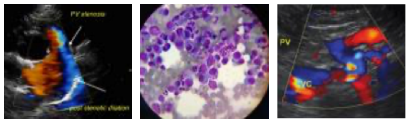
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6.30.2023

PATIENT

Isabel Bates

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Female Spayed

AGE

6/1/2001

WEIGHT

14.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Ruby

INVOICE

13543

PRESENTING CLINICAL SIGNS

Up all night with vomiting some diarrhea. Started around 2:30 am. Vomited what she ate yesterday, undigested treats. Does not generally drink much.

Current Medications: Gabapentin, Omeprazole, Ondansetron, Cerenia, Proviable, Buprenorphine, Protonix.
Lab Results: See attached.
Radiographs: No obvious obstruction or Fb noted, mild loss of detail
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (4.27 cm) with a corticomedullary rim sign and occasional small cortical mineralization. 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 (4.47 cm) with a corticomedullary rim sign and occasional small cortical mineralization 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 (0.55 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 (0.68 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 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 contains moderate 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. There is a focal shadowing structure visualized within the gastric lumen (1.32 cm). There is no evidence of an obstruction is visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. The duodenum measured as and the jejunum measured as normal (0.28 cm) 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 visible, but not significantly enlarged mesenteric lymph nodes (0.38, and 0.38 cm). The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

