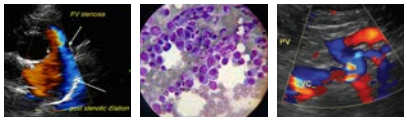
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

6/8/22

PATIENT

Archie Burrill

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

12/1/21

WEIGHT

62.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Russ

INVOICE

38513

PRESENTING CLINICAL SIGNS

Lethargy, anorexia, vomiting.

Current Medications: None.
Lab Results: Pending.
Radiographs: Soft tissue density in cranio-dorsal abdomen. Mild loss of detail.
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 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 (7.67 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 (7.44 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 0.53 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 0.52 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 is severely fluid distended. 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.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with significant fluid distension. Most of these regions have normal wall thickness and maintain distinct typical wall layering. In some areas there is mild plication and shadowing with the suspicion of a possible linear structure within the lumen. There is a distinct focal lesion visualized, which shadows, measuring approximately 1.7 cm in diameter, and extends along approximately 7.0 cm of small intestine. There is fluid dilation orad to this lesion, which has a hard shadow, and distally the small bowel appears empty and free of significant fluid distention. Findings are most consistent with a small intestinal foreign body.

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

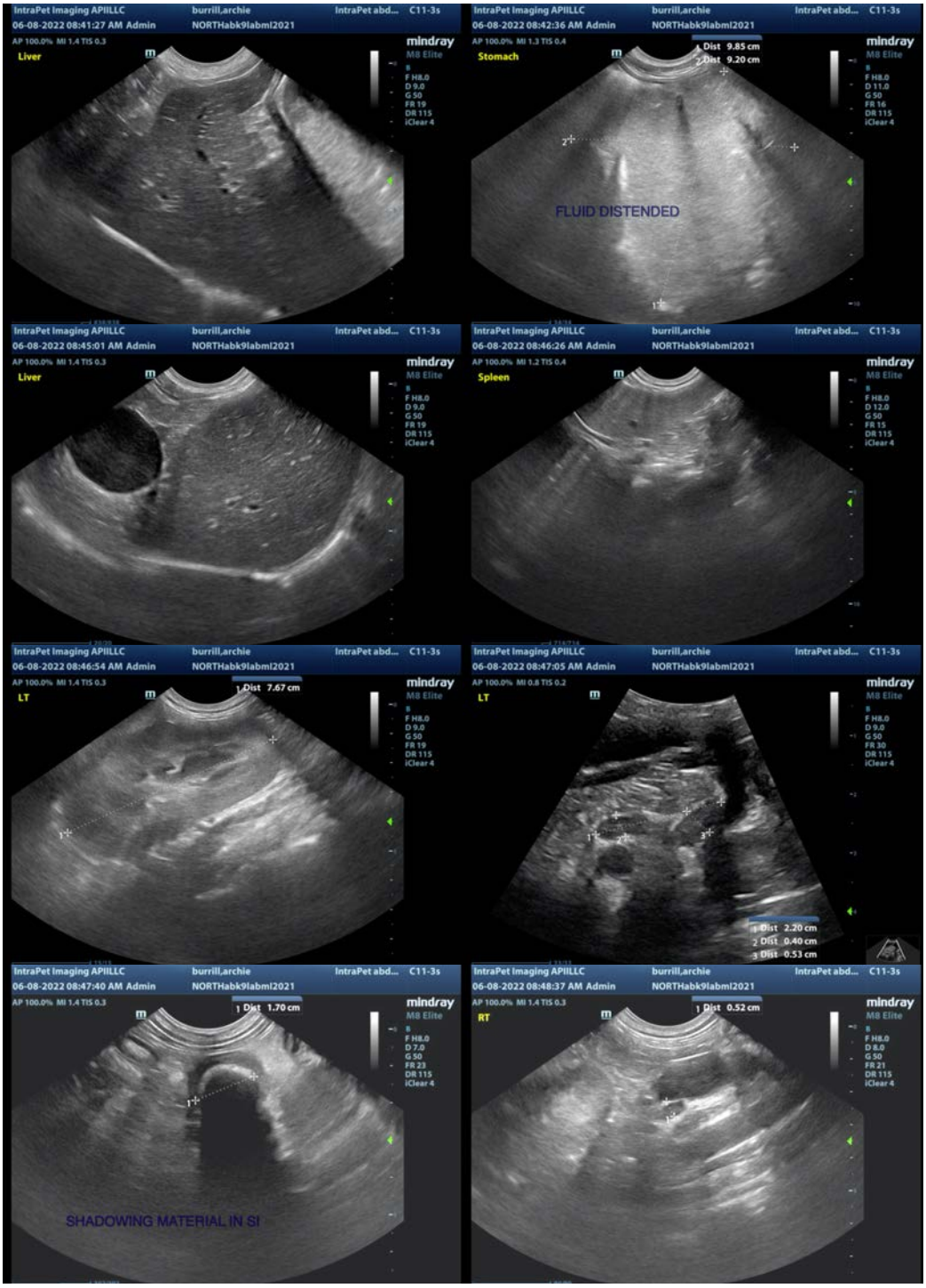
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the abnormal small intestine.

