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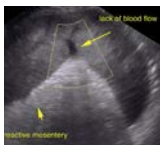
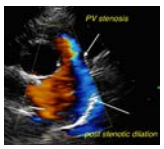
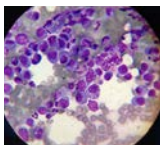
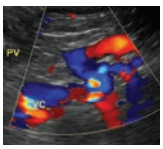

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1-800-838-4268 info@sonopath.com

PATIENT

Villain James Lancellotti

SPECIES

Lancellotti

BREED

Great Dane

SEX

Male

AGE

11 Months

WEIGHT

104.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

INVOICE

45141

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2/15/23

PRESENTING CLINICAL SIGNS

Unilateral cryptorchid patient presents for anorexia/drooling, diarrhea, weight loss. Temperature 103.5 degrees, lethargy, now having trouble walking - stiff x 4 limbs. Seems to have long bone pain - RH femur, LH femur, RF Rad/Ulna. Admit to hospital for IVFs, Unasyn, pain meds, and G.I. support. Looking for source of WBC/fever/G.I. signs. R/O FB primary G.I., Addison's, etc. find intra-abdominal testicle.

Abnormal PE/Chem/CBC/UA Results: WBC 33k, high neuts. ALP 442, AST 71, ALT 113. 4DX (neg.)

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 (3.06 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 (9.23 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 (7.5 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 0.52 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 0.63 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.

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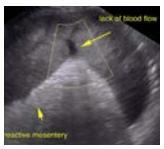
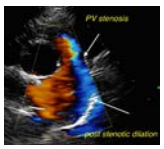
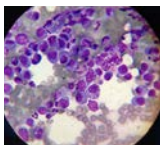
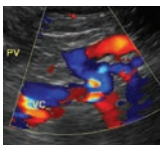

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Gastrointestinal

The stomach is significantly dilated with fluid and irregular shadowing 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 layering is adequate. No masses or focal lesions were observed.

The proximal small intestine (duodenum +/- proximal jejunum) appears fluid distended with non-progressive motility. The duodenal wall measures at 0.52 cm. No obvious focal obstruction is visualized but there is the impression of a possible double lumen effect in areas of the small bowel which could be consistent with an intussusception/sliding intussusception starting possibly causing a partial obstruction. The bowel pattern is consistent with enteritis +/- an obstructive process. More distally, the jejunum appears more normal, measuring at 0.30 cm in diameter, following normal curvilinear patterns with normal intact wall layering. While no focal obstruction is visualized, findings are most consistent with diffuse ileus or a partial obstruction, possible intussusception and enteritis.

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. There are occasional prominent mesenteric lymph nodes visualized measuring 059, 0.77, and 0.68 cm. The omentum is of normal uniform echogenicity.

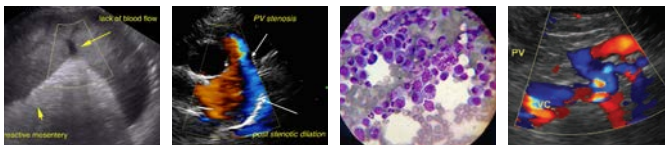
Other

A normal descended right testicle is visualized measuring 4.48 cm in length.

There is an ovoid structure visualized on the left side of the urinary bladder towards the inguinal region measuring approximately 2.6 cm x 1.72 cm, suggestive of the left cryptorchid testicle.

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention with fluid/ingesta – Correlate with feeding history. If the patient is adequately fasted, then consider such differentials as delayed gastric emptying or partial outflow tract obstruction.
- Fluid distension of the proximal small bowel with a possible double lumen effect concerning for the development of an intussusception.
- Descended right testicle and suspected left cryptorchid testicle near the urinary bladder
- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Large hyperechoic prostate – Findings are most consistent with an intact male prostate



