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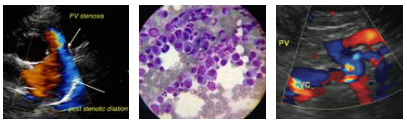

SonoPath
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DATE
10/22/21

PATIENT
Diesel Colson

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered male

AGE
10/21/14

WEIGHT
60.4 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Roper

INVOICE
92572

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting, Not Eating, Painful (Unspecified), Trouble Breathing, Tremors / Shaking / Trembling, Drinking Less.
Current Medications: Buprenex, Unasyn, and Pantoprazole.
Lab Results: Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 (6.12 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 has a normal shape and size (5.39 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.76 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. Hyperechoic omentum and free fluid interfered with visualization resulting in decreased visibility of the spleen in its entirety.

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 largely normal with a jejunum measuring 5.36 cm. Some areas of bowel appear somewhat thickened and are surrounded by hyperechoic mesentery and free fluid. In this area wall layering is intact, but slightly diminished in visibility. No focal lesions are consistent with an obstruction or mass effect.

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 omentum in the area of the pancreas is hyperechoic, inflamed and there is echogenic free fluid. Obvious, swollen, hypoechoic, prominent pancreas is not visualized.

Free Abdomen

There is a large volume of echogenic free fluid present. No lymphadenopathy is noted, but there is a large amount of hyperechoic, thickened, likely adhered omentum within the abdomen, which appears to be obscuring the visibility of several areas of the abdomen. The findings are suggestive of peritonitis (sterile or bacterial) as there is generalized inflammation present.

ULTRASONOGRAPHIC FINDINGS

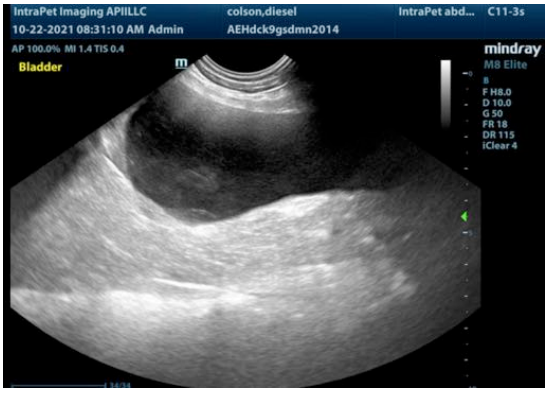
PRIMARY FINDINGS:

- Large volume of echogenic fluid with hyperechoic omentum. The changes are most consistent with peritonitis (either infectious or inflammatory). I recommend fluid analysis, cytology and culture.

