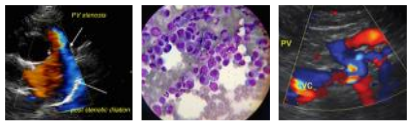
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
07/06/2023

PATIENT
Hudson Flynn

SPECIES
Canine

BREED
Labrador Retriever

SEX
MN

AGE
2014

WEIGHT
94lb

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

HOSPITAL NAME
Timonium Animal Hospital

REFERRING VET
Stephens

INVOICE
14277ag

PRESENTING CLINICAL SIGNS

Multiple episodes of colonic obstruction. Currently feces not passing mid-descending colon. No obvious foreign material noted on radiographs.

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dex dom torb.

Stat Report: Requested by DVM.

Imaging Performed By: Andi Parkinson, 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 is irregular with decreased 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 left kidney measured 5.83 cm.

The right kidney has irregular shape. Decreased 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 measured 6.65 cm.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.94cm 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 0.62cm 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 moderate/large fluid and ingesta. 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 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 normal, and the jejunum measured as normal (0.34 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 more distal colon are visualized with some areas which are significantly dilated with non-formed feces, but which contain shadowing intraluminal material. Additionally, in the distal colon there are areas that appear significantly thickened measuring up to 0.66 cm in thickness with intact wall layering. No expansile focal mass lesions are observed.

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.

