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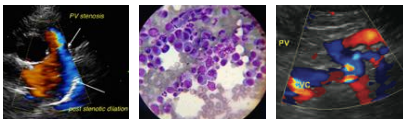

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DATE
10/22/21

PATIENT
Harley Jones

SPECIES
Canine

BREED
American Bulldog Mix

SEX
Spayed Female

AGE
10/7/14

WEIGHT
52.8 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
92342

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Referral **Date:** 10-07-2021 **Notes:** Referral for severe respiratory distress - on oxygen, gave Dex SP, Midazolam and Butorphanol at rDVM. Still cyanotic but improved was not intubated. Has IVC, no bloodwork or x rays. ATO- Went in to rDVM for vaccines and nail trim. Went in back for these procedures, came out in respiratory distress. O frustrated- asking what happened in back- concerned for decline while patient not with her. Hx of seizures- Owner thinks it's from the heartworm medications. No hx of heart murmur, Obese, hip dysplasia Dyspnea occurs upon exertion- shortness of breath

Assessment: 7 yr FS Bulldog Mixed Breed. PC: Referral for dyspnea, cyanotic; Inspiratory stridor; Cyanotic. Immediately sedated- Propofol, intubated, gave Acepromazine, oxygen and Isoflurane. NSF on oral exam when intubated. DDX: Elongated soft palate, brachycephalic syndrome- stress induced dyspnea and secondary inflammation VS lar par VS collapsing trachea. Risk for non-cardiogenic pulmonary edema. **Plan:** Recommend to Owner Hospitalization, IV catheter, fluid therapy, and further treatment as needed, x rays thorax and abdomen, full bloodwork, oxygen. Guarded prognosis- risk for death.
Current Medications: Sucralfate, Ondansetron, Unasyn, Metoclopramide, Cisapride, Lidocaine, Acepromazine, Diphenhydramine, Butorphanol, Theophylline, Gabapentin, Clavamox, Proviable, Cerenia, Dex SP (dates/quantities detailed in patient hx/request form if needed).
Lab Results: Attached separately. Blood Pressure/Single: Received bolus ivf, Mean came up to 57 mmHg.
Radiographs: x rays- patchiness in lung, megaesophagus, air in stomach, spondylosis back. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
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 left kidney has a normal shape and size (5.66 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. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.98 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. Pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.77 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 0.68 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 gallbladder 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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.

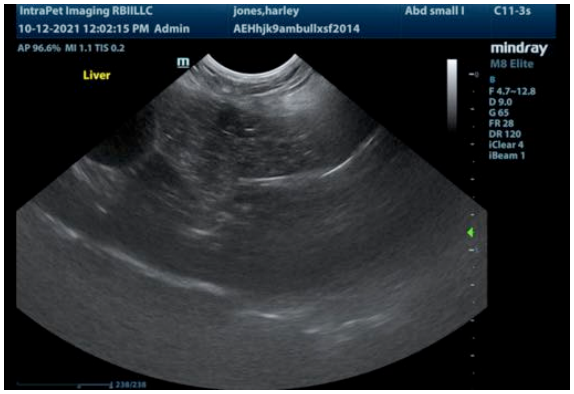
Heart
A brief view of the heart was submitted. No pericardial effusion was seen.

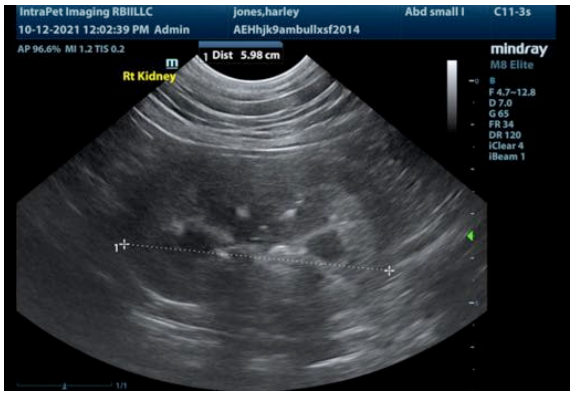
ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

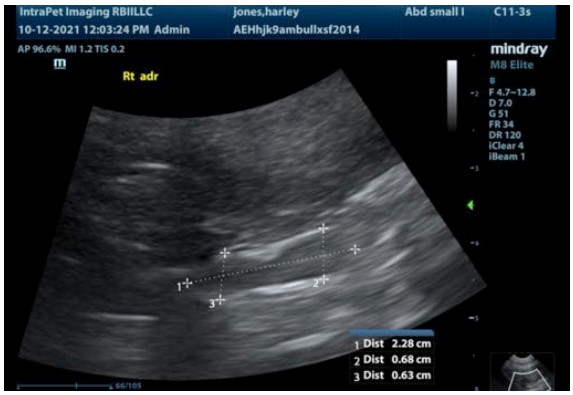
- Small, pinpoint, non-obstructive nephroliths noted in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

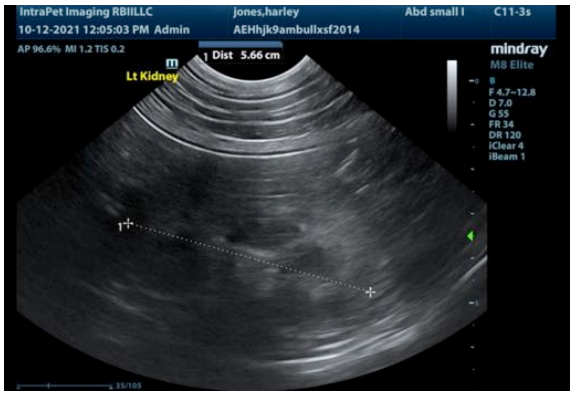
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

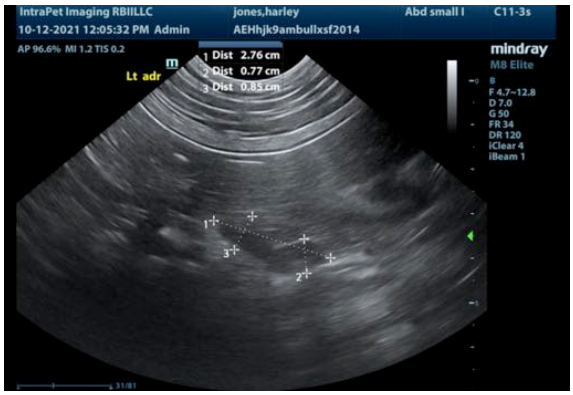
Today's scan was relatively normal. No obvious lesions were visualized to explain the episode of respiratory distress reported in the history. Possible rule outs include upper airway obstruction (laryngeal paralysis, etc.), aspiration pneumonia, PTE, gastric dilation, arrhythmia, etc. Correlate with clinical findings.

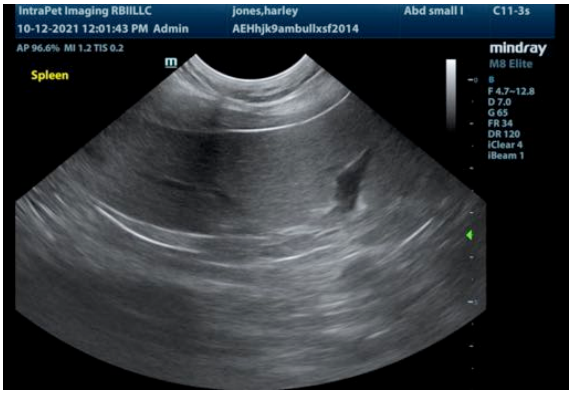












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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