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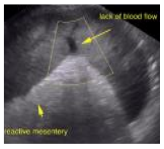
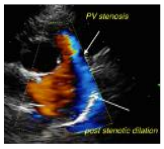
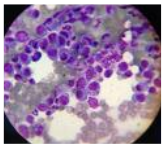
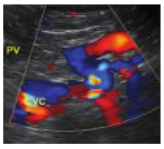





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maya Wolpert

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

1 Year

WEIGHT

42 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12817

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: consumed bones/garbage; vomiting, stomach distension

Abnormal PE/Chem/CBC/UA Results:

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities or masses. There is a 0.77 cm region of shadowing hyperechoic material most consistent with a small stone or a pile of sandy debris.

The left kidney has a normal shape and size (6.02 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 (6.27 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/small in size measuring 0.32 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 0.84 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

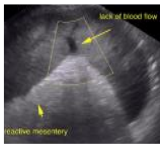
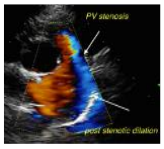
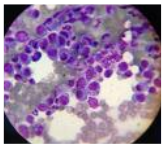
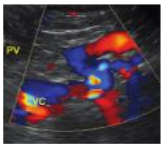
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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 gall bladder lumen is moderately distended. The wall of the gall bladder 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 is moderately dilated with shadowing material, fluid and some gas. 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. Shadowing gastric contents could be consistent with foreign material or ingesta.

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Most of 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. There is a section of bowel, mid abdomen with focal shadowing material within it. There does not appear to be dilation of the bowel in this area so it could be consistent with an early obstructive lesion or passing foreign material. The jejunum generally measured as normal at 0.24 cm. There is no evidence of a generalized obstructive pattern.

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 free fluid. mild mesenteric lymphadenopathy was present. There is a mesenteric lymph node visualized, measuring 1.0 cm in diameter. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Shadowing material in the gastric lumen. Correlate with feeding history and abdominal radiographs. If the patient has not recently eaten, this could be consistent with delayed gastric emptying or foreign material.
- Focal shadowing material within the small intestine. There is a lack of an obstructive pattern clearly visualized, this could be foreign material with an early obstruction or could be passing foreign material.
- Mineralized debris/stones in the urinary bladder-correlate with abdominal radiographs, recommend urinalysis and culture.

Secondary Findings

- Mesenteric lymphadenopathy. This is likely normal for a young dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is shadowing material visualized within the stomach and small intestine, which is concerning for possible foreign material but there is not a severe obstructive pattern, so it's difficult to know if this is causing an obstruction or if this material is passing. Correlate with abdominal radiographs and clinical signs. Options include either exploratory or continued medical management under close observation and reimaging radiographs +/- abdominal ultrasound in 12-24 hours with the intent to go to surgery immediately if any decline is present.

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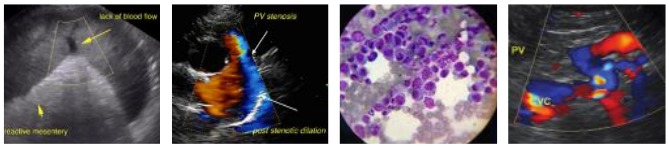

