

PATIENT

Daisy Nykl

SPECIES

Canine

BREED

Labradoodle

SEX

Female, spayed

AGE

4 Yrs.

WEIGHT

40 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Dean

INVOICE

14085

DATE

10/12/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, lethargy, decreased appetite, and straining to defecate with small amounts for the past few weeks. Patient reportedly passed a 4-inch stick a few weeks ago. Is known to ingest leaves and sticks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.49 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. A moderate amount of suspended hyperechoic debris is observed within the lumen along with a small amount of gravity-dependent mineralized sand. No distinct calculi are seen. The region of the trigone is normal.

The left kidney is normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (5.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.62 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.63 cm at cranial pole) (0.53 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

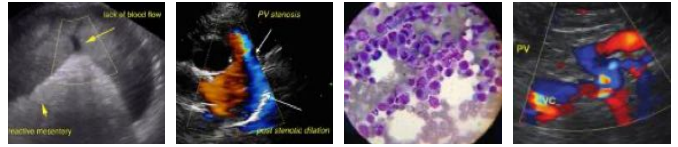
The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is gas distended. The gastric wall and pylorus appear normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. A few small intestinal segments in



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the right cranial quadrant are moderately fluid distended and hypomotile. In a separate segment of small intestine in the mid-abdominal region, soft shadowing material is visualized. The remaining small intestinal segments are empty. The small intestinal overall is normal in thickness with retention of the normal layering pattern. The colonic wall is normal. See also *Other* category.

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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.

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Labradoodle

Free Abdomen

In the right cranial quadrant, an ill-defined area of reactive mesentery is visualized. Within this region, an approximately 3 cm hyperechoic linear structure is observed and appears to extend from a jejunal segment. A small amount of free fluid is present.

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The left medial iliac lymph node is prominent, measuring 2.73 x 0.35 cm. A few prominent sublumbar lymph nodes are also seen, the largest measuring 0.69 cm in length. Several prominent to enlarged mesenteric lymph nodes are also observed, the largest measuring 4.00 cm in length.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Given the patient's clinical history of stick ingestion and the sonographic appearance of the right cranial quadrant, a perforating stick foreign body is of primary concern. There is peritonitis in this region. There is also suspected foreign material in another segment of small intestine.

Secondary Findings:

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Urinary bladder sand and debris are present.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for perforating foreign material. In the meantime, aggressive supportive care and broad spectrum antibiotic therapy is recommended.
- Given the history of vomiting, three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.

