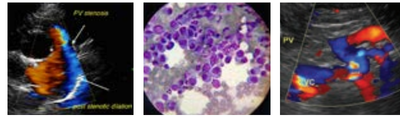


DATE

11/23/22

PATIENT

Daisy Haught

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

12/27/15

WEIGHT

39.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Miller

INVOICE

42971

PRESENTING CLINICAL SIGNS

Hx of vomiting. Abdomen appears swollen to O. Night before ultrasound pet ate a piece of a baby bib.

Current Medications: Apoquel, previously Cerenia.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.

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 (5.73 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 (6.17 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 0.55 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 0.66 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 intraluminal shadowing debris. 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. While no focal lesions or obstructions are visualized, full evaluation is difficult due to the large amount of intraluminal shadowing material.

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 0.27 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

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is slightly hyperechoic diffusely.

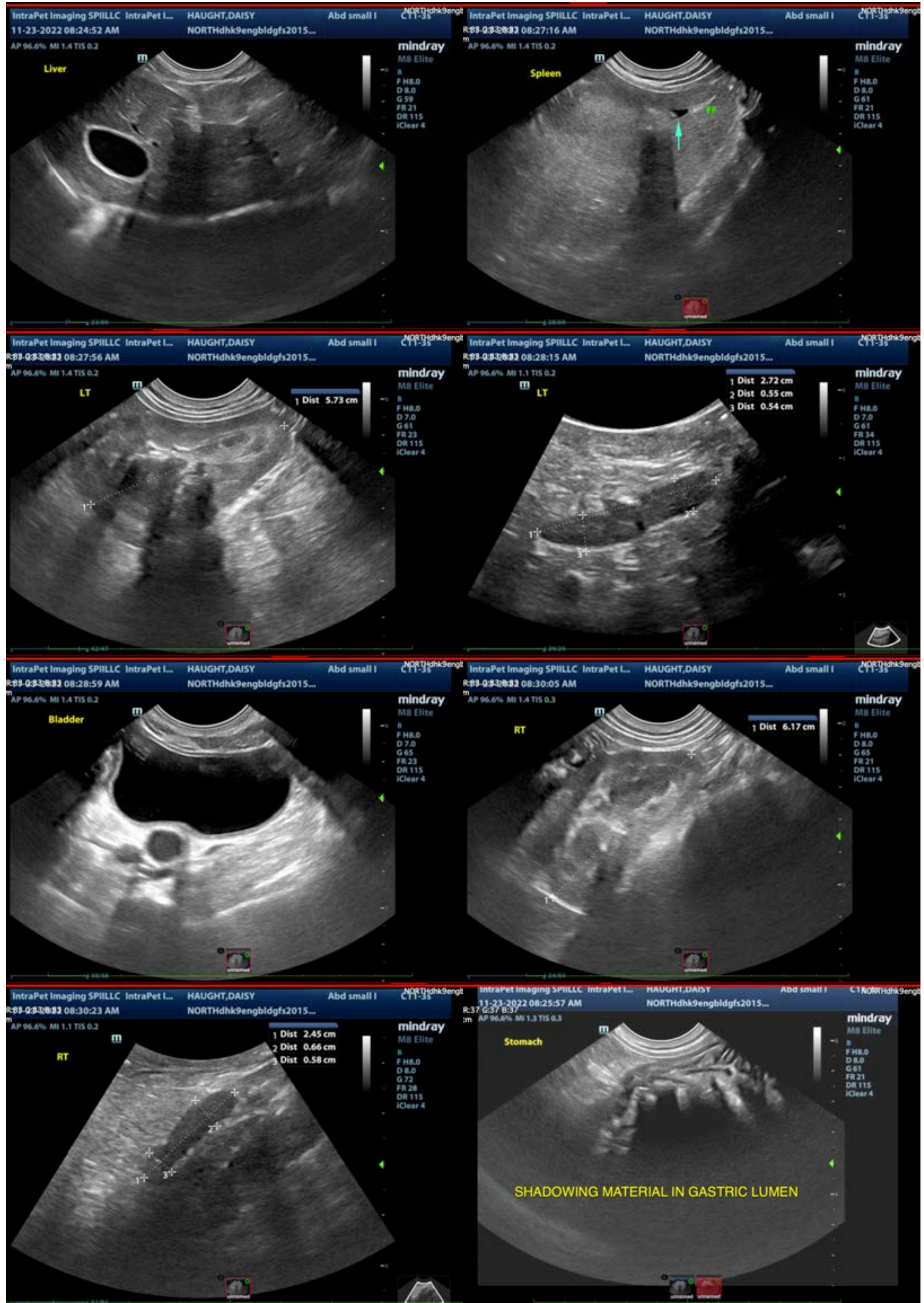
ULTRASONOGRAPHIC FINDINGS

- Shadowing material visualized within the gastric lumen – Correlate with feeding history and abdominal radiographs. This could be consistent with ingesta or ingested foreign material, etc. A definitive obstruction is not visualized but could easily be obscured by the large amount of intraluminal material.

- Small amount of free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause for the vomiting reported is not observed, although the stomach is moderately dilated with a large amount of shadowing material. This could be consistent with kibble or other ingesta if recently fed. If the patient was adequately fasted, this could be consistent with delayed gastric emptying/ileus, or with ingested foreign material. Recommend continued fasting and reevaluation in 12-24 hours with radiographs +/- recheck ultrasound. Additionally, consider sampling a small amount of abdominal fluid, is possible, for fluid analysis and cytology. I suspect this effusion is secondary to inflammation. No evidence of an obstructive pattern is visualized in the small bowel, but continued monitoring is warranted.


IntraPet Imaging SPIILLC
HAUGHT,DAISY
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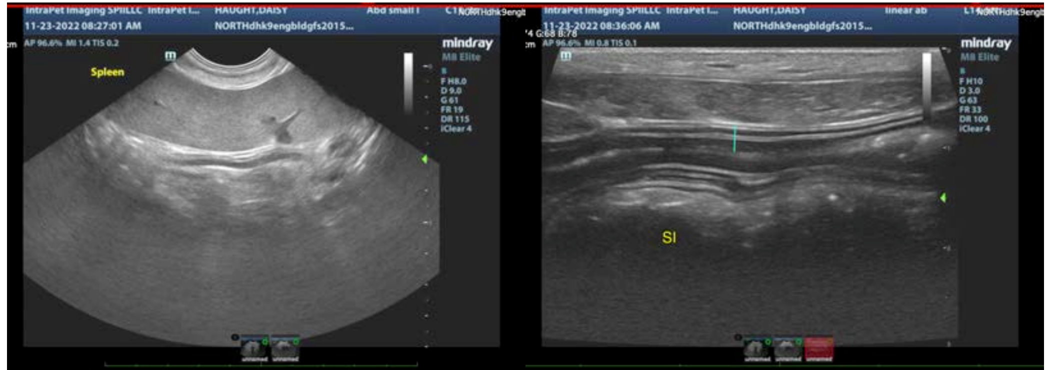
mindray
M8 Elite
Liver
Spleen
FF
LT
1 Dist 5.73 cm
1 Dist 2.72 cm
2 Dist 0.55 cm
3 Dist 0.54 cm
Bladder
RT
1 Dist 6.17 cm
1 Dist 2.45 cm
2 Dist 0.66 cm
3 Dist 0.58 cm
Stomach
SHADOWING MATERIAL IN GASTRIC LUMEN



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)
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