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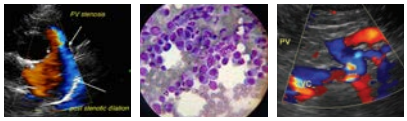

SonoPath

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DATE

9/2/21

PATIENT

Biggy Ireland

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

2018

WEIGHT

8 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. SM

INVOICE

25155

PRESENTING CLINICAL SIGNS

History: Patient presented on 8/31 for anorexia x 4 days, vomiting. Went to the ER on 8/29 and started on GI support meds (Cerenia, famotidine, metronidazole). Initial labs from ER showed WBC elevation and ALP 623. Presenting PE - very lethargic, pale MM, muscle wasting along head and spine. No improvement on IVF, Baytril, Metronidazole, Ampicillin for 2 days. Barium study done, all barium in colon on radiographs.
Current Medications: IV Baytril, IV Metronidazole, IV Ampicillin, IV Cerenia all x 3 days.
Lab Results: fecal neg, PCV from 31-37 today, WBC 32k, parvo neg, 4dx neg, ACTH stim pre 2.8, post 22
Radiographs: no obvious FB pattern.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not needed.
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 large in size (1.26 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.58 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 (4.28 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 0.45 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 0.56 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 moderately dilated with fluid and irregular shadowing material, most consistnet with ingesta and gas. It measures as thickened, particularly in the area of the pyloric antrum with measurements up to 1.3 cm. In these areas, the distinction of the gastric wall layering is diminished, and there is no impression of reduced peristaltic activity. Findings are most consistent with a partial obstruction.

Many of the visualized areas of duodenum, jejunum and ileum have a uniform diameter and relatively minimal fluid distension. Some areas of the proximal duodenum and jejunum appear more thickened and have some fluid distention and shadowing within the lumen. There is no clear obstructive pattern observed. The findings could be consistent with multiple partial obstructions or ileus. Wall layering appears relatively normal. The duodenum appears subjectively thickened as it approaches the pylorus. There are no focal mass lesions 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.

