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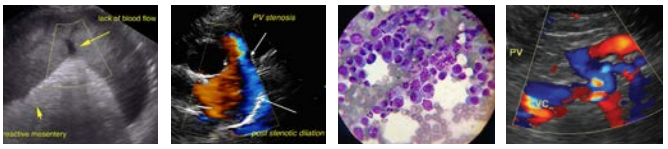

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1-800-838-4268 info@sonopath.com

PATIENT

Toby Speranza

SPECIES

Canine

BREED

Rottweiler X

SEX

Neutered Male

AGE

9 Years

WEIGHT

34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

33371

DATE

12/9/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting and diarrhea. In the last 24 hours p has vomited about 10-12 times. O has also noticed that p's stomach has concaved and that he is very lethargic and unable to get comfortable. P did eat eggs that o cooked 2 days prior the other day and she is concerned about food poison. Came back to the hospital today for green bowel movement and nausea. Patient hasn't passed anything bowel movement wise since Monday until today. Movement was a mucous green color and wasn't much of anything. Patient did eat a paper towel Sunday night. Vomiting had started Monday. Patient is vomiting water now. Patient was here yesterday and diagnosed with gastritis but is not improving. Patient was nauseous today and vomited up some water and was drooling a lot. Owner says patient is also trembling a lot. Previous Health Concerns: none Current Medications: owner gave 5mg laxative this morning Appetite/When did they eat last: not eating since Sunday Previous Health Concerns: none
Abnormal PE/Chem/CBC/UA Results: Abdominal: Slightly tense, not distended. No plication/fb noted. Rads: Possible mass like effect cranial abdomen, lack of detail CBC: LYM 0.35 L, NEU% 92.1 H, LYM% 3.1L, EOS% 0.3 L, HGB 19.6 H, RDW% 12.2 L EPOC: Glucose 133 H, HCT 57 H chem: glucose 153 H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The bladder largely appears normal, but is somewhat thickened in the apical portion, measuring 0.45 cm with mild mucosal irregularity. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of mucosal irregularities, mass effect or calculi. Findings are most suggestive of cystitis or inadequate urine distention, but underlying neoplasia cannot be excluded as a differential.

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 (7.03 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 (6.03 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 0.54 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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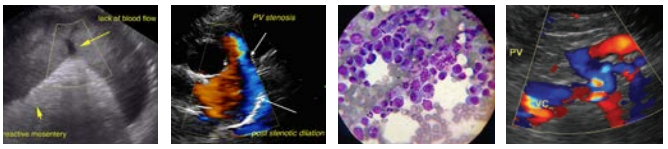

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Liver

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately distended with fluid and echogenic material, most consistent with ingesta and 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. No masses or focal lesions were observed.

Some of the visualized areas of duodenum and jejunum appear minimally fluid dilated with a relatively uniform diameter and wall thickness. Some other areas appear significantly fluid distended with intact wall layering, and rarely there is an area with shadowing debris within the bowel, and bowel wall thickening with reduced detail of layering. In these areas, the bowel wall measures approximately 0.65-0.49 cm. Normal appearing duodenum measures 0.42 cm. Non-distended jejunum measures 0.36 cm. Visualized peristalsis appears normal.

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 effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum appears hyperechoic around the thickened areas of bowel.

ULTRASONOGRAPHIC FINDINGS

- Intermittently fluid distended bowel and shadowing material within thickened/inflamed bowel-Suspect obstructive bowel pattern. Areas of shadowing material with thickened/inflamed bowel-The bowel distention is concerning for a possible obstruction/partial obstruction, but no focal lesion is definitively identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlate with radiographic findings. It is somewhat unusual to have diarrhea in a patient with an obstruction. If suspicion is high, there is enough pathology here to go to surgery. If the diarrhea is significant and suspicion is questionable, then consider medical management with close monitoring/serial imaging to see if some of the shadowing material is passing. Findings are very suspicious for an obstruction, but a definitive obstruction VS abnormal bowel and passing material can be difficult to differentiate. If the decision is made to go to surgery, recommend obtaining GI biopsies to look for underlying small intestinal disease and to biopsy abnormal thickened bowel.

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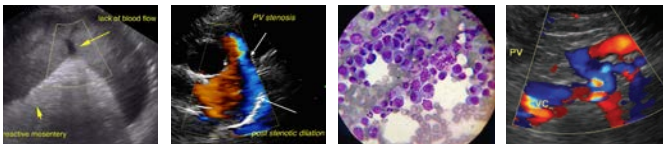