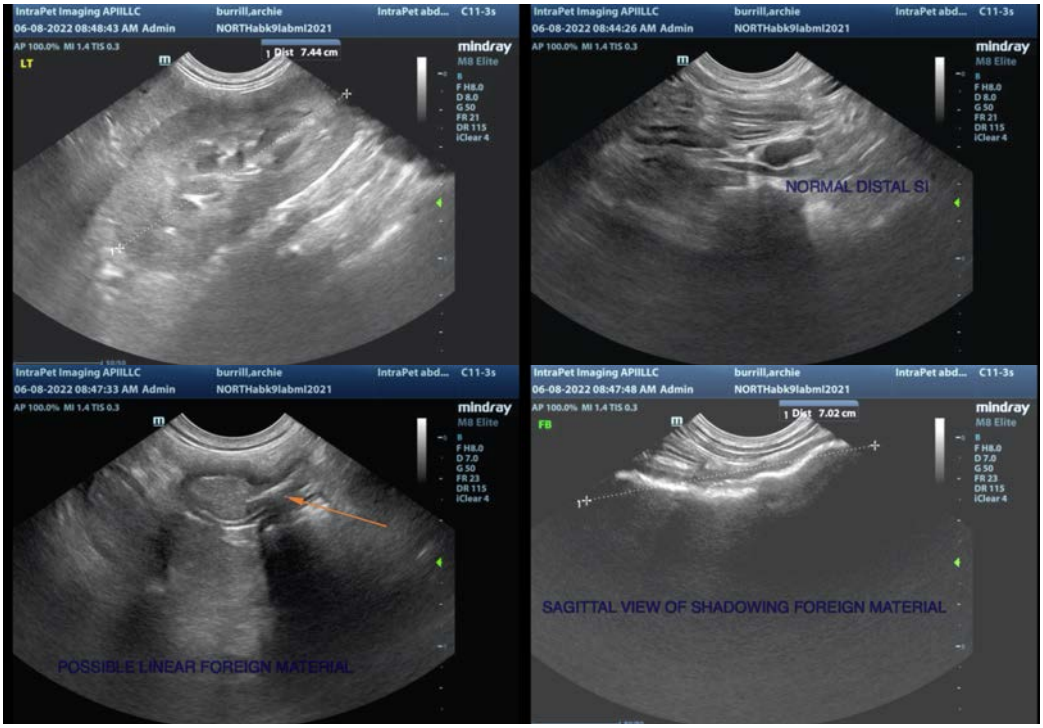
ULTRASONOGRAPHIC FINDINGS

- Significant distention of the orad small intestine with a large hard shadowing structure visualized - most consistent with an obstructive foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the appearance of today's scan, I'm concerned for the presence of a possible small intestinal foreign body. Recommend surgical evaluation and correlate these findings with abdominal radiographs. If for any reason a foreign object is not identified, then consider obtaining GI biopsies and screening for Addison's disease.


IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:41:27 AM Admin
NORTHabk9labml2021
Liver
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:42:36 AM Admin
NORTHabk9labml2021
Stomach
1 Dist 9.85 cm
2 Dist 9.20 cm
FLUID DISTENDED
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:45:01 AM Admin
NORTHabk9labml2021
Liver
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:46:26 AM Admin
NORTHabk9labml2021
Spleen
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:46:54 AM Admin
NORTHabk9labml2021
LT
1 Dist 7.67 cm
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:47:05 AM Admin
NORTHabk9labml2021
LT
1 Dist 2.20 cm
2 Dist 0.40 cm
3 Dist 0.53 cm
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:47:40 AM Admin
NORTHabk9labml2021
1 Dist 1.70 cm
SHADOWING MATERIAL IN SI
mindray
M8 Elite
IntraPet Imaging APIILLC
burrill,archie
IntraPet abd... C11-3s
06-08-2022 08:48:37 AM Admin
NORTHabk9labml2021
RT
1 Dist 0.52 cm
mindray
M8 Elite



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com