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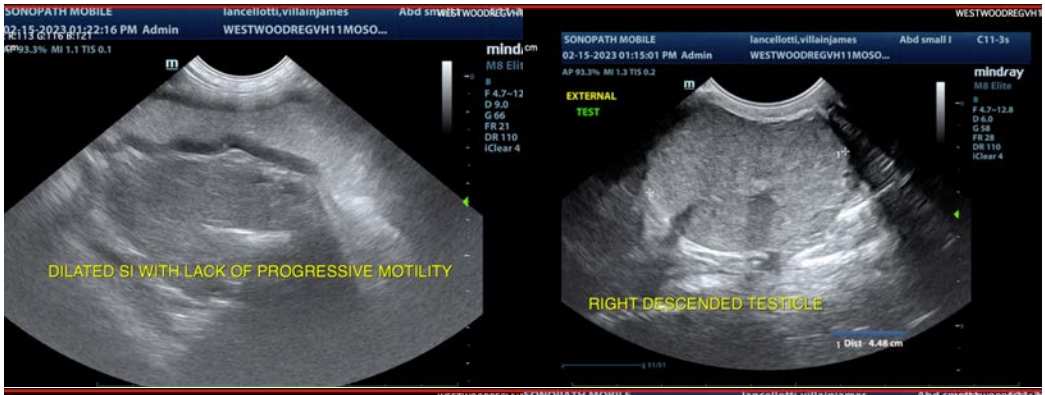
(BPH)+/- prostatitis. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and the proximal small intestine appear significantly distended and fluid filled with lack of progressive motility. Correlate this with feeding history. If the patient was adequately fasted, then these findings would be most consistent with either severe localized ileus or possibly an obstruction (partial or complete). While no focal point of obstruction is visualized, this is still a concern. In some areas there is a double lumen effect which could be consistent with a forming intussusception.

Correlate these findings with abdominal radiographs and consider serial imaging, particularly if the patient isn't responding to supportive care. Based on the history provided of a fever, limb pain, etc., I would also consider such differentials as hypertrophic osteodystrophy (HOD), polyarthritis, endocarditis, etc. Consider radiographs of the long bones, possibly joint sampling for cytology, anaerobic and aerobic cultures, and vector borne disease testing (Lyme, ehrlichia, rocky mountain spotted fever, etc. Additionally, recommend 3-view thoracic radiographs to evaluate the esophagus and thorax.

If this patient is not feeling better in 12-24 hours, consider serial imaging (radiographs +/- ultrasound), looking for a possible obstructive process or surgical explore. (if surgical evaluation is performed, recommend obtaining GI biopsies and removing the retained cryptorchid testicle).



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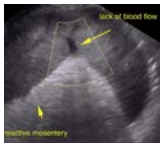
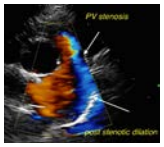
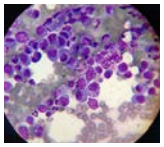
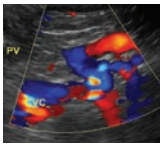

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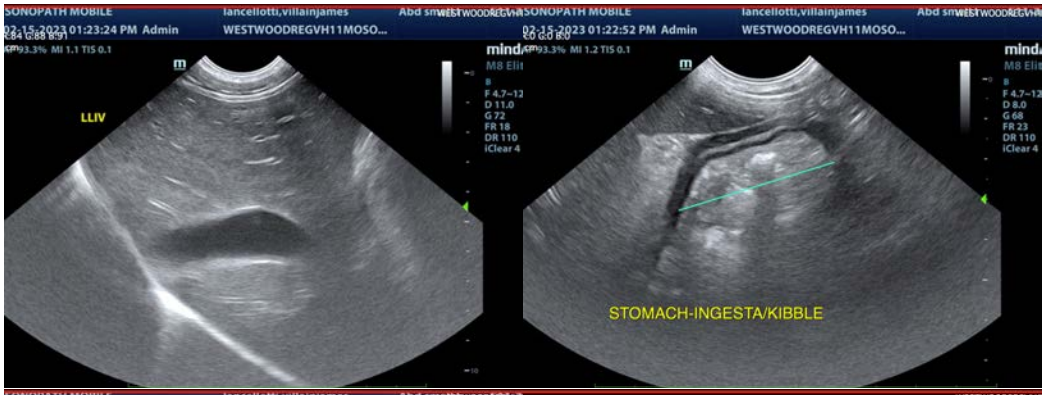