- Subjectively thickened small intestine with reduced distinction of wall layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall impression of this abdomen is that there is a lot of inflammation going on. It is difficult to say if there is primary peritonitis going on which is causing fluid and inflammation creating bowel wall thickening and associated inflammatory changes or if there is a primary nidus such as a bowel lesion, pancreatitis, etc. which is causing the inflammation. No obvious causes were noted. I recommend abdominal radiographs, fluid analysis with cytology and culture from the abdominal fluid, thoracic radiographs to look for evidence of concurrent intrathoracic disease and pancreatic lipase levels. If the patient is not responding to supportive care or is deteriorating then advanced imaging (CT scan) and/or referral to a veterinary surgeon for exploration in efforts to try to find a source of inflammation and/or to flush out the abdomen may be necessary.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Bladder
mindray
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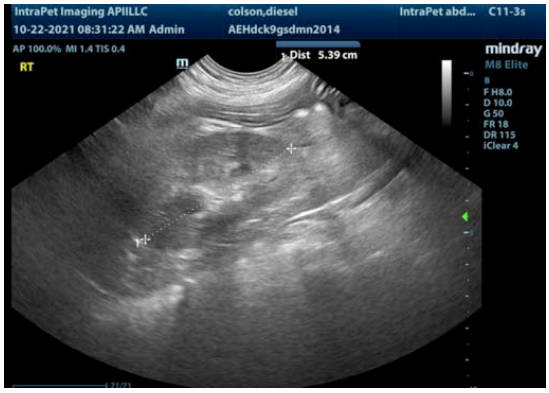
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mindray
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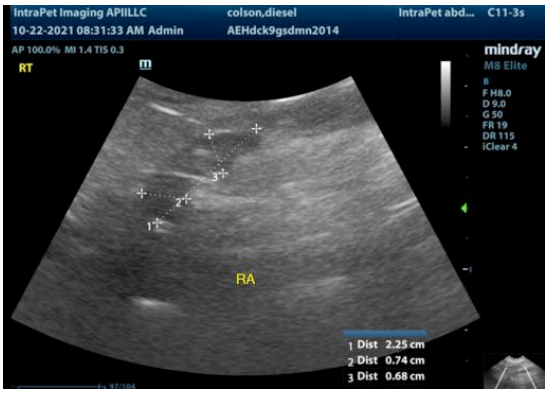
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RA
1 Dist 2.25 cm
2 Dist 0.74 cm
3 Dist 0.68 cm
mindray
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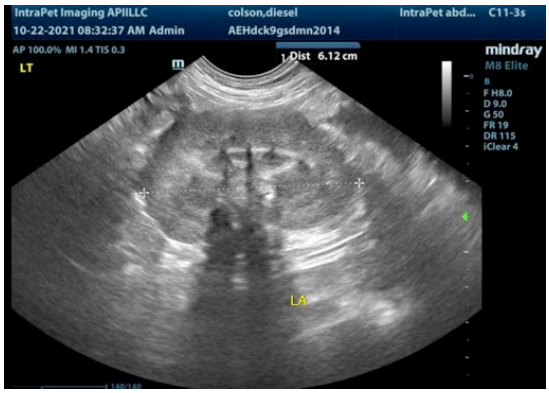
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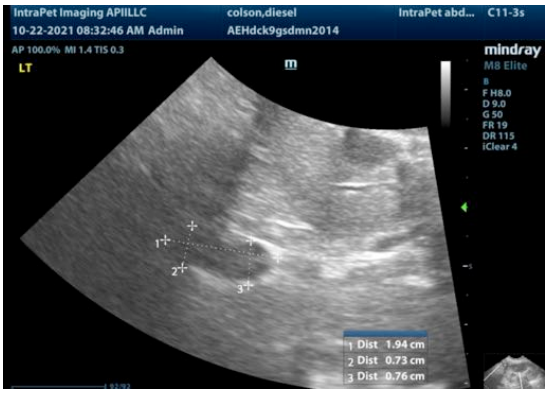
LT
1 Dist 6.12 cm
LA
mindray
M8 Elite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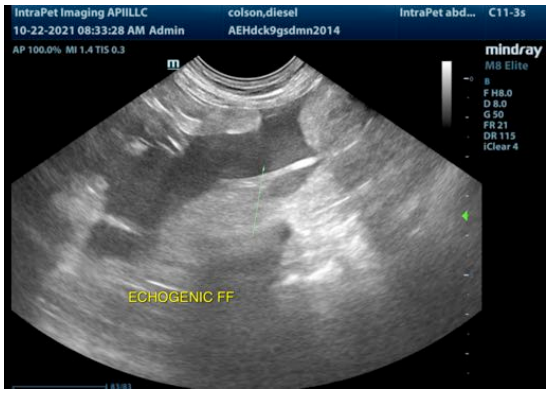
2 Dist 0.73 cm
3 Dist 0.76 cm
mindray
M8 Elite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ECHOGENIC FF
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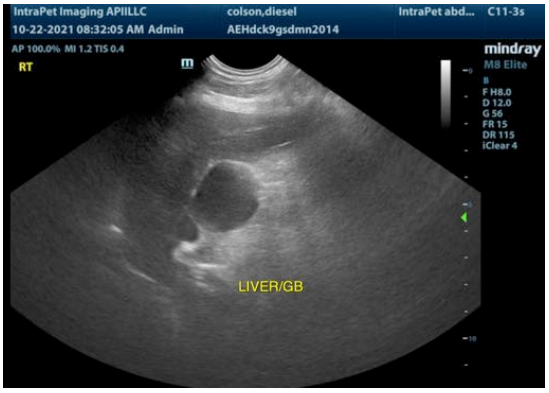
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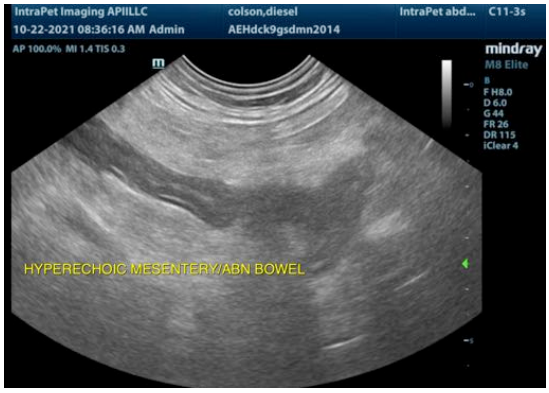
RT
LIVER/GB
mindray
M8 Elite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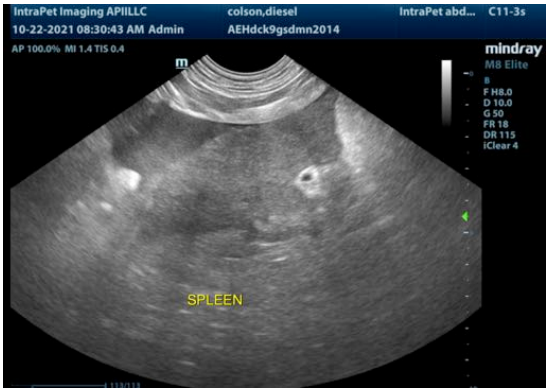
HYPERECHOIC MESENTERY/ABN BOWEL
mindray
M8 Elite



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)
kathleen.sennello@sonopath.com