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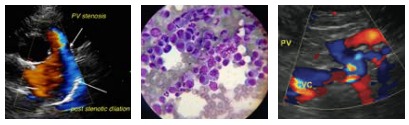

SonoPath
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DATE
11/5/21

PATIENT
Zeus Moran

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Male

AGE
7/1/20

WEIGHT
80.3 lbs

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. Kalwa

INVOICE
92913

PRESENTING CLINICAL SIGNS

History: Foreign Body.
Date: 11-04-2021 Notes: PC: referral from blue pearl for foreign body phone call referral: 1.5 yr Male intact Doberman. Presented to
blue pearl as a transfer from primary care for 48 hr history of vomiting, received rabies vaccine day before, trembling, ataxic history of DI- eats
everything Fractious- limited PE BW- nsf radiographs- FB, obstructive pattern Not started on IVF, no medications owner stated she was not comfortable at this hospital - requested referral to our facility ATO. Known to eat everything --yesterday licked oil, trembling and shaking last night. Went to Blue Pearl this am, transferred here for second opinion. Radiographs and bloodwork done at blue pearl--potential foreign body. Surgery was recommended immediately. Also potentially got into wild mushrooms a few days ago. Vomiting began Tues (once), and yesterday about 3x. No appetite yesterday and today seemed to be dry heaving. Known to chew on nerf ball and basketball owner plan on getting him neutered in the future. UTD on vaccines, and on flea and tick and heartworm preventative
Current Medications: Acepromazine 10mg/mL Injection (Per mL), Ampicillin 125mg/vial Injection (Per mL), Buprenorphine 0.6mg/mL, Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Fenbendazole Granules > 60 lbs / 5 Packets
Lab Results: PCV = 53 % 37 55
TS = 6.8 g/dL 5.0 8.0
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedative given for scan.
Stat Report: Not requested, declined.

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 prostate is large and measured 4.69 cm in cross section and 3.38 cm in height. It has a fairly regular shape with smooth external margins, but the parenchyma is hyperechoic and heterogenous. No focal lesions are observed. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.66 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.89 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 0.64 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 0.76 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.

Many areas of the duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension and normal wall thickness (jejunum normal at 0.25 cm). There is a focal area of small intestine that is dilated with echogenic fluid and contains a hard shadowing intraluminal structure. This is most consistent with foreign material/foreign body. The omentum surrounding this area is hyperechoic and inflamed with a small amount of free abdominal fluid.

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 lymphadenomegaly. A small volume of free abdominal fluid was noted. The mesenteric lymph nodes are visualized and measured 0.82 cm and 0.74 cm. The omentum is of increased echogenicity around the suspended foreign body.

Other

The left and right testicles are visualized and appear normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hard shadowing object in the small bowel. This is most consistent with small intestinal foreign body.

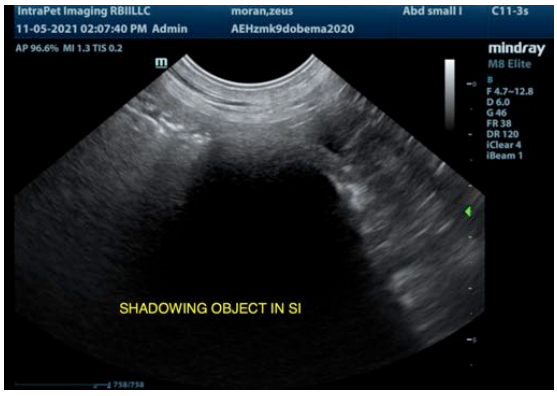
- Large, hyperechoic prostate. Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

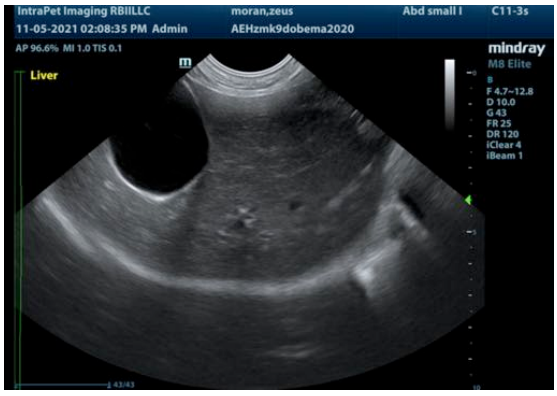
- Hyperechoic mesentery with a small amount of free abdominal fluid and prominent mesenteric lymph nodes. The findings are most consistent with peritonitis (sterile or septic).