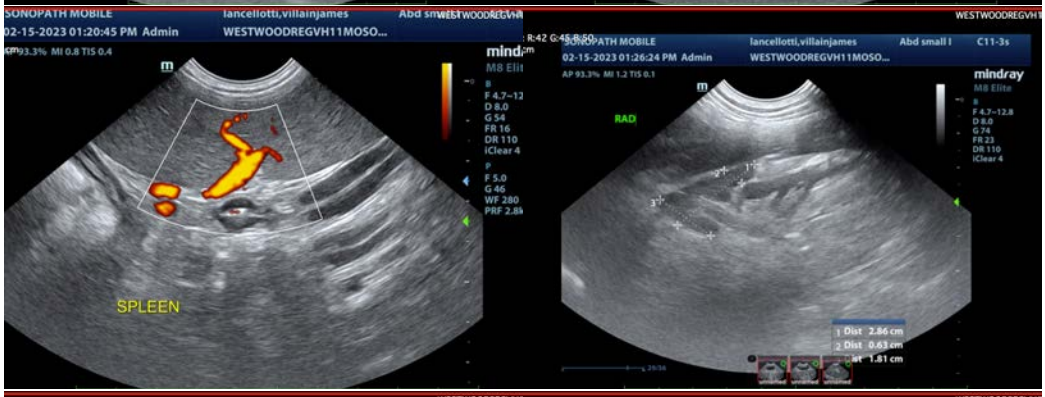

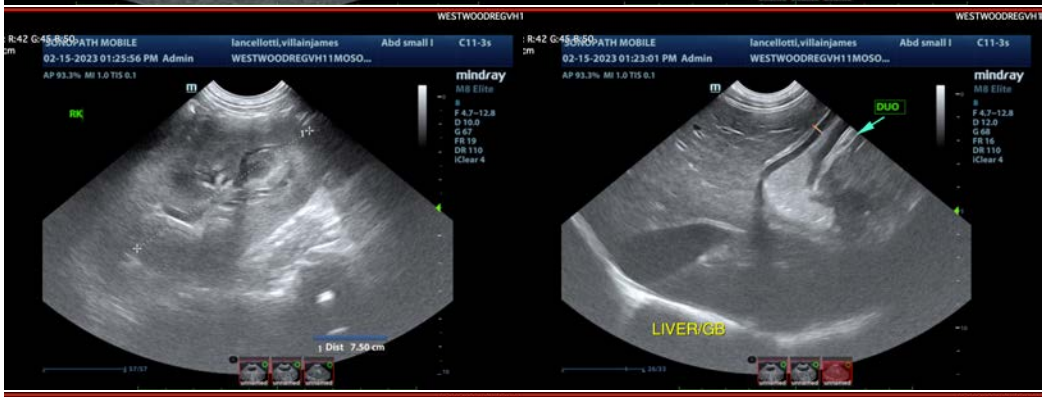

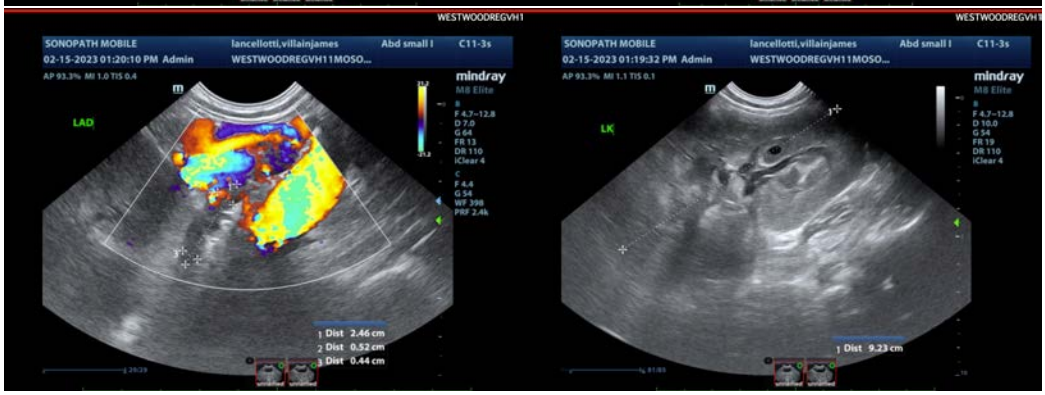

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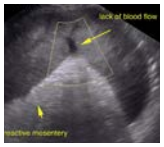
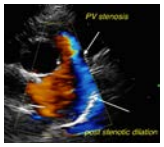
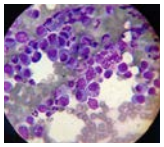
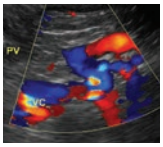

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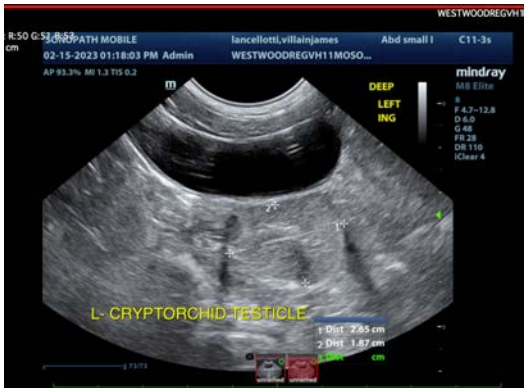

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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