



PATIENT PRESENTING CLINICAL SIGNS

Roadie Watson History: Dog had vomiting that started a week ago, since then has not wanted to eat much at all and getting more lethargic. No diarrhea and no more vomiting for past 5 days

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Dog is lethargic, underweight, pain in cranial abdomen (mild). Temp normal. CBC/Chem showed only mild leukocytosis. Chem, including electrolytes normal. Has had sq fluids, Cerenia, metronidazole and mirtazapine

BREED

Pekingese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

AGE

7

The region of the prostate is not visualized due to its pelvic location.

The left kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

11 lbs

The right kidney is normal in size (3.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Mark Reser

The right adrenal gland is normal in size (0.65 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Harvest Hills VH

Spleen

The spleen is not definitively visualized in the available images.

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. A few small, polypoid-like lesions are arising from the mucosal surface. The cystic and common bile ducts are normal/not seen.

DATE

1-19-26

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. In several video clips, at the level of the pylorus, there appears to be an intermittent



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intussusception of the duodenum or pylorus into the gastric lumen. Within one segment of what is thought to be small intestine, a >3.0 cm shadowing rectangular structure is observed within the lumen. The wall in this region is mildly-thickened (up to 0.36 cm) and slightly irregular. The mesentery effacing the serosal surface in this region is mildly hyperechoic. Proximal to this region, there appears to be luminal distention with chyme. Distal to this structure, the lumen appears generally empty. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The colonic lumen contains some granular-appearing fecal material.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

At least one prominent mesenteric lymph node is visualized (measuring 1.94 x 0.45 cm).

Free Abdomen

An area of hyperechoic mesentery is observed in the midabdominal region. Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected small intestinal foreign body/obstruction with mild adjacent peritonitis. The wall thickening in this region may be secondary to inflammation or less likely, emerging neoplasia.
- Possible early pylorogastric or duodenogastric intussusception

Secondary Findings

- The prominent mesenteric lymph node is likely reactive, with a lower possibility of emerging neoplasia.
- Bilateral nonspecific age-related renal changes
- Gallbladder debris/sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any foreign material. Consider rechecking an ultrasound just prior to surgery to assess for movement of the foreign body into the colon. GI biopsies are also recommended in areas of thickened bowel.
- Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.



