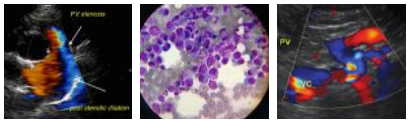
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8.11.2023

PATIENT

Piper Specian

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Female Spayed

AGE

3/11/2017

WEIGHT

17 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Greenfield

INVOICE

14067

PRESENTING CLINICAL SIGNS

Vomited up foam like material (like from a toy) last night around 11pm. Around 2am last night has been gagging 2x/hr since then and can't get comfortable. Not eating or drinking.

Current Medications: None.
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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.77 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 (4.48 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 (0.44 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 (0.49 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 is mildly dilated with a very small amount of fluid and some gas. It largely measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. There are some areas of gastric wall which appear somewhat prominent, with prominent folding. These areas retain normal

layering (measuring up 0.61 cm). There is no impression 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 (0.39 cm) and the jejunum measured as normal (0.30 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 region of 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
Ringdown artifact is visualized at the level of the diaphragm. This can be seen with pulmonary parenchymal disease. Recommend three-view thoracic radiographs.

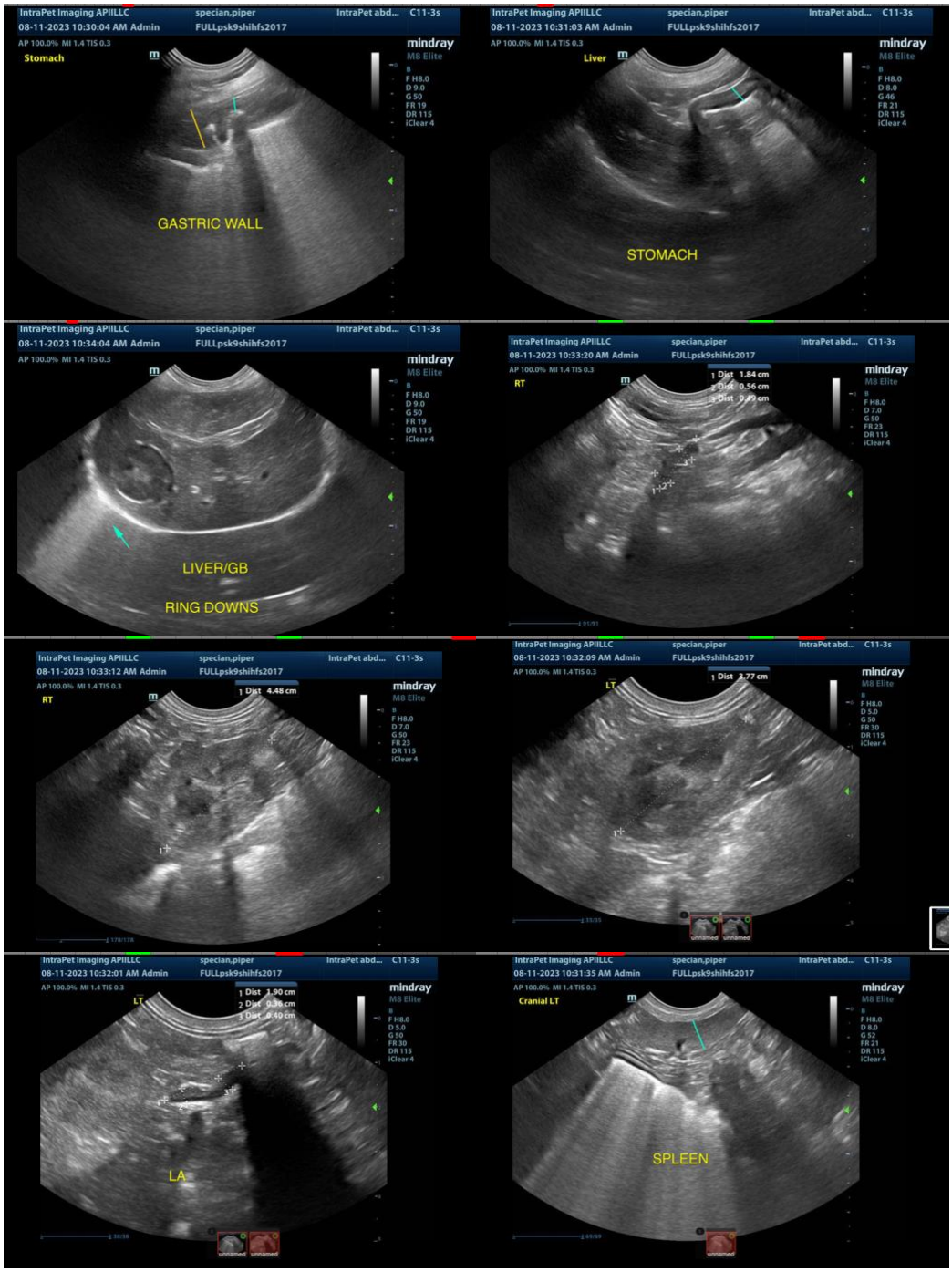
ULTRASONOGRAPHIC FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. There is no evidence of an obstructive pattern associated with the small bowel at this time. There is gas in the stomach preventing full visualized of the lumen, but there is minimal fluid and no evidence of and obstructive process. Overall, the gastric wall appears normal, but measures in the high end of normal thickness for this small dog. The rugal folding looks slightly prominent. This is most likely secondary to gastritis from the reported vomiting, but a primary gastritis edema, less likely, infiltrative disease, etc, is possible. Additionally, nonobstructive foreign material cannot be definitively ruled out.

Recommend symptomatic treatment for gastroenteritis provided general radiographs correlate with these findings. If symptoms peristaltic activity, consider repeat imaging (radiographs +/- ultrasound) and possible gastroscopy or surgery to further evaluate (provided there is no evidence of a metabolic disease for vomiting.



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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