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Clinical Sonography & Telecytology
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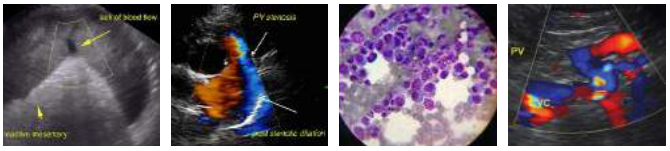

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1-800-838-4268 info@sonopath.com

PATIENT
Blue Erickson

SPECIES
Canine

BREED
Labrador

SEX
Male Neutered

AGE
9 Years

WEIGHT
41 kgs.

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

IMAGING PERFORMED BY
Patti Mayfield

HOSPITAL NAME
Bend Animal Emergency Specialty Center

REFERRING VET
Dr. Stone

INVOICE
11994kk

DATE
10/9/21

PRESENTING CLINICAL SIGNS

History: 2 days duration of vomiting and anorexia. Patient has been known to ingest underwear (~ 5 years ago) which required endoscopic retrieval from stomach. Patient is not responding well to medical management (IVF, Cerenia).

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/lytes: NSF

Abdominal radiographs: Several studies over the last 24 hours indicate gastric contents with varying degrees of gastric gas, although no obvious FB. Soft tissue density material (possible cloth) noted in distal duodenal region, however not obvious.

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.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.69 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.

The right kidney is normal size (7.53 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.

Adrenal Glands

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.72 cm at caudal pole) (2.88 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.