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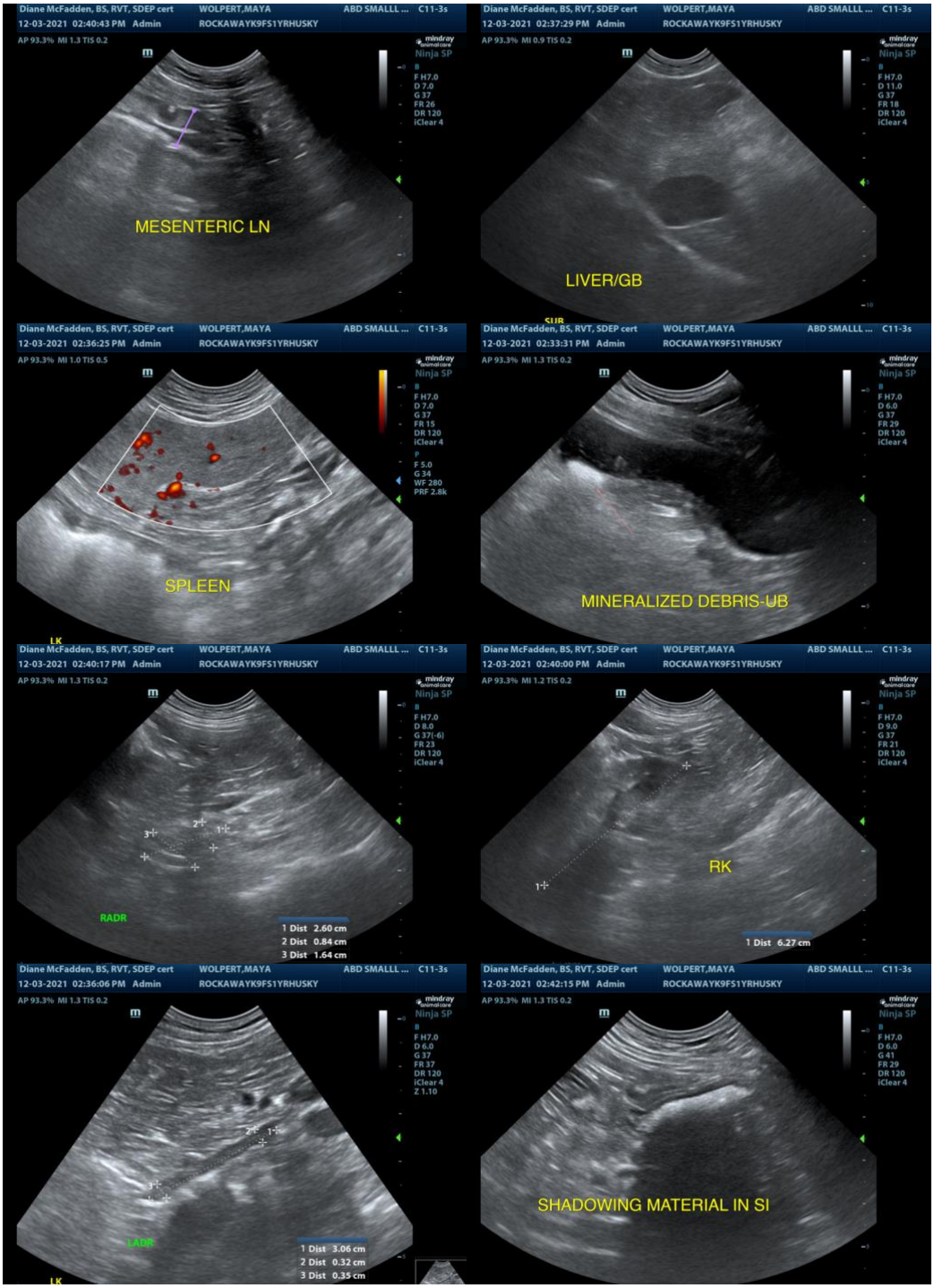

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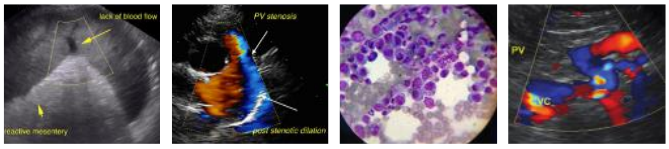

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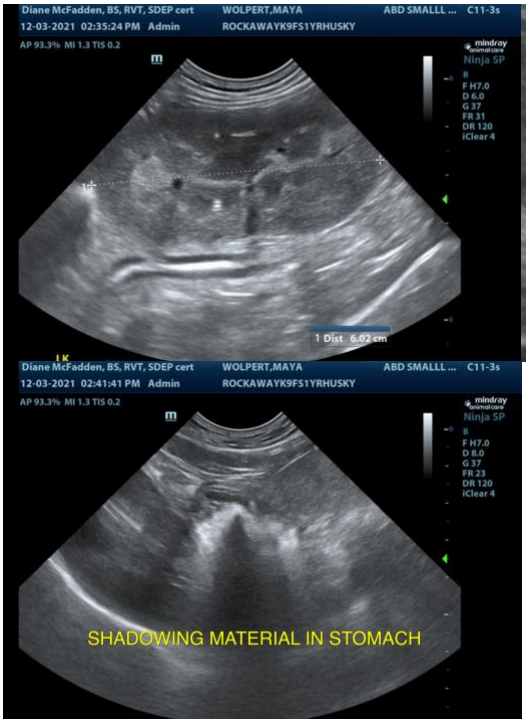

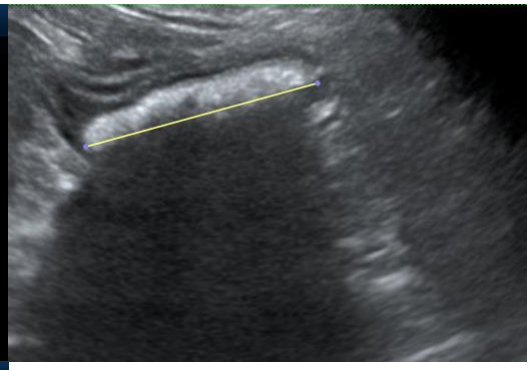

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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