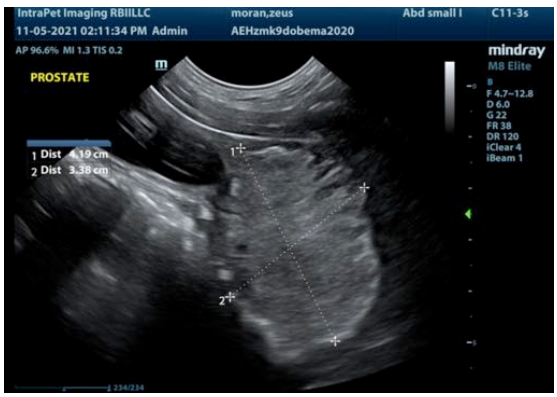
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

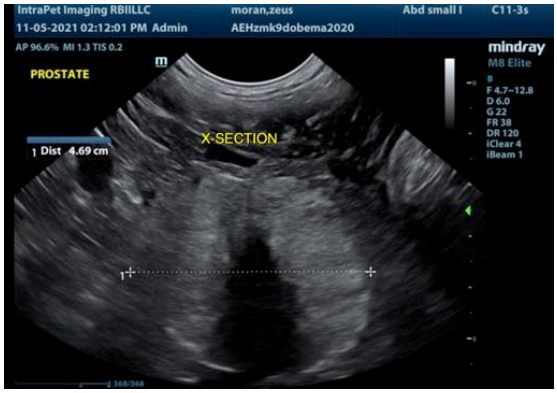
There is an area of bowel that is concerning for possible foreign body. There is a hard shadow and surrounding inflammation and fluid. If these findings and history correlate with this findings I recommend surgery to further evaluate.

Additionally the prostate is large and hyperechoic. Consider a urinalysis and culture and consider neutering to prevent the risk of developing prostatic disease.





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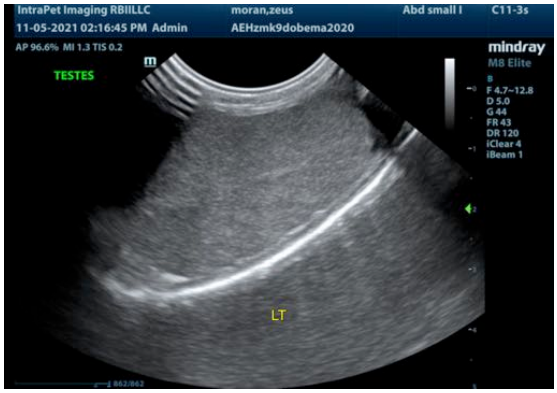
mindray
M8 Elite
PROSTATE
X-SECTION
1 Dist 4.69 cm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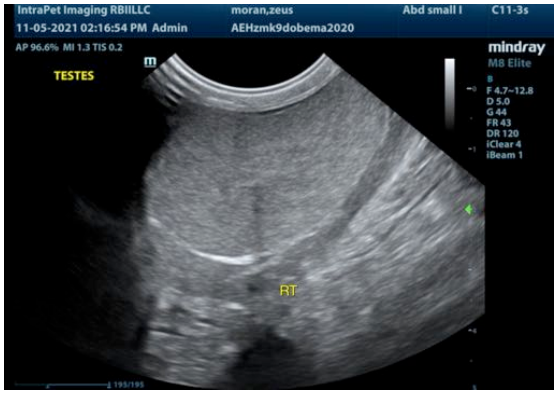
mindray
M8 Elite
TESTES
LT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AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
TESTES
RT