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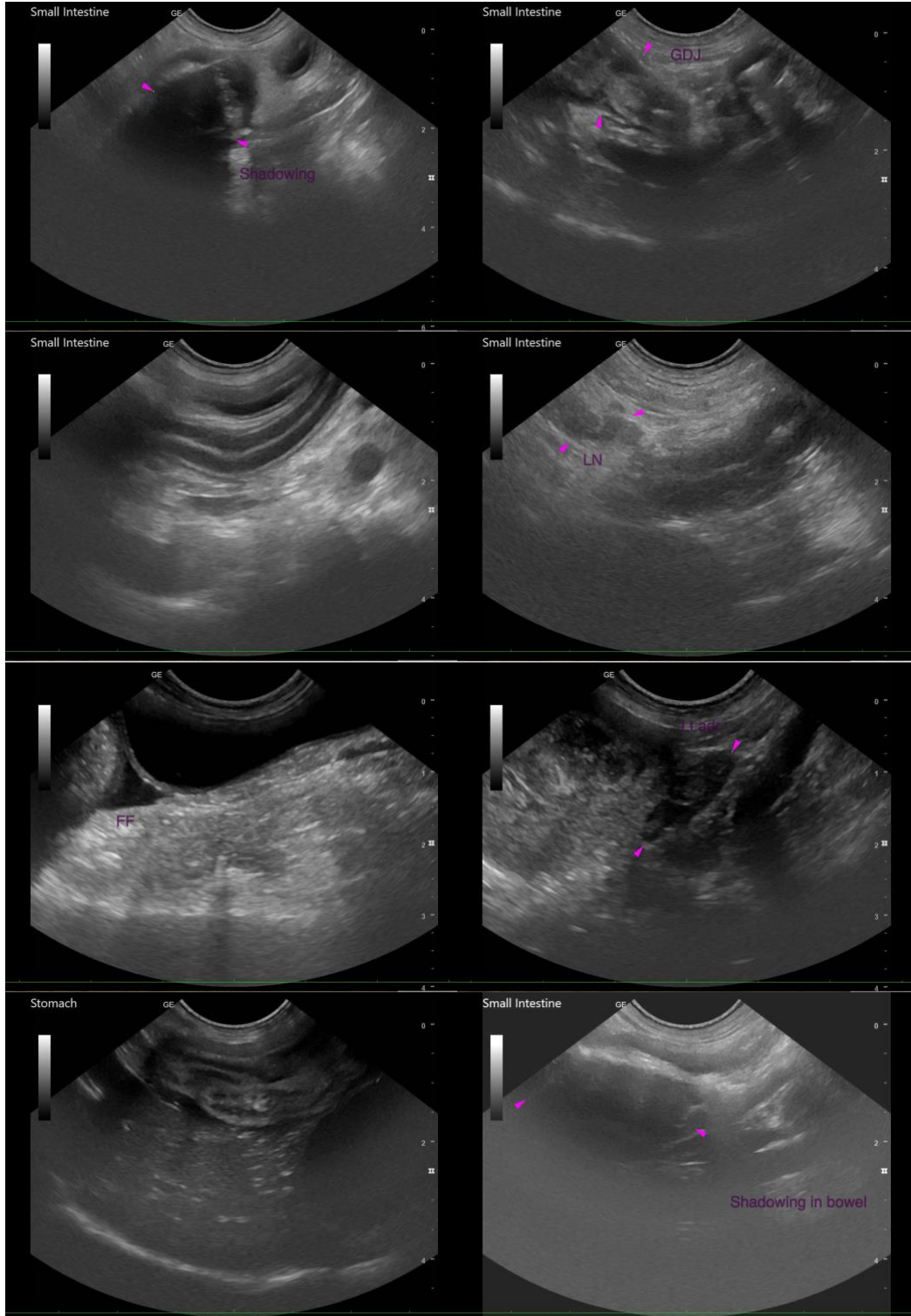
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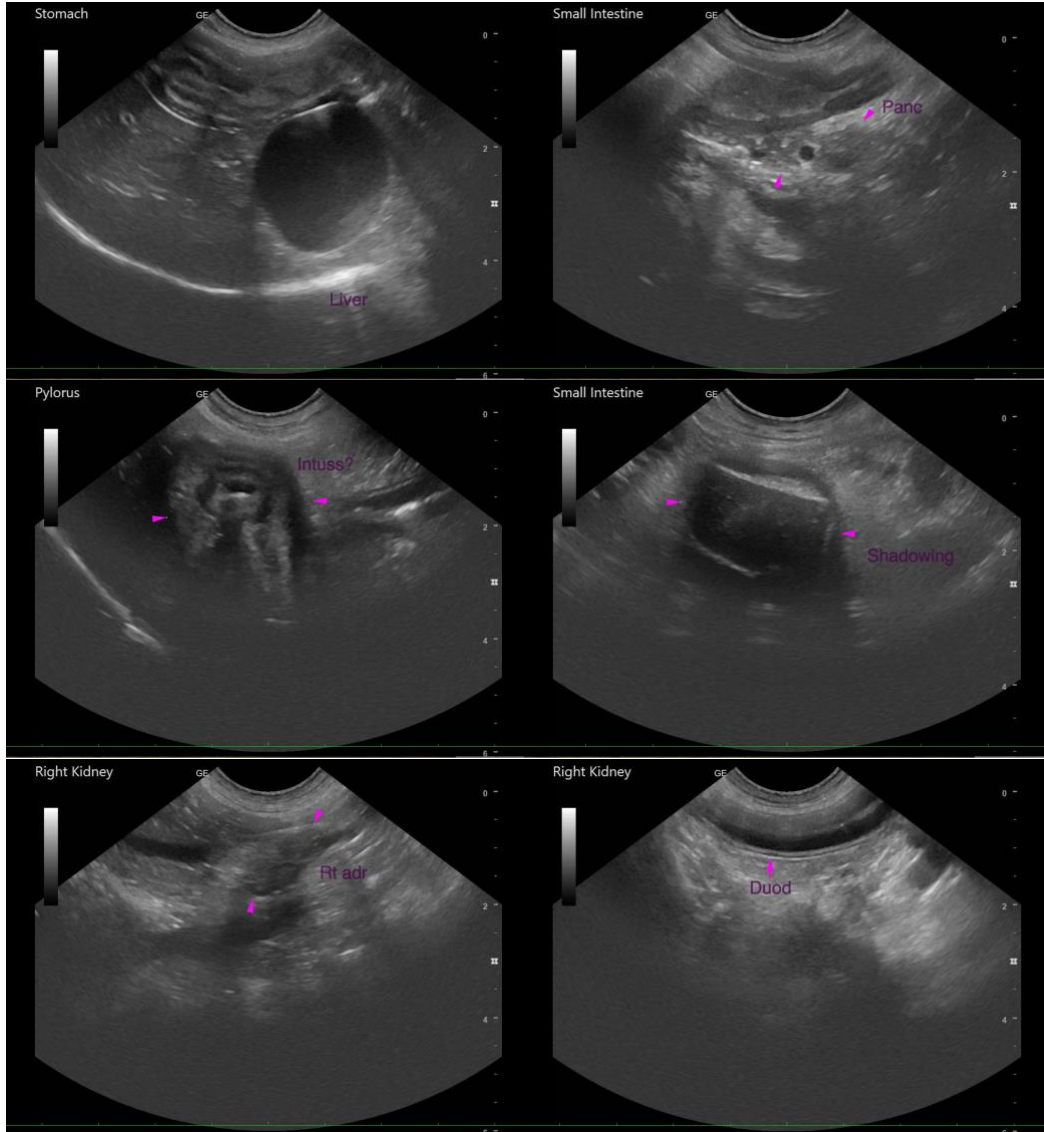
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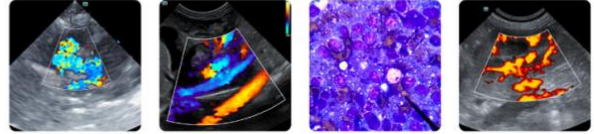
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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