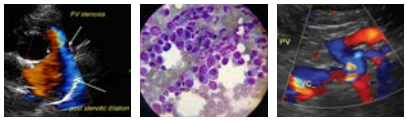
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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**DATE**

4/26/23

**PATIENT**

Peanut Tutin

**SPECIES**

Canine

**BREED**

Pit X

**SEX**

Spayed Female

**AGE**

3/1/17

**WEIGHT**

47 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Airpark AH

**REFERRING VET**

Dr. Marciszewski

**INVOICE**

46948

## PRESENTING CLINICAL SIGNS

Got into trash 18th of April, has black stools after getting into trash, presented for acute hematemesis, lethargy, anorexia 48 hours later. Discharged from GP with subcutaneous fluids and Cerenia injection. Presented to ER same night for worsening of signs (PCV 18%); developed bilateral horizontal nystagmus when presented to ER. Hospitalized for 2 nights for 2 blood transfusions, noticed halo sign on gallbladder at ER on aFAST. Improved in hospital; PCV 30%, discharged two nights ago with Metronidazole, Sucralfate, Omeprazole, Proviable. Pet taking medications well, eating. Stopped eating AM of 4-45-23; more lethargic; stools formed and appeared WNL. PCV in hospital 35%. Mild ALT elevation

Current Medications: Proviable, Omeprazole, Sucralfate, Metronidazole, Diphenhydramine 2 mg/kg IM q 8 h at ER, Dex-SP injection given on 4-21-23
Lab Results: Resolving anemia; mild ALT elevation; normal CPL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## 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 left kidney has a normal shape and size (7.33 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 (5.99 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 0.71 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 0.70 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.

### *Gastrointestinal*
The stomach contains moderate gas and fluid. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. The stomach and pylorus appear somewhat fluid dilated as well as the duodenum. Distally, there are some areas of small bowel that are moderately fluid distended and some that are normal.  No overt mass effects or foreign material is 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, or subjective lymphadenomegaly. 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.