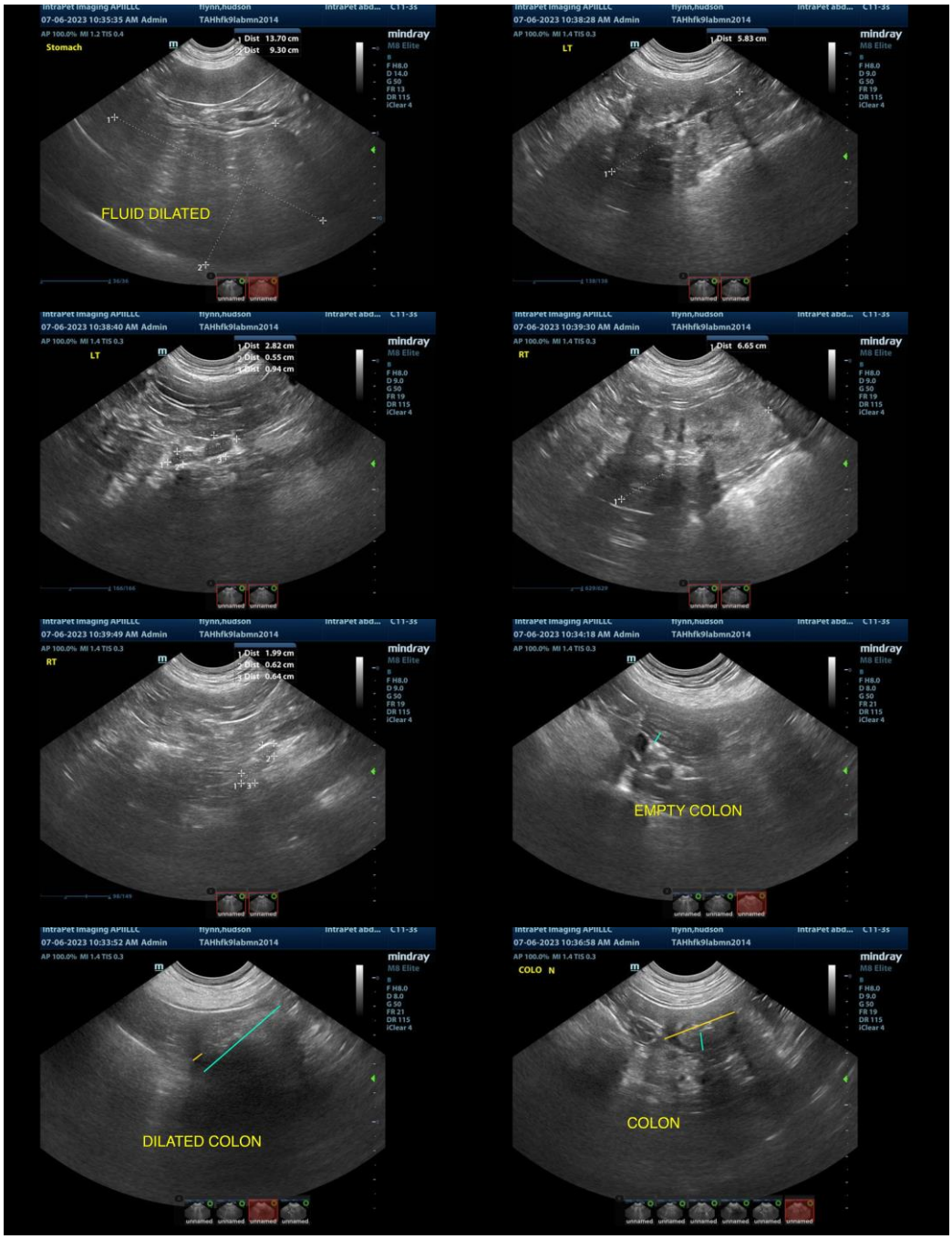
ULTRASONOGRAPHIC FINDINGS

- Irregular bilateral kidneys with decreased corticomedullary distinction. The bilateral renal findings are consistent with age-related change.
- Large fluid dilated stomach. Correlate with feeding history. If the patient was adequately fasted considered delayed gastric emptying or partial outflow tract obstruction (not observed).
- Thickened descending colon with areas of dilation with non-formed feces and shadowing intraluminal material visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Areas of the colon appear somewhat thickened with intact wall layering likely consistent with colitis, but infiltrative disease cannot be ruled out. Some areas are empty while others appear to have a large to moderate amount of intraluminal fluid and shadowing material presumed to be fecal material but ingested foreign material cannot be ruled out. Given the history of recurrent episodes, consider a motility disorder (focal megacolon type issues), an obstructive process (due to strictures, scar tissue, mural mass lesions etc.), or neoplasia both disrupting motility and possibly narrowing the lumen.

Options could include a contrast CT scan, a contrast study (barium study or barium enema) or colonoscopy. I suspect a combination of diagnostic would be necessary to further evaluate. Additionally, surgical evaluation of the colon with biopsies could be considered although advanced imaging or preliminary diagnostic would be ideal in case a colonic resection or similar is warranted.


07-06-2023 10:35:35 AM Admin
TAHhfk9labmn2014
Stomach
1 Dist 13.70 cm
2 Dist 9.30 cm
FLUID DILATED
07-06-2023 10:38:28 AM Admin
TAHhfk9labmn2014
LT
1 Dist 5.83 cm
07-06-2023 10:38:40 AM Admin
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LT
1 Dist 2.82 cm
2 Dist 0.55 cm
3 Dist 0.94 cm
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EMPTY COLON
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COLO N
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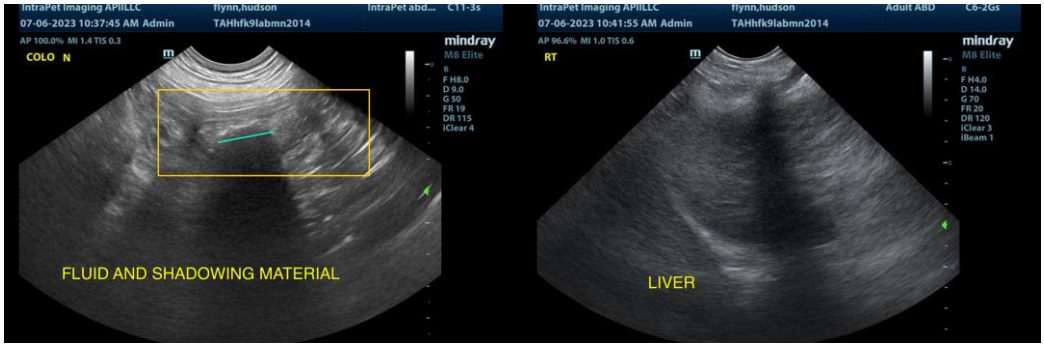

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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