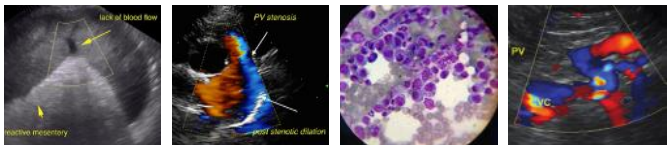
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Milo Miller

SPECIES
Canine

BREED
Poodle Mix

SEX
Neutered male

AGE
8 years

WEIGHT
28.6 kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Laura De Cordon

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Laura De Cordon

INVOICE
10395ag

DATE
04/16/2022

PRESENTING CLINICAL SIGNS

Presented to MDAEH on 4/15/22 pm because of acute onset of vomiting that started on Wednesday. Went to RDVM, was treated as o/p but continues to be nauseous. X rays showed large amount of gas in colon and caudal SI.

Abnormal PE/Chem/CBC/UA Results

CHEM 12 w/ Lytes/CBC : WNL

Abdominal discomfort on palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

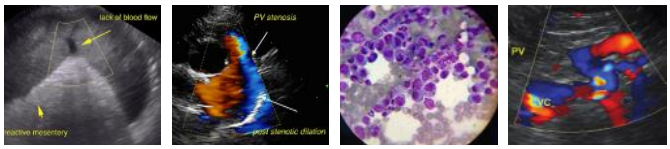
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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Large abdominal intestinal intussusception exhibiting subjectively markedly thickened walls as well as potential for adjacent regional intestinal mural hypertrophy was present in the mid abdomen. The intussusception measured approximately 4 – 5 cm in diameter. Loss of discernable wall layer detail was noted within the intussusception along with indistinct loss of wall layering in adjacent to regional intestinal segments. Segmental moderate intestinal obstructive pattern exhibited by segmental retained intestinal fluid was present. Regional reactive mesentery and small pockets of scant free fluid noted in the mid abdomen around the intussusception. Concurrent empty small intestine exhibiting intact wall layering likely distal to the intussusception was visualized.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Several enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.2 cm x 1.3 cm.

ULTRASONOGRAPHIC FINDINGS

- Mid abdominal intussusception vs intestinal mass with secondary segmental intestinal obstructive pattern likely proximal to the intussusception with concurrent empty SI likely distal.
- Potential ill defined adjacent thickened intestine adjacent to the intussusception.
- Regional midabdominal reactive mesentery and scant peritoneal free fluid
- Intermittent nonspecific mesenteric lymphadenopathy-hyperplasia, lymphadenitis, possible early neoplastic lymphadenopathy depending upon intussusception vs intestinal mass possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy for gross inspection of the GI tract with potential resection and anastomosis of the intussusception with potential for concurrent regional intestinal biopsies is recommended. Potential for underlying neoplastic criterial cannot be excluded. The associated peri intestinal reactive mesentery and free fluid may indicate reactivity or secondary inflammation although potential for mild regional peritonitis is possible. Three view chest radiographs are suggested prior to surgical considerations to rule out concurrent thoracic pathology and assess cardiopulmonary status.

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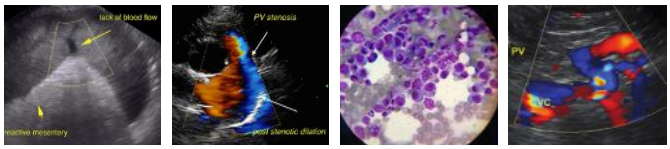