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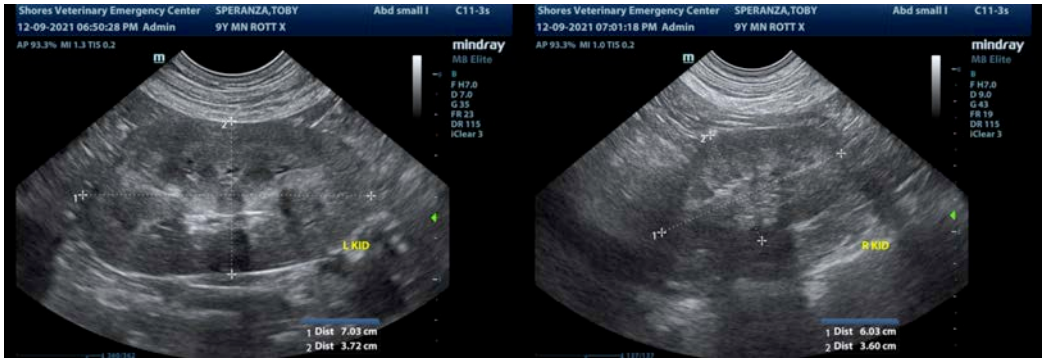
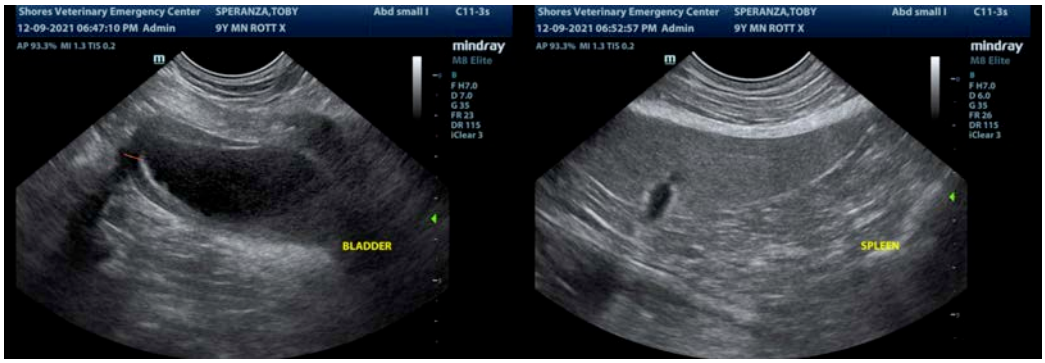
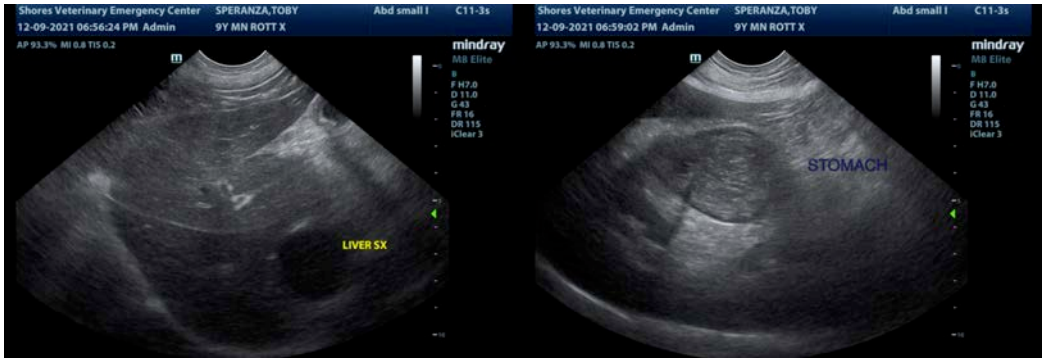
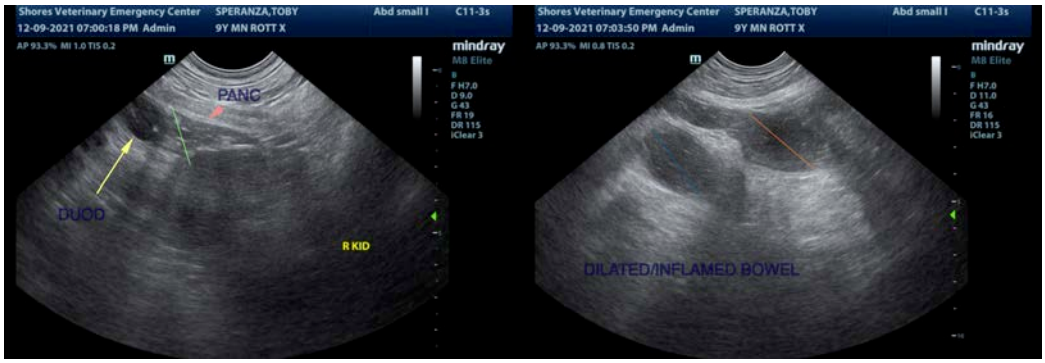
Recommend urinalysis and culture to further evaluate for the mild bladder mucosal irregularities visualized.









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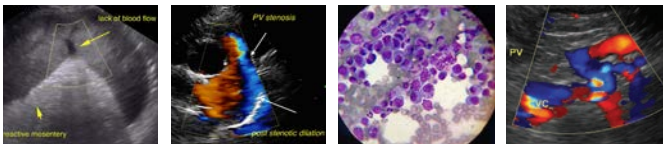

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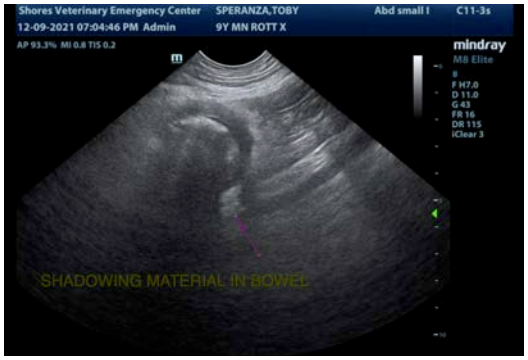

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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