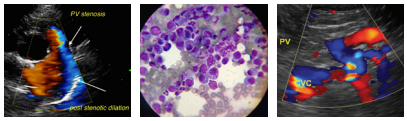
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/19/22

PATIENT

Hendrix Zingarelli

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

9/3/18

WEIGHT

68.1 Pounds

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

36966

PRESENTING CLINICAL SIGNS

Presented for vomiting this am- with toothpicks, not eating, drinking more, diarrhea 4/13. Seen at AEH as a referral for possible FB/ dietary indiscretion: Ingested funfetti cake + toothpicks + foil. No vomiting, drooling, diarrhea with foreign material. HCT/CHEM10/LYTES wnl, Xray- stomach empty, no obvious obstruction, gritty material IVF, ant acid in hospital Went home _____ ATO- Last week came in for foreign ingestion (cake, aluminum foil, toothpicks), had abdominal cramps, thought leg, rDVM xrays, IVF, transferred rDVM- stayed at AEH until thursday. After he left AEH had been eating, no vomiting, defecating regular to diarrhea with foil in it P was at parents house yesterday ate pinneapple unsure if ate anything else. Hx of GI parasites previously has been treated. This am vomited few times had soft flimsey woodened toothpicks, diarrhea mucus/ blood in stool Hx of DI.

Current Medications: Proviable, Metronidazole, Ondansetron, Buprenorphine.
Radiographs: stomach empty, gas in git, gas dilated colon no obvious* fb/ obstruction.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 normal in size (1.07 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.63 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 (5.86 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 0.62 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 0.64 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 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. On a few images, the gastric wall appears very subtly thickened, measuring up to 1.0 cm. This could be due to focal gastritis, a rugal fold, or lack of distention. Wall layering appears intact.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal/mild fluid distention and occasional gas distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 isoechoic, prominent mesenteric lymph nodes visualized. The sublumbar lymph node is visualized at 0.90 cm. The lymph node near the root of the mesentery is 1.5 cm x 2.37 cm.

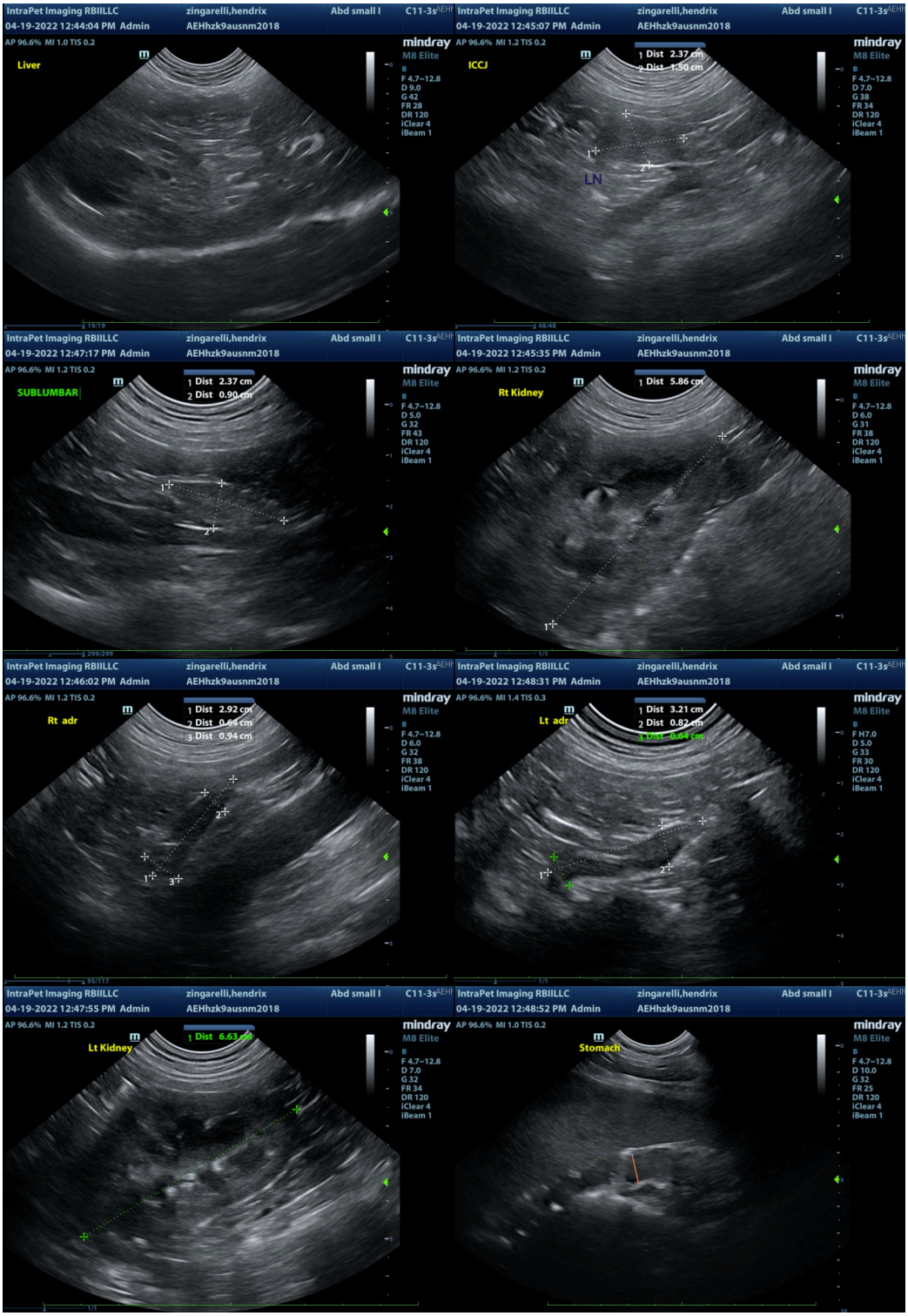
ULTRASONOGRAPHIC FINDINGS

- Questionable gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No discrete foreign objects or obstructions were visualized on today's exam, although objects such as wooden toothpicks, etc. can be very difficult to visualize with ultrasound. In some images, there is very mild gastric wall thickening, which could represent gastritis or be an anatomic variation/rugal fold. Recommend continued therapy for severe gastroenteritis and close monitoring with radiographs +/- ultrasound to look for progression of an obstructive process.


IntraPet Imaging RBIILLC
zingarelli,hendrix
Abd small I
C11-3s
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AEHhzk9ausnm2018
Liver
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ICCJ
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2 Dist 1.50 cm
LN
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SUBLUMBAR
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2 Dist 0.90 cm
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Rt Kidney
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Rt adr
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2 Dist 0.69 cm
3 Dist 0.94 cm
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2 Dist 0.82 cm
3 Dist 0.64 cm
04-19-2022 12:47:55 PM Admin
Lt Kidney
1 Dist 6.63 cm
04-19-2022 12:48:52 PM Admin
Stomach

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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