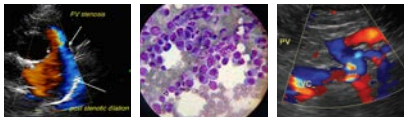
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/3/21

PATIENT

Nanook Herneker

SPECIES

Canine

BREED

Husky X

SEX

Neutered Male

AGE

2016

WEIGHT

50.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

25191

PRESENTING CLINICAL SIGNS

History: Date: 09-02-2021 seen for possible fb ingestion- plastic piece possibly ingested. Initially was vomiting foul fluid, then having diarrhea. Lab work at RDVM -- low globulins. Realiment and ate well 4-5 times, no diarrhea. Went home but was straining excessively - rectum was red/swollen and protruded, produced liquid brown stool. Fecal negative, solids were low normal, now up higher after continued care.

Current Medications: Omeprazole Capsules 20mg, Buprenorphine 0.6mg/mL, O Proviable Capsules, O Fenbendazole Granules 40-60 lbs. / 5 packets, Metronidazole Tablets 250mg, O Fenbendazole Granules 40-60 lbs. / 5 packets.
Lab Results: Attached separately.
Rads: repeated films today – attached.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 normal in size (0.99 cm) 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 (5.85 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 (6.01 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 0.59 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 0.68 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 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 significantly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas (or possible foreign material if patient had a sufficient fast). 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 layering 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. Jejunum wall measures 0.31 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 area 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.

