

**DATE PRESENTING CLINICAL SIGNS**

10/13/21

The patient presented with a history of possible foreign body.

PATIENT

Margo Hodge

Current Medications: Cerenia, Famotidine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: Stat report requested by veterinarian.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Pit bull

The left kidney is normal size (5.42 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 hydroureter. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal size (4.81 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 hydroureter. Renal vasculature is normal.

AGE

2/6/17

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.57 cm at caudal pole) (2.03 cm in length); 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.

WEIGHT

42 lbs

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.51 cm at caudal pole) (1.72 cm in length); 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.

INTERPRETED BY

Eric Lindquist, DMV
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Spleen

The spleen is normal in size (1.30 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Mt. Airy AH

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Chaconas

Gastrointestinal

The gastric lumen is fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenum is fluid distended and hypomotile. A linear hyperechoic shadowing structure is observed within the bowel lumen in what is thought to be distal duodenum. The bowel in this region is plicated and the wall is thickened (up to 0.61 cm) with loss of some of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining bowel segments, some loops are mildly fluid-distended and some are empty. The remaining bowel wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal.

INVOICE

12353

Pancreas

A portion of the pancreas is obscured by the gastric distention in the visualized portion. No obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. A few prominent lymph nodes are observed in the mid-abdominal cavity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

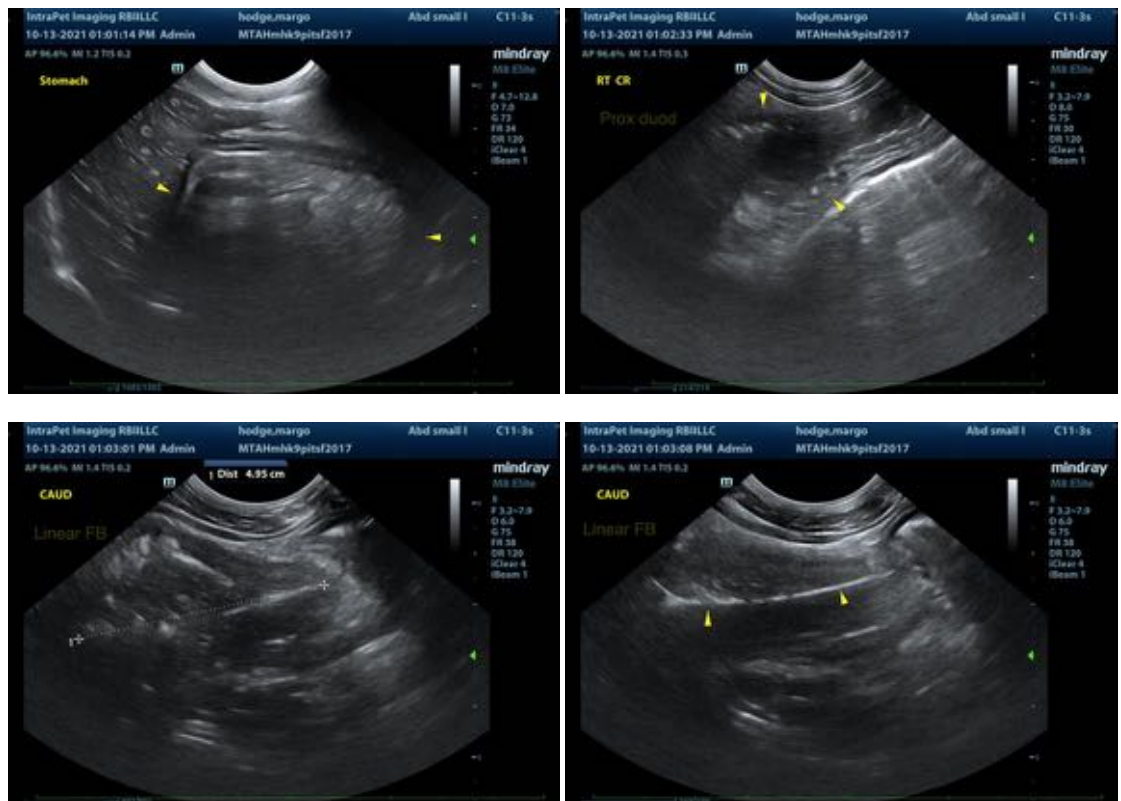
- Probable small intestinal linear foreign body/obstruction with regional peritonitis (rule out septic vs sterile). The adjacent lymphadenopathy is likely reactive.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for aspiration pneumonia.
- An abdominal exploratory with foreign body removal is recommended as soon as possible due to the possibility of bowel perforation. A resection and anastomosis may be warranted, depending on bowel integrity.







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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