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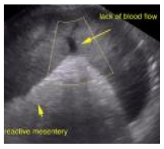
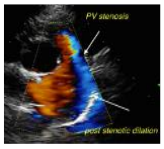
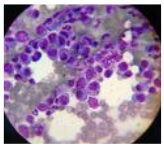
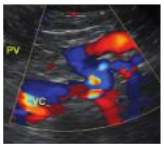

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1-800-838-4268 info@sonopath.com

PATIENT

Charlie Rinko

SPECIES

Canine

BREED

Chi Mix

SEX

Male

AGE

14 Years

WEIGHT

10.3 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

13903

DATE

2/12/22

PRESENTING CLINICAL SIGNS

History: acute onset vomiting, diarrhea Current meds IVF (Plasma) Metro Cerenia

Abnormal PE/Chem/CBC/UA Results: BUN 41, remainder bloodwork WNL fecal pending

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 in size (0.95 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous, but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.5 cm). Overall echogenicity is slightly hyperechoic with decreased 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 (3.17 cm). Overall echogenicity is slightly hyperechoic with decreased 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 region of left adrenal (Cranial to left renal artery) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.56 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 was surgically removed previously.

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 fluid and irregular shadowing material most consistent with moderate 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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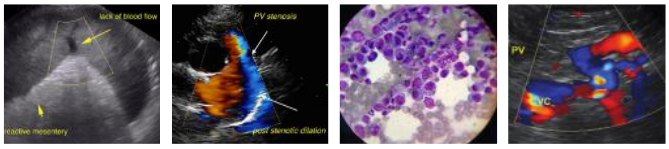

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Most of the visualized areas of duodenum, jejunum and ileum have relatively uniform diameter with minimal fluid distension. There are occasional areas that have mild fluid distention. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum measured (0.42 in wall thickness) and the jejunum measured (0.32 cm).

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with a large amount of formed shadowing fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The region of 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 lymphadenomegally. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjectively thickened small intestine with occasional mild fluid dilation. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Moderate ingesta within the gastric lumen. Shadowing material in the gastric lumen - correlate with feeding history and abdominal radiographs. If this patient was adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed.)
- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

Secondary Findings

- Spleen was previously surgically removed.
- Shadowing irregular material in what appears to be the colon. Findings are most consistent with stool. Correlate with abdominal radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal GI lesions were observed on todays scan. There was some shadowing intraluminal material, but I suspect this is within the colon. Correlate with abdominal radiographs as it is impossible to rule out a foreign body definitively with ultrasound alone.

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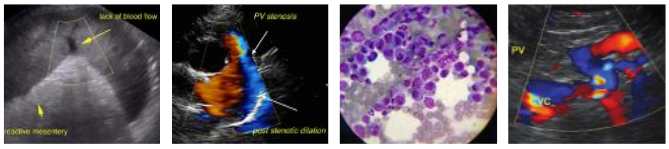

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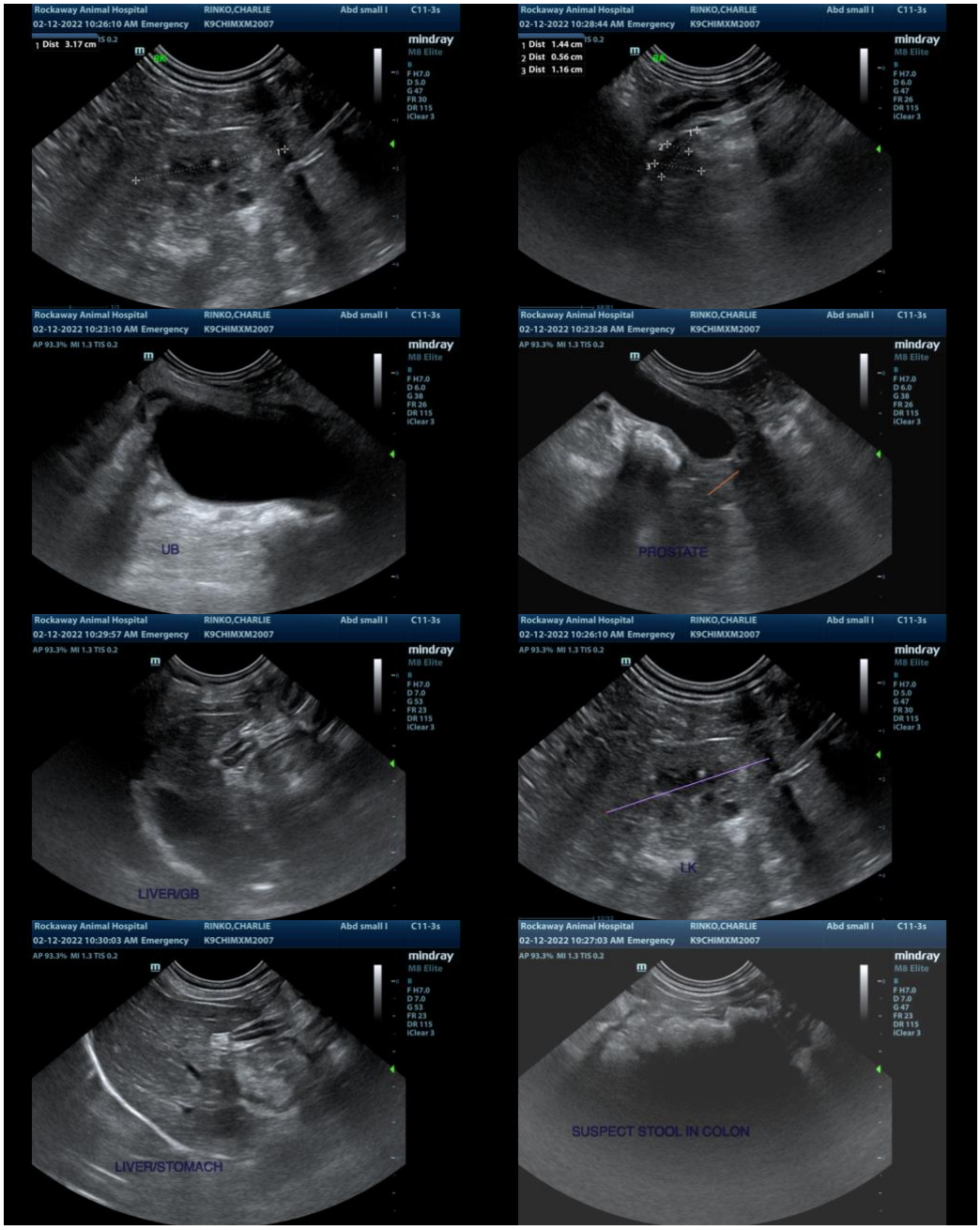
I did not observe any evidence of pancreatic inflammation, but visualization of the pancreas was difficult (as it commonly is). Consider a qualitative PLI, TLI, cobalamin and folate (to Texas A & M) for further evaluation of the small intestine and pancreas.

Hopefully, this represents a bout of acute gastroenteritis. I recommend close continued monitoring and serial imaging to look for evidence of an obstructive process.



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

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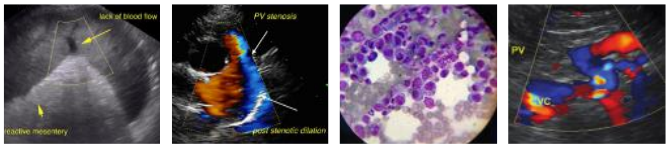

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visible in the image/video clips provided.

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