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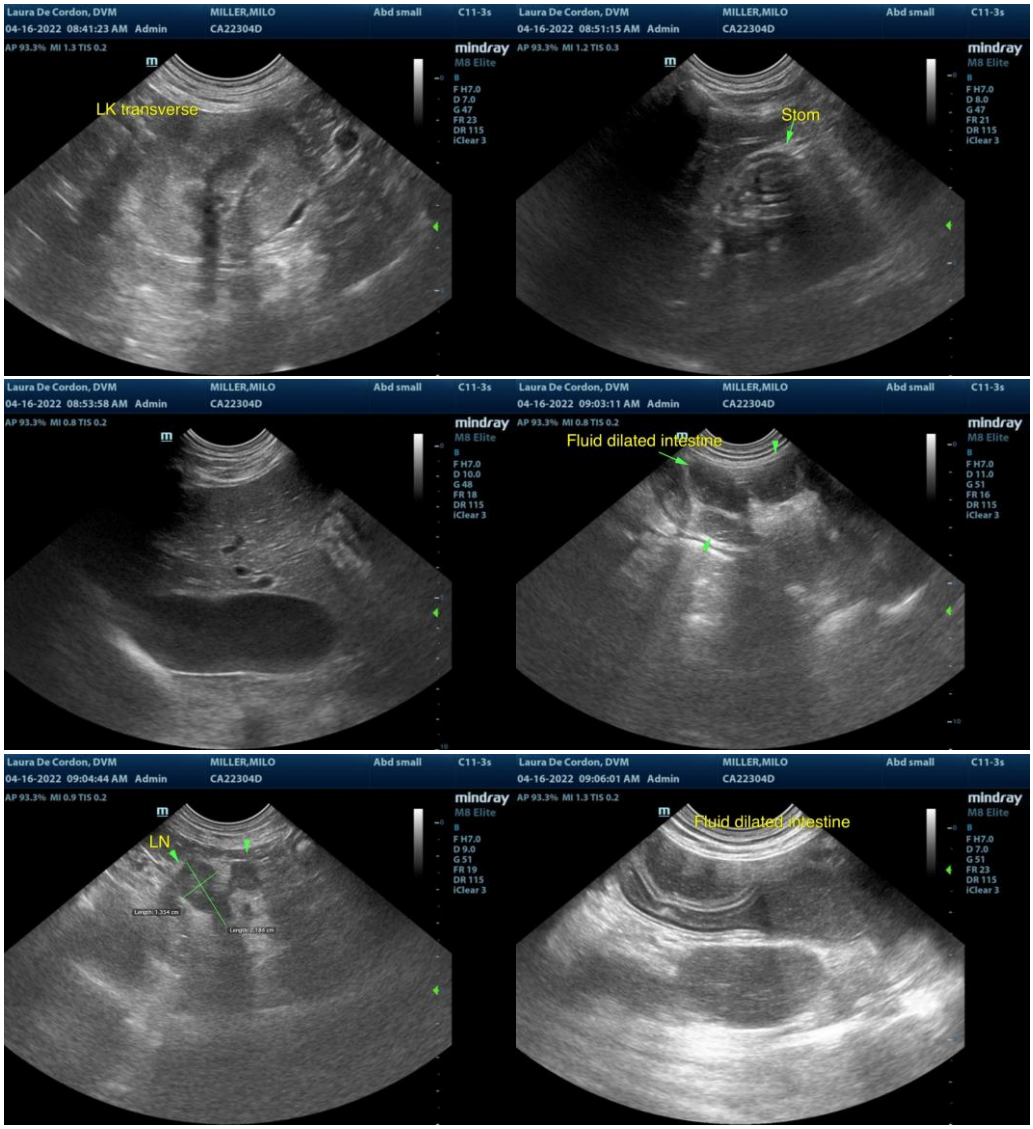

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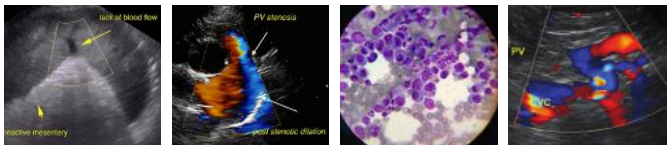

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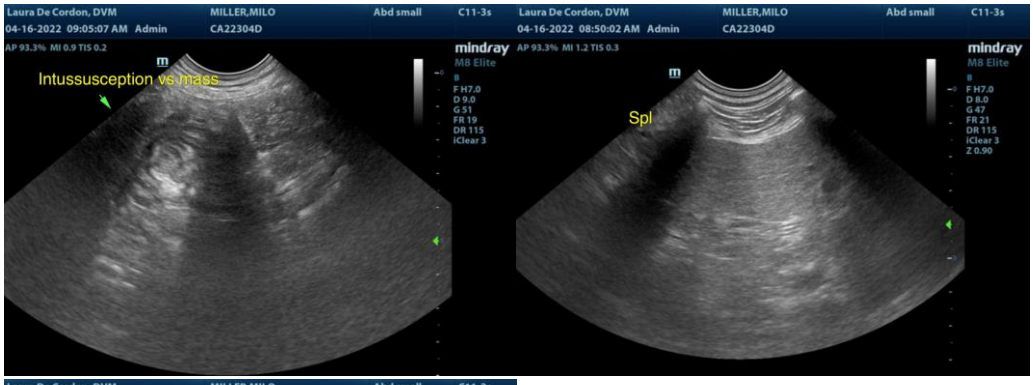

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com