM.
Radiographs: Decreased serosal detail, stomach small, cranial rotation of gastric axis, small amount of dilation of SIT. Xray thorax (1 view- lateral): good inspiratory film, mild rotation, heart nsf, lungs clear.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Dexdomitor.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 shape of the urinary bladder appears somewhat irregular in that there is almost a septate division between the cranial two thirds of the urinary bladder and the caudal third, creating somewhat of an hourglass shape.

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 (7.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.61 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 is normal in size measuring 0.65 cm 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 mild and 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. Jejunum wall measures 0.39 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 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

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

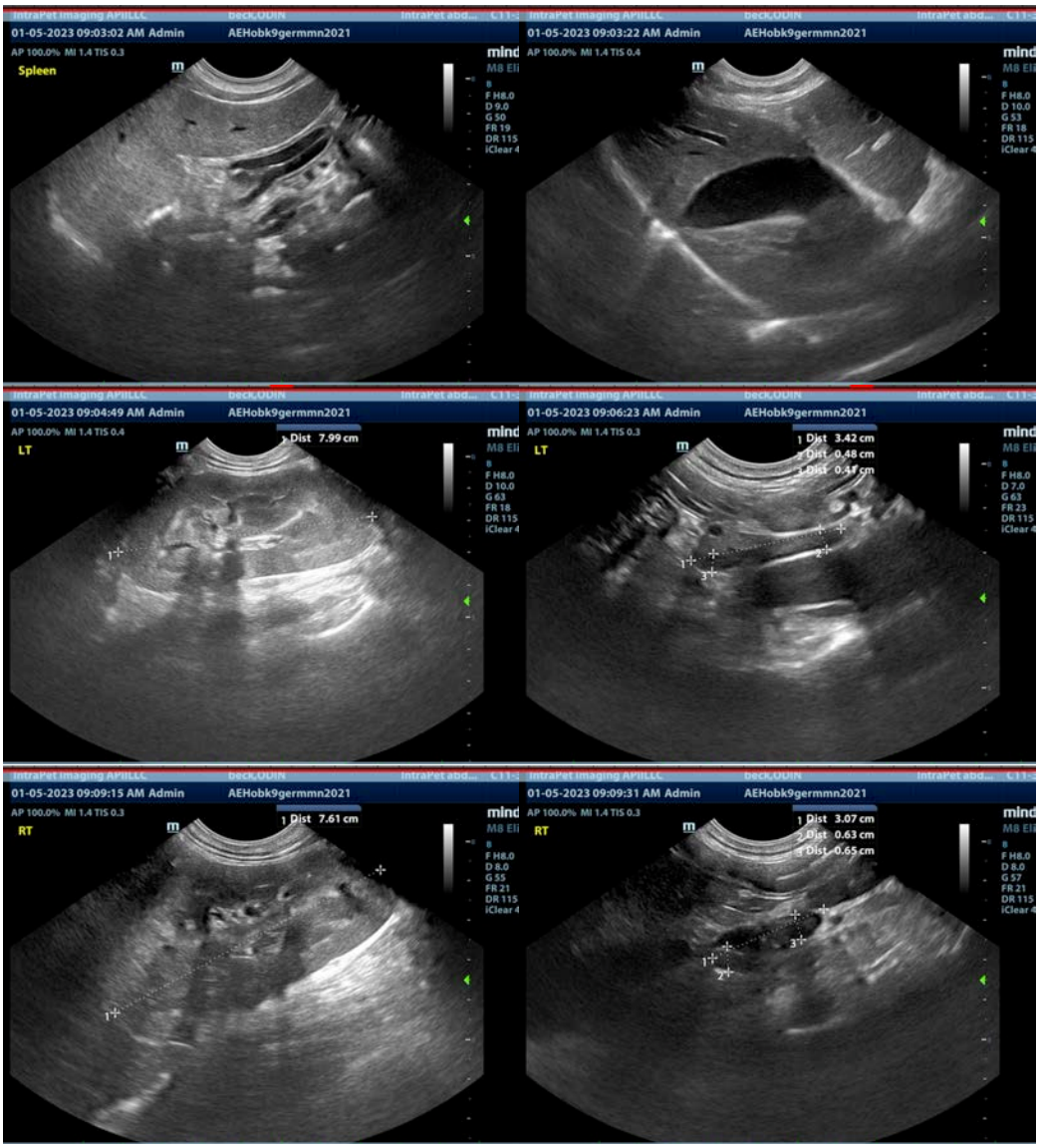
- Abnormal appearance/shape to the urinary bladder – The significance of this is unclear, and it does not appear to currently be a clinical issue. Consider a contrast study and/or reevaluation of the urinary bladder when it is fully distended.