### *Other*
The uterine stump is visualized and appears slightly prominent but within normal limits.

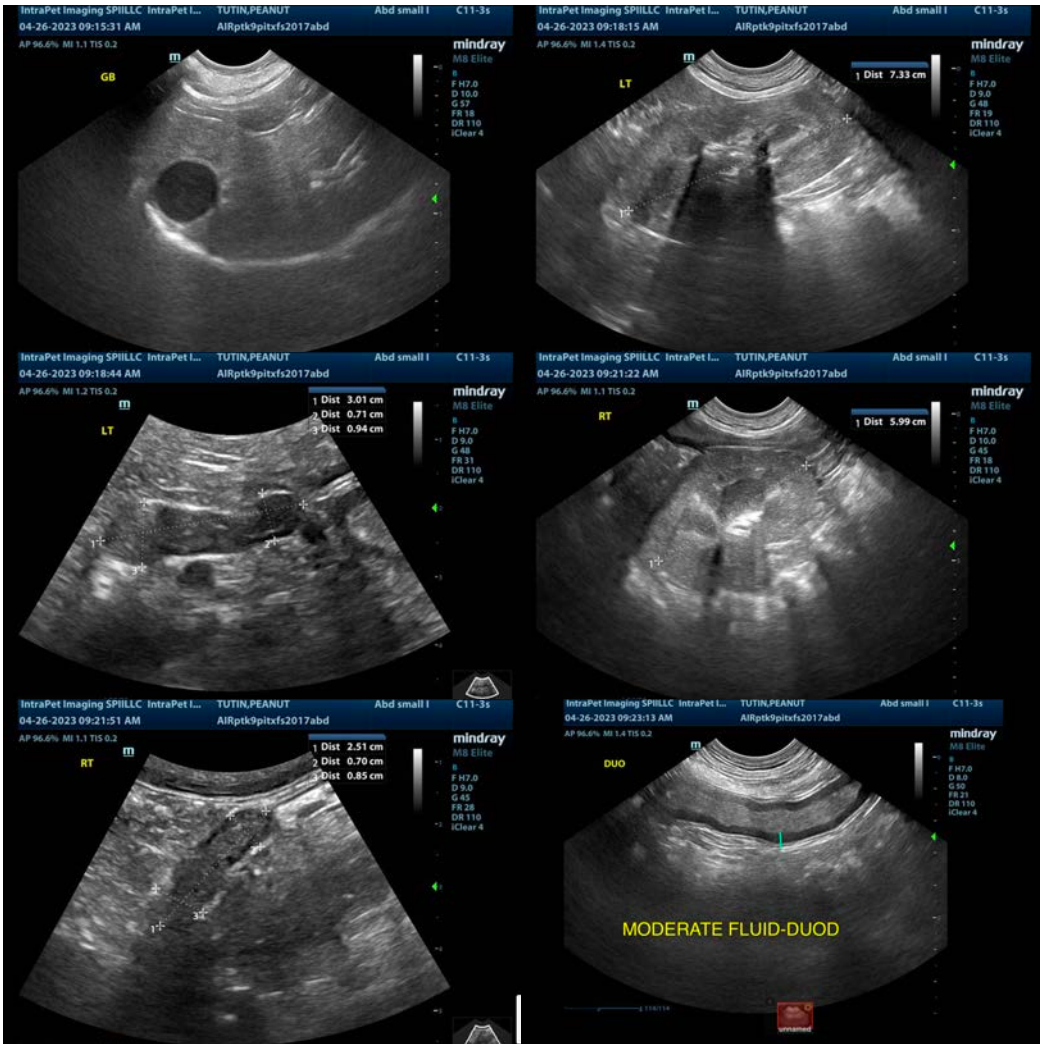
## ULTRASONOGRAPHIC FINDINGS

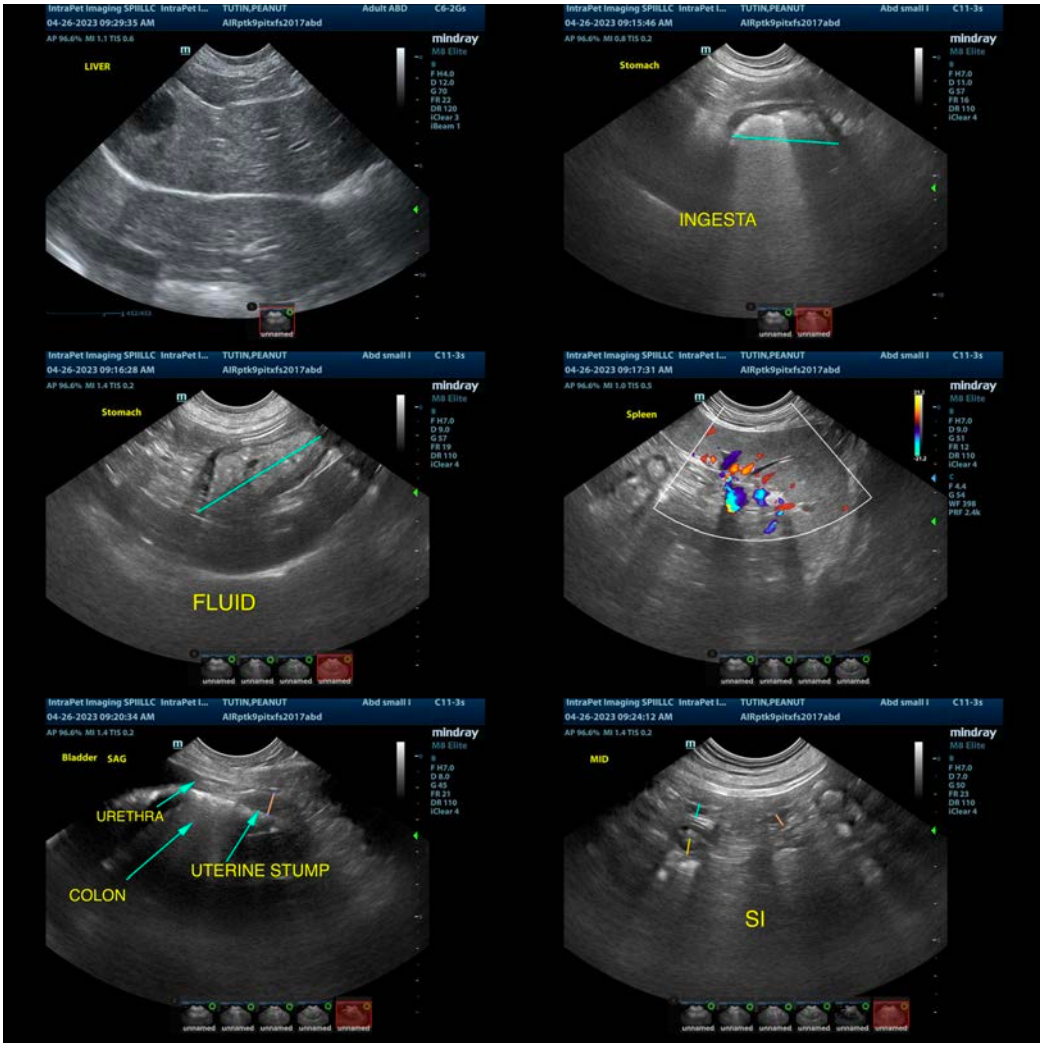
- Fluid and gas distended stomach with a fluid dilated duodenum and some areas of fluid dilation more distally. Correlate findings with a feeding history. If the patient is adequately fasted, then consider the possibility of delayed gastric emptying/ileus, or the possibility of partial obstructions with ingested foreign material (no point of obstruction is clearly visualized).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is distended with fluid and gas. The visualized areas of stomach appear relatively normal with no wall thickening or focal lesions, but all areas of the stomach cannot be clearly visualized due to gas shadowing. The pylorus and duodenum appear somewhat fluid distended, but no point of obstruction is visualized, and distally the small bowel varies in fluid distention with some areas being empty and some having moderate distention. No foreign material is observed, but these findings could be consistent with enteritis post passing of foreign material, or with foreign material present that is not completely obstructive.

Options moving forward would include continued supportive care for acute gastroenteritis/likely GI irritation/trauma, or more aggressive intervention due to the severity and persistence of the symptoms. You could consider an upper GI endoscopy to evaluate the stomach, or surgical evaluation to rule out the possibility of ingested/present foreign material or a focal lesion. Superficial erosions/ulcerations can sometimes be difficult to pick up surgically. An upper GI endoscopy would likely only evaluate the stomach and the esophagus in a dog of this size. A limited barium study can sometimes be helpful, as it can cling to foreign material, but this is only recommended if a perforation is though extremely unlikely.






**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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