IntraPet Imaging RBIILLC
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C11-3s
11-05-2021 02:09:46 PM Admin
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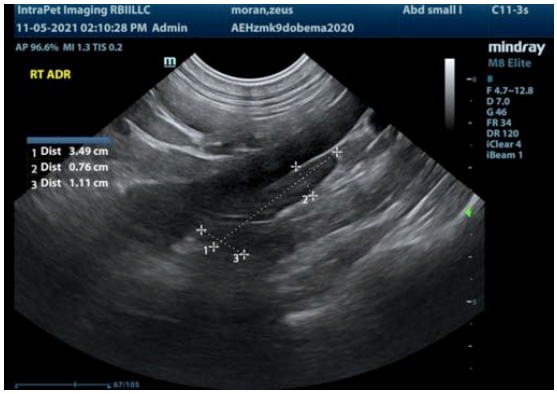
mindray
M8 Elite
RT
1 Dist 7.89 cm
RK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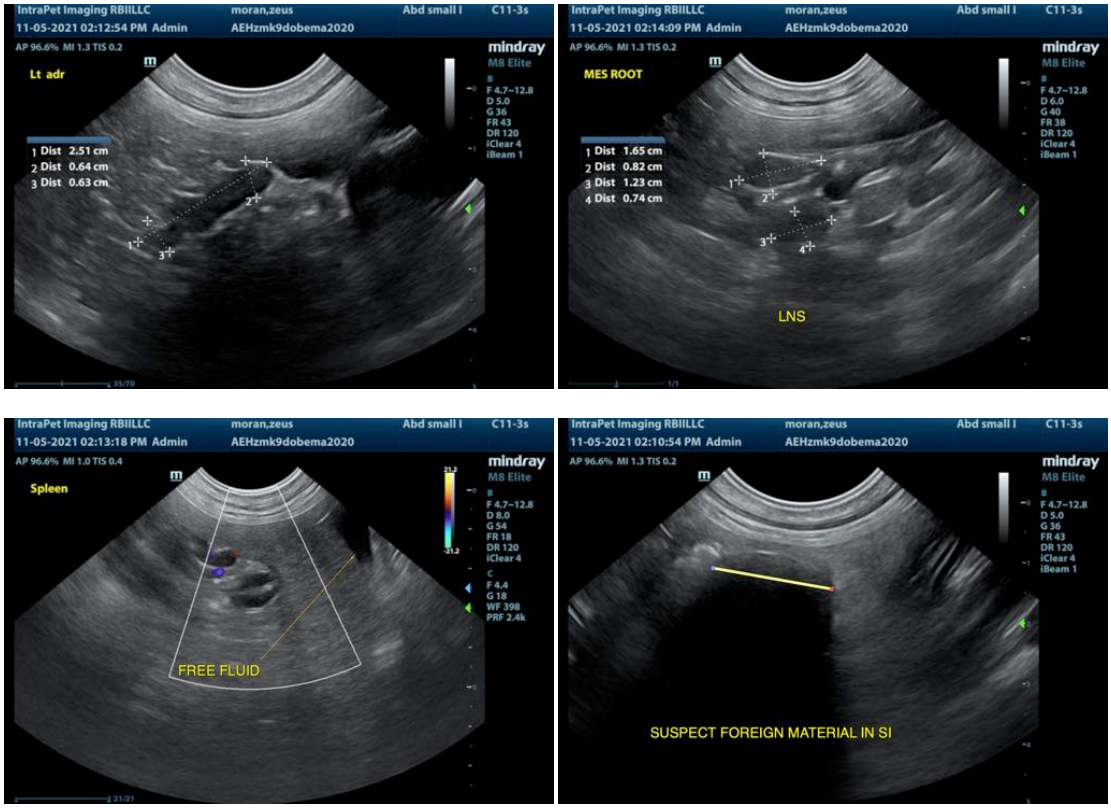
moran,zeus
Abd small I
C11-3s
11-05-2021 02:10:28 PM Admin
AEHzmk9dobema2020
AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
RT ADR
1 Dist 3.49 cm
2 Dist 0.76 cm
3 Dist 1.11 cm


IntraPet Imaging RBIILLC
moran,zeus
Abd small I
C11-3s
11-05-2021 02:12:32 PM Admin
AEHzmk9dobema2020
AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
Lt Kidney
1 Dist 8.66 cm
2 Dist 0.40 cm



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.

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