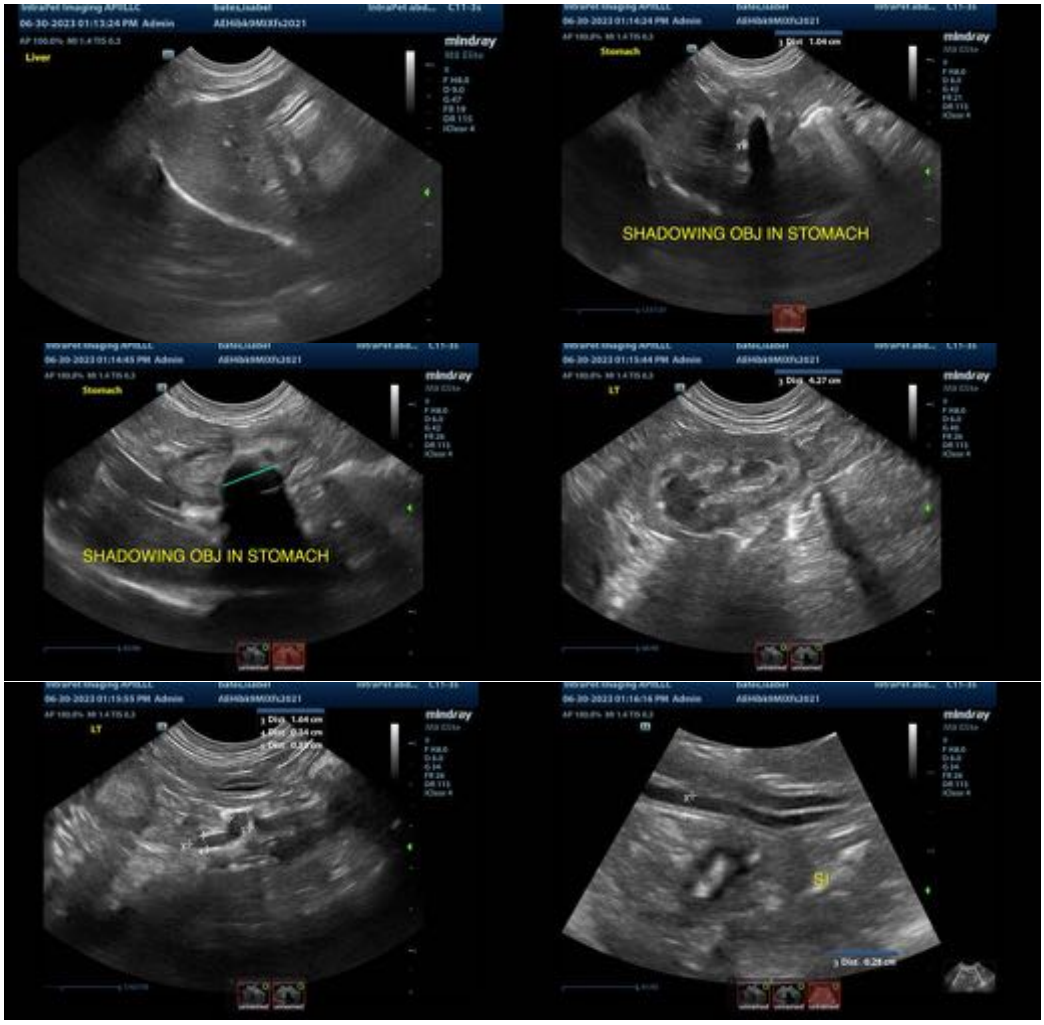
Primary Findings

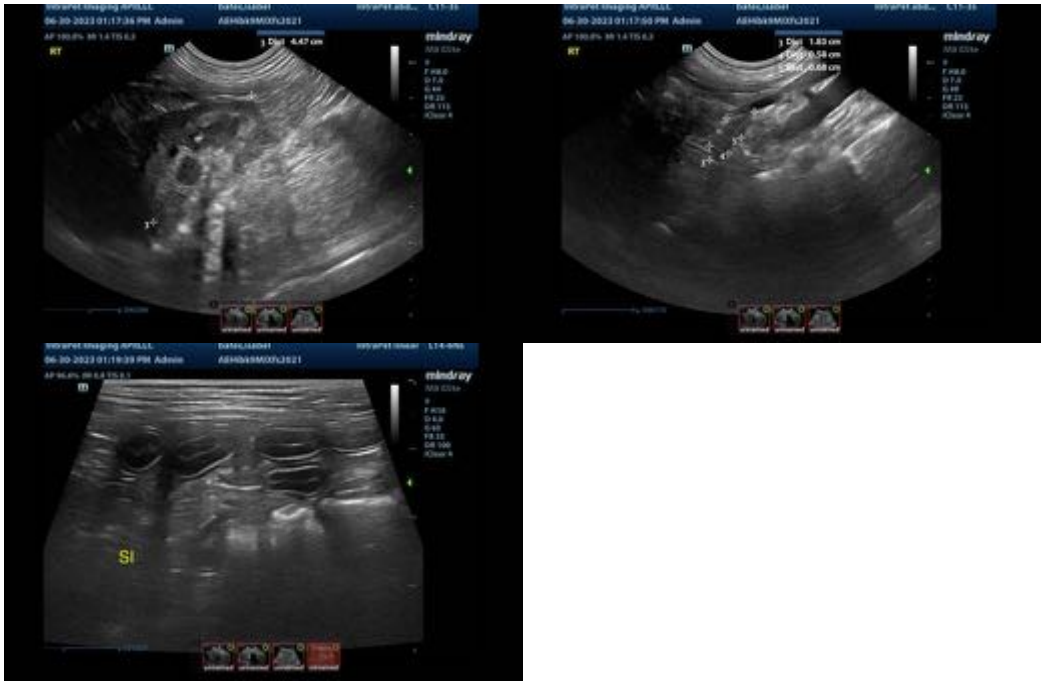
- Medullary rim sign visualized associated with both kidneys - Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.

- Moderate fluid and a focal shadowing structure visualized within the gastric lumen – This could represent undigested kibble, a treat, or ingested foreign material. Correlate with the feeding history and abdominal radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal, other than some moderate fluid-distention of the stomach with a focal shadowing object. The stomach does not appear obstructed at this time, but a partial, intermittent obstruction is possible. This structure could represent a kibble, treat, or ingested foreign material. Correlate with abdominal radiograph and the history. If this is thought likely to be kibble, a treat, etc., then consider acute medical management for acute gastroenteritis and continued monitoring of the stomach. If ingested foreign material is strongly suspected, you could consider an upper GI endoscopy or surgery to further evaluate.


Liver
SHADOWING OBJ IN STOMACH
SHADOWING OBJ IN STOMACH
LT
LT
SI



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)
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