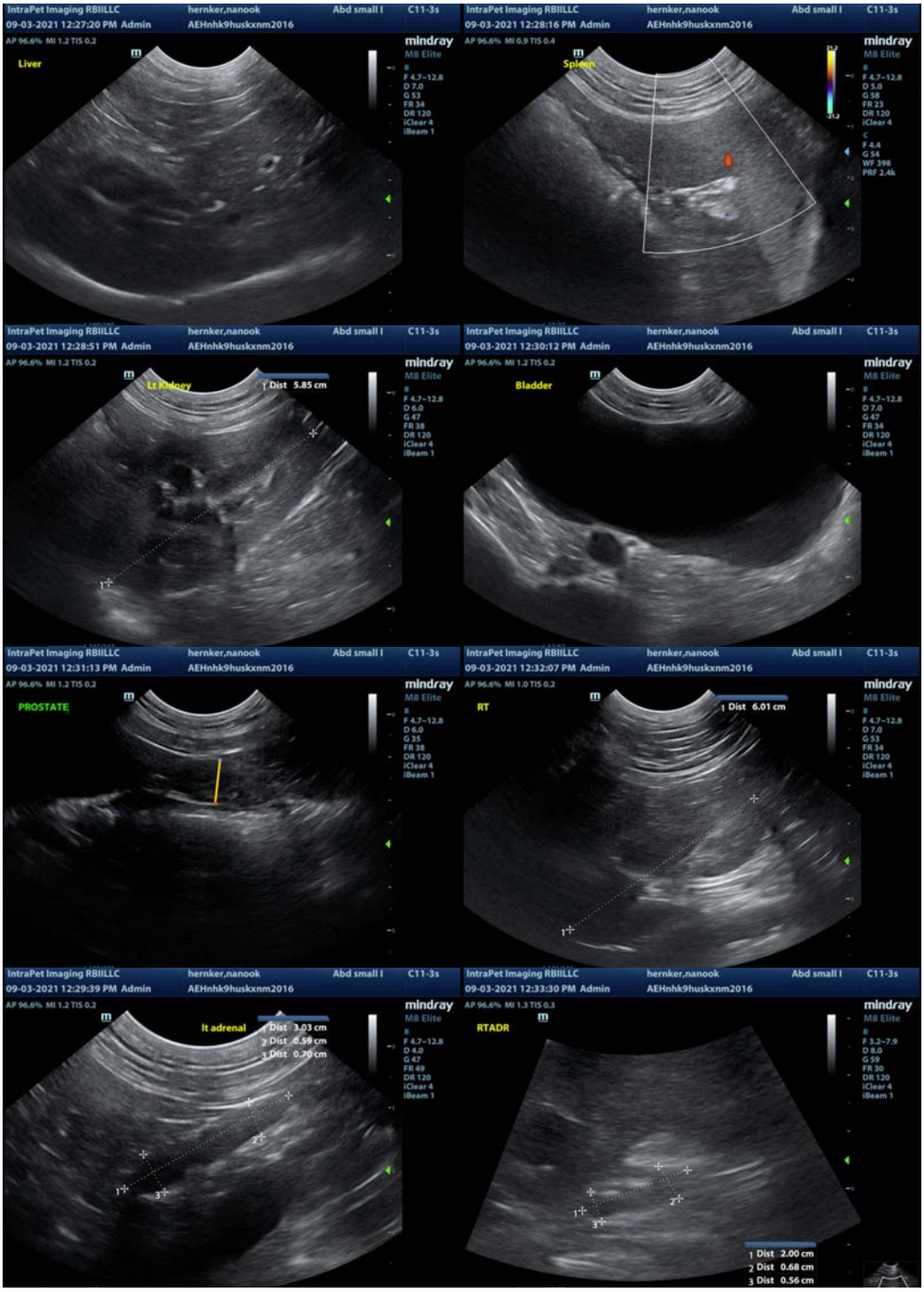
Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Dilated stomach with shadowing material – correlate with feeding history. If the patient was adequately fasted, this could be consistent with delayed gastric emptying or gastric foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlate the gastric findings with feeding history and abdominal radiographs. It is curious that now you are dealing primarily with diarrhea rather than vomiting, so it is hard to put the gastric findings into clinical perspective. Based on the history, I strongly suspect this is associated with dietary indiscretion. I do not see any focal bowel dilation or inflamed bowel loops, but intestinal foreign material cannot be 100% ruled out. Options at this time include continued medical management with serial radiographs +/- barium, or surgical explore with biopsies of the stomach and small intestine. While no evidence of pancreatitis was visualized, this cannot be excluded, and a PLI evaluation should be considered.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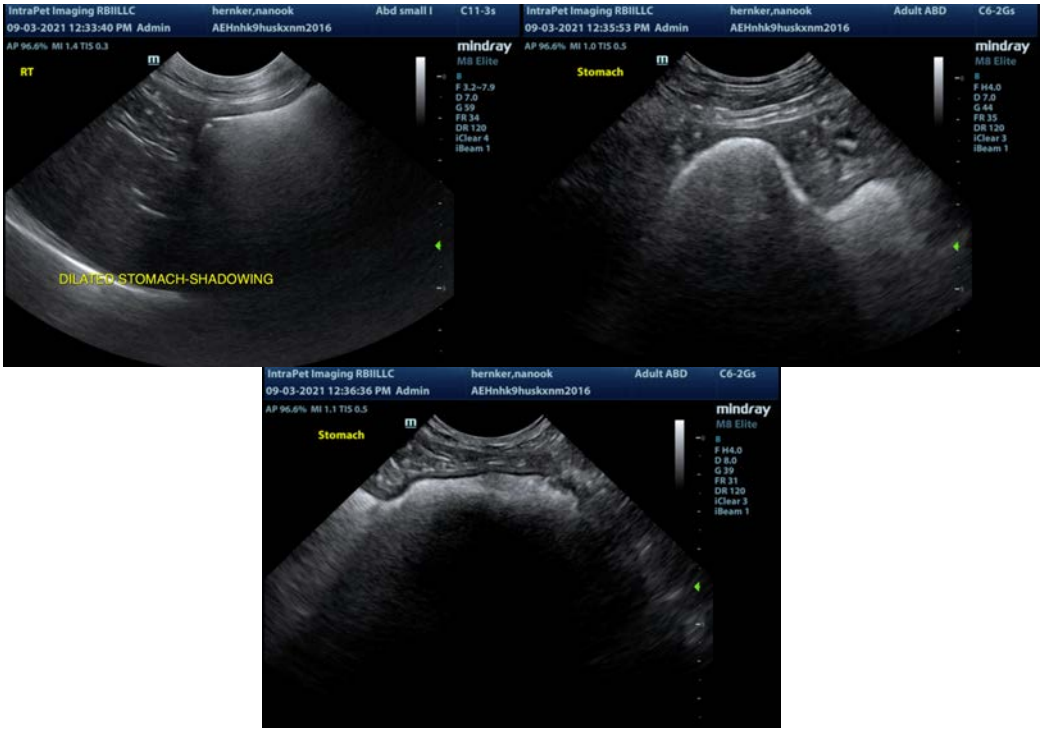

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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