IMAGING PERFORMED BY

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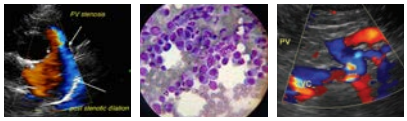

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/7/22

PATIENT

Hope Shumaker

SPECIES

Canine

BREED

German Shepherd X

SEX

Spayed Female

AGE

11/12/13

WEIGHT

44.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

41918

PRESENTING CLINICAL SIGNS

Has had 2 fb surgeries in past , first gastrotomy, second was a very complicated enterotomy with adhesions on the linea, and multiple intrabdominal adhesions. Region was very strictured , but RNA not performed as intestines were very abnormal. 2 weeks ago GI signs, resolved now vomiting and bloody diarrhea.

Current Medications: Buprenorphine, Ondansetron.
Lab Results: WNL.
Radiographs: Large mid abdomen mass effect with obstructive pattern, radiodense fb. Very concerning for a large ball of adhesions and a distinct fb.
Date of Previous IntraPet Ultrasound:
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 left kidney has a normal shape and size (5.35 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 (5.1 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 0.72 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 is normal in size measuring 0.71 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 moderate fluid. 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.

Some of the areas of visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to large fluid distension. In most areas, wall thickness is normal with the jejunum wall measuring at 0.39 cm and the duodenum measuring between 0.30-0.50 cm. There is an area of significant bowel dilation with fluid creating an obstructive pattern, and a hypoechoic shadowing structure, most consistent with foreign material, measuring approximately 2.0 cm in diameter. Additionally, more distally there is a large hypoechoic, irregular mass effect that appears to contain bowel. I'm concerned that this area could represent an area of adhesions and abnormal bowel.

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

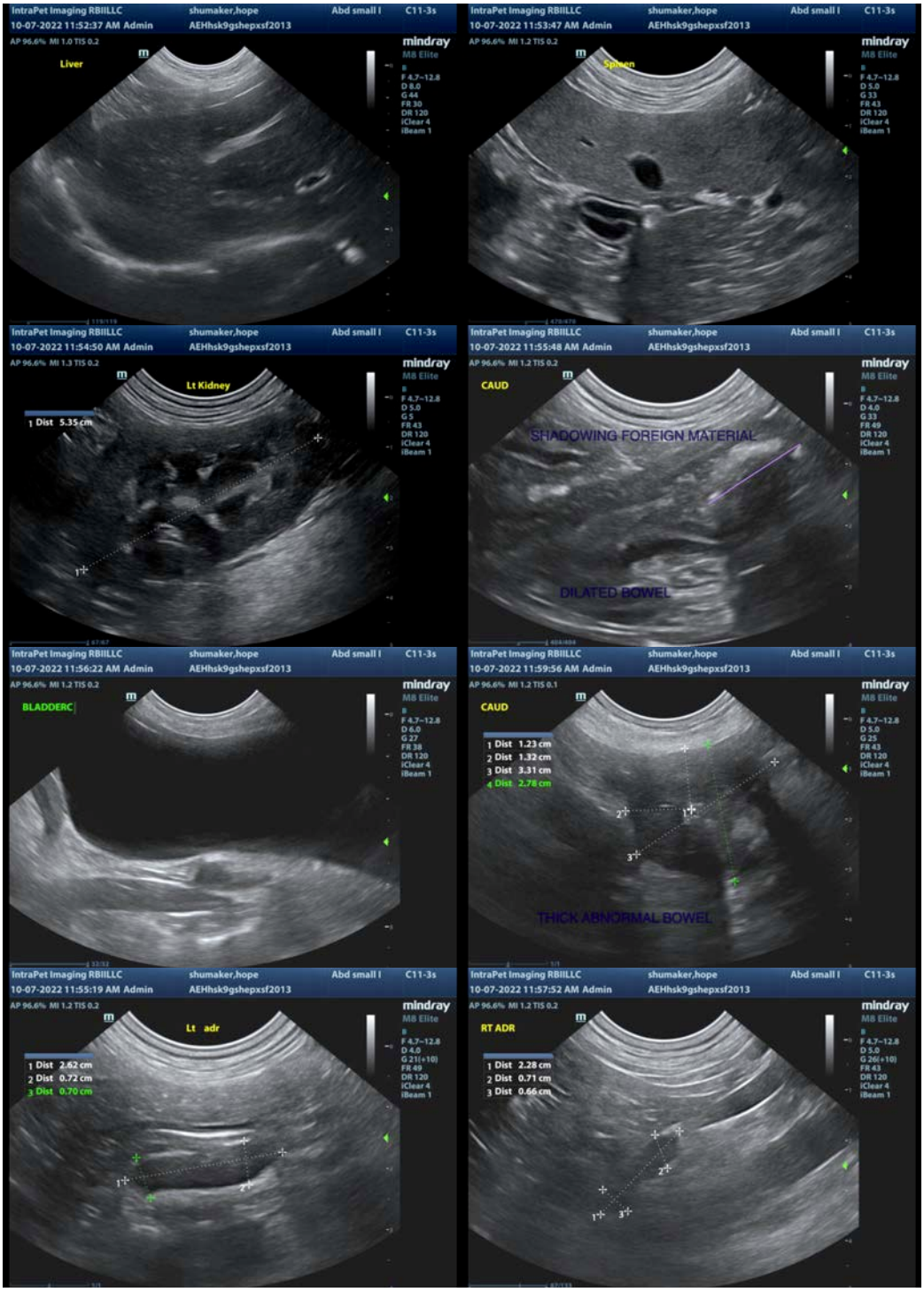
There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is hyperechoic around the abnormal bowel.