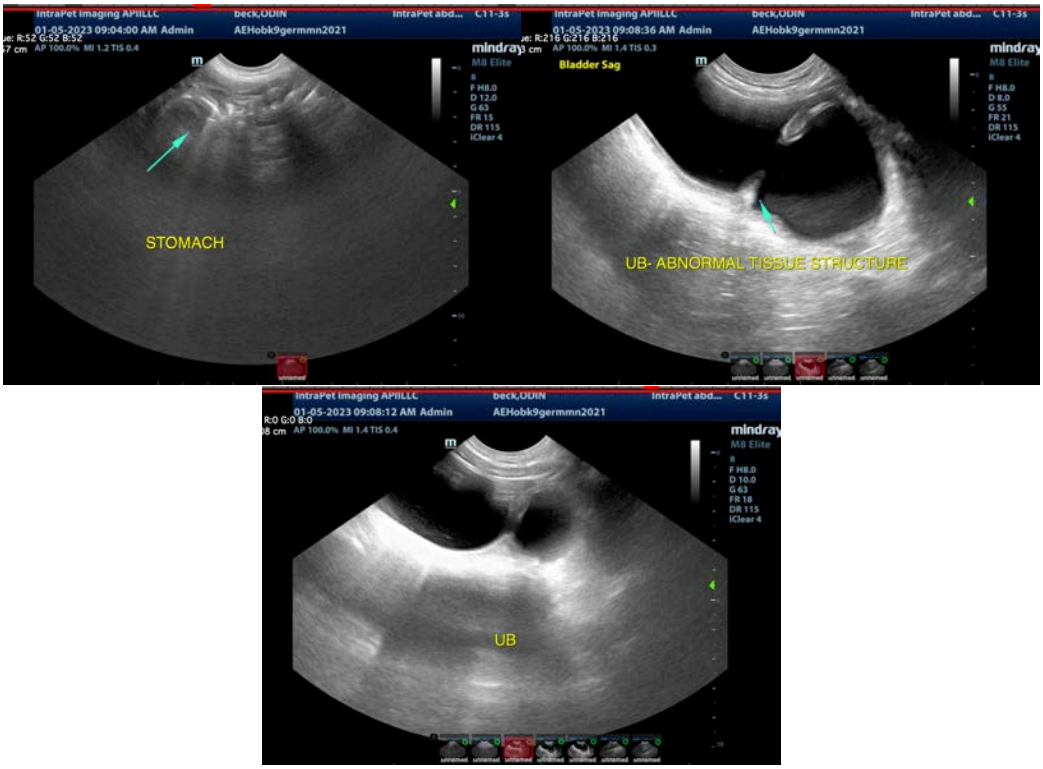
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious cause for the fever and clinical signs reported is observed on today's scan. There is no evidence of an obstructive pattern, enlarged lymph nodes, etc.

The urinary bladder is an unusual shape and appears to almost have an invagination of the bladder wall or a septate structure. The significance of this is unknown, and I suspect this is not related to the current issues. Reevaluation of the urinary bladder when it is fully distended and/or a contrast study to further evaluate this area could be considered.

General differentials for the fever include inflammation, infection, neoplasia, drug reaction, hyperthermia, etc. Consider screening for tick borne disease. Recommend a urinalysis and culture, and careful auscultation for a new heart murmur, as well as imaging of both body cavities (no source identified on abdominal scan today). Additionally, careful palpation of the joints and spine, looking for any effusion or discomfort.





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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