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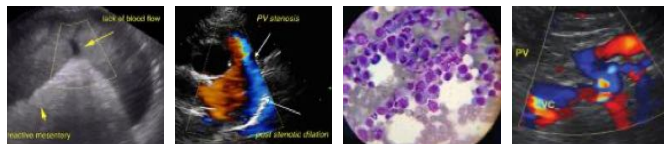
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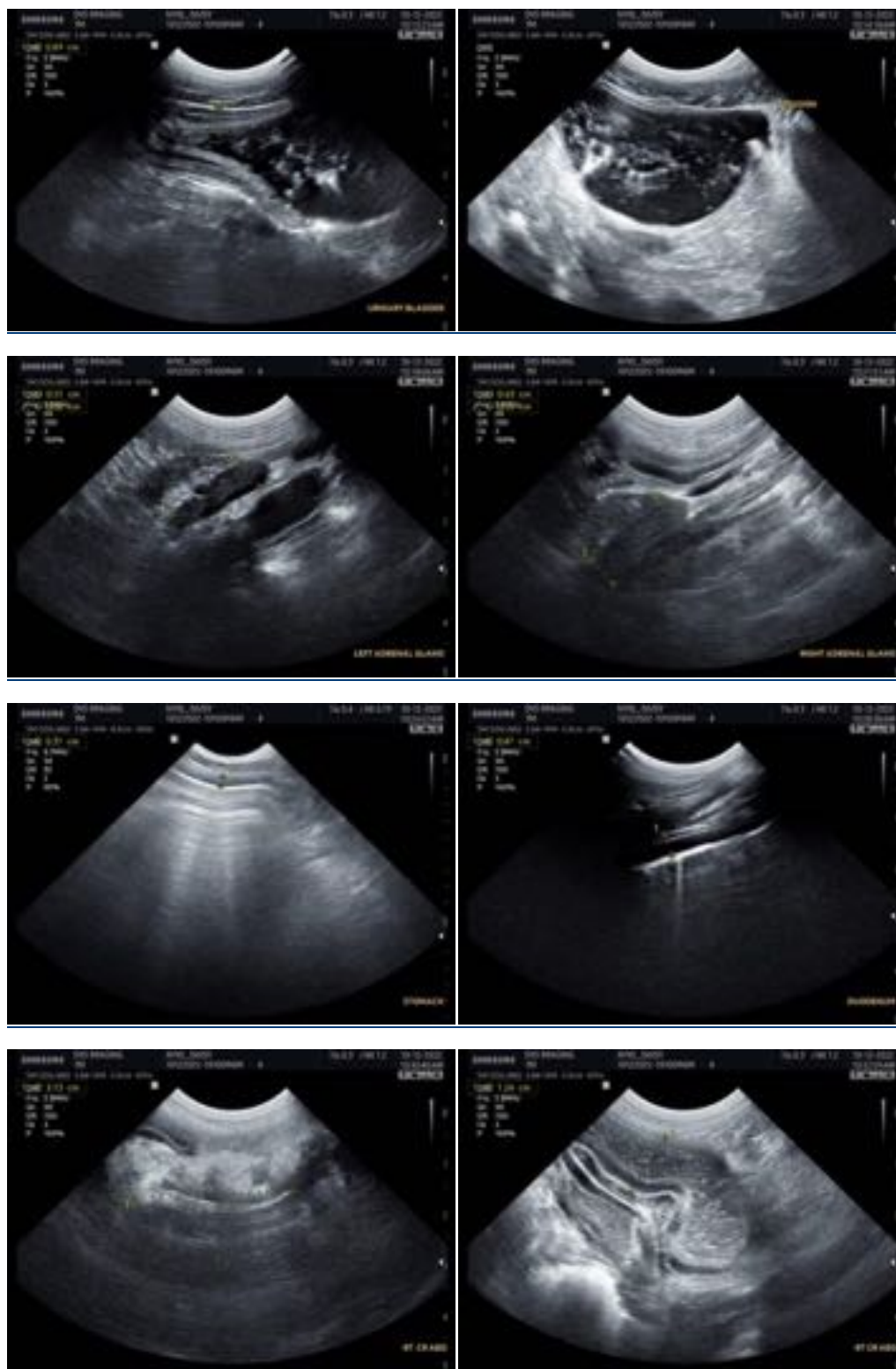
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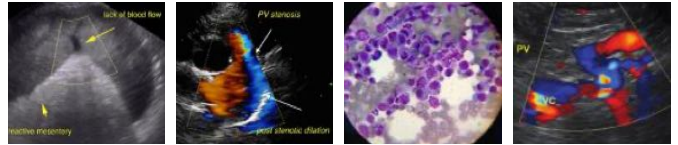
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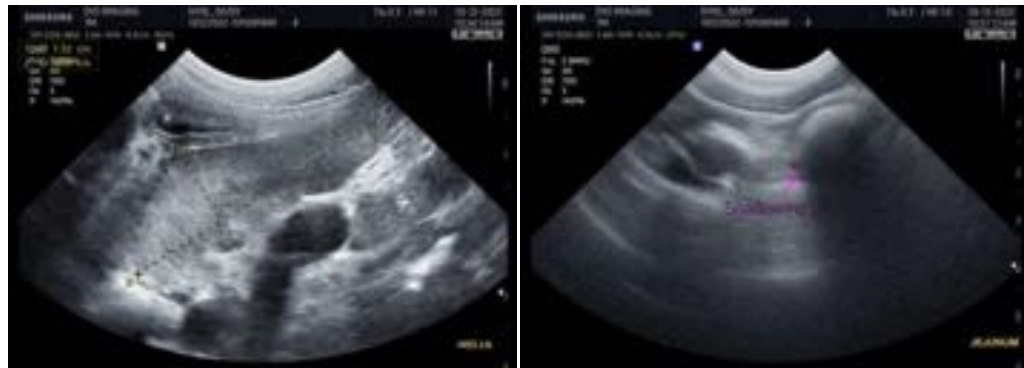
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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