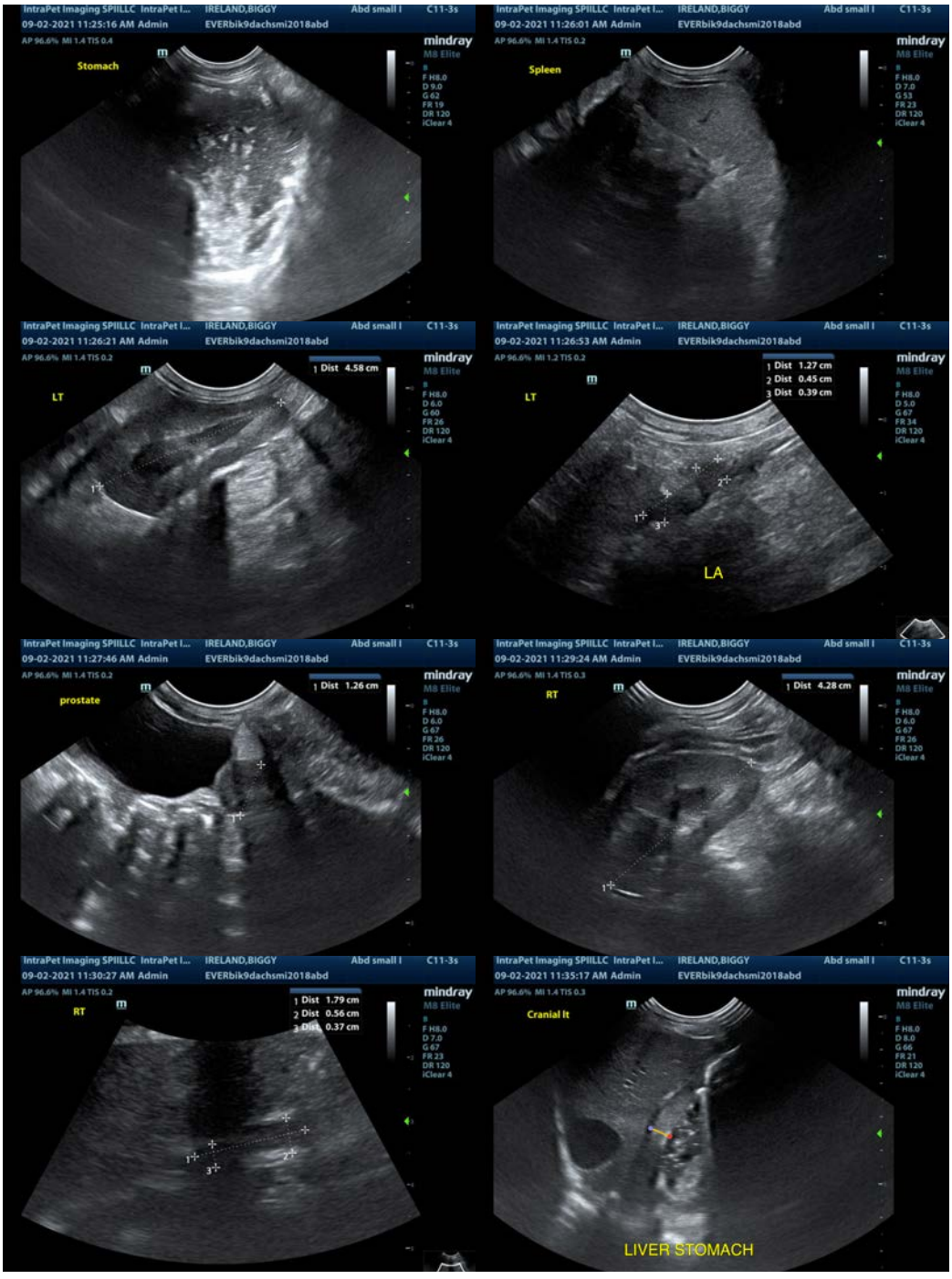
ULTRASONOGRAPHIC FINDINGS

- Large distended stomach with intraluminal shadowing material and thickened gastric wall at the outflow tract – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other. Findings could be consistent with a partial obstruction due to foreign material or due to thickened tissue at the outflow tract. This appearance oculd also be consistent with gastric ileus.

- Subjectively thickened small intestine with some areas of fluid distention – A focal obstructive lesion is not observed, but some areas appear thickened and dilated, most consistent with infiltrative disease or passing foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although a distinct obstruction is not observed, the stomach appears abnormal and is clearly having difficulty emptying. Additionally, the small intestine is dilated in some areas and appears somewhat thickened. Based on the history provided and age of this patient, I would consider exploratory with the intention to biopsy thickened gastric wall and to confirm if there is foreign material or not. If no obstruction is identified, consider placing a feeding tube due to the patient's poor body condition. If no obstruction is found, recommend small intestinal and gastric biopsies. Recommend 3-view thoracic radiographs to evaluate the esophagus for regurgitation and aspiration pneumonia. Pancreatitis cannot be excluded, and can sometimes cause profound gastric ileus, but a dramatically inflamed pancreas was not visualized. Recommend a quantitative PLI, B12 and folate to better evaluate the small intestine and pancreas.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prostate
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3 Dist 0.37 cm
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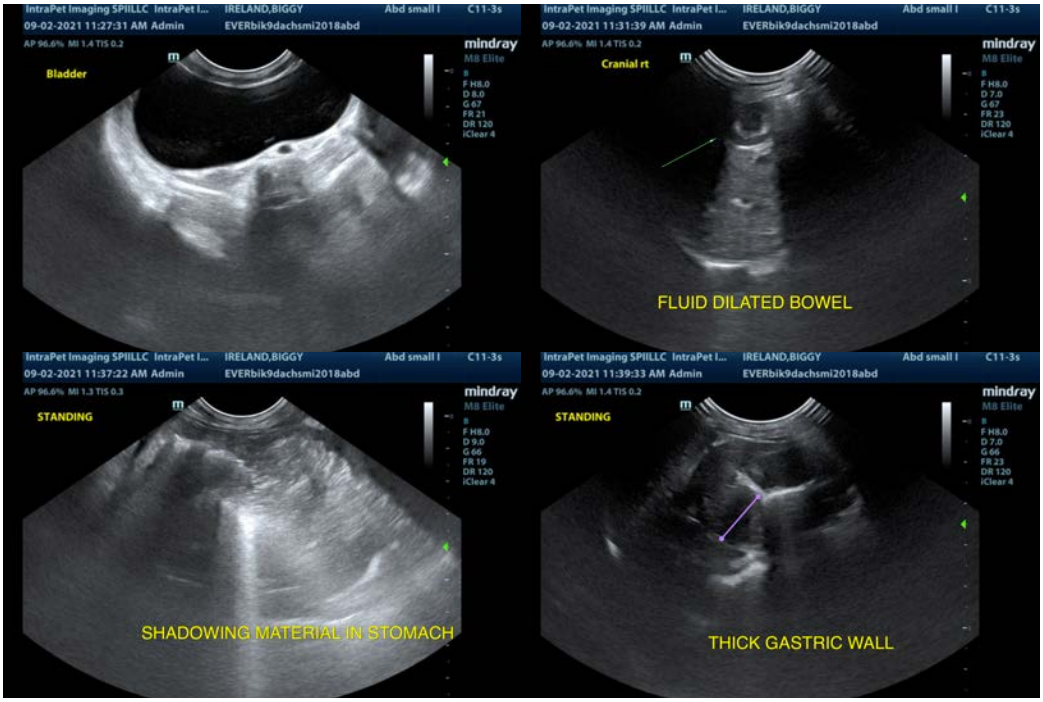
Cranial lt
LIVER STOMACH
mindray M8 Elite



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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