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention with fluid and ingesta – There is concern for a possible obstruction in this case.
- Obstructive pattern in the small intestine with a shadowing structure measuring approximately 2.0 cm in diameter – Findings are concerning for an obstructive foreign body.
- Irregular hypoechoic mass effect – Appears to be associated with the bowel. This area is concerning for possible adhesions/an area of bowel scarred together.
- Small volume free abdominal fluid and hyperechoic mesentery – consistent with sterile or septic peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There does appear to be an obstructive pattern and foreign material within the small bowel. Additionally, there is an ill-defined, irregular, hypoechoic mass effect that appears to be associated with the bowel. Based on the history, this could represent an area of adhesions and bowel creating a mass effect. Based on the presentation, surgical intervention is recommended with the possibility of removing the area of adhered bowel? Recommend submitting biopsies and cultures from surgery for further evaluation.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Lt Kidney
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SHADOWING FOREIGN MATERIAL
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mindray
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2 Dist 1.32 cm
3 Dist 3.31 cm
4 Dist 2.78 cm
THICK ABNORMAL BOWEL
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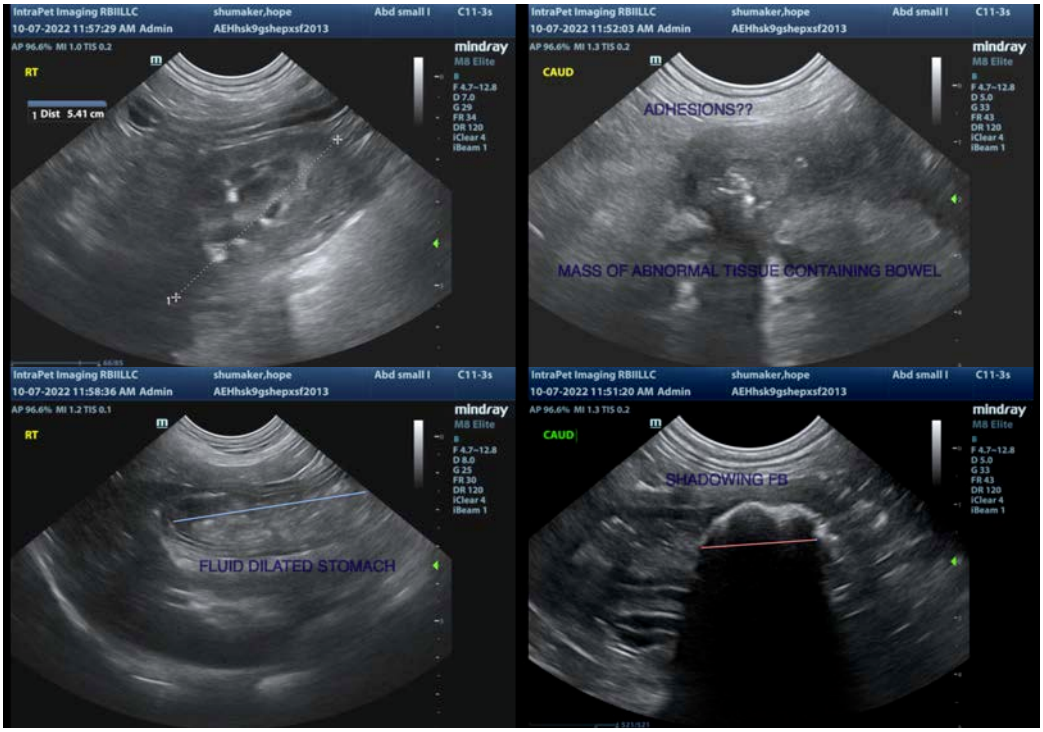
3 Dist 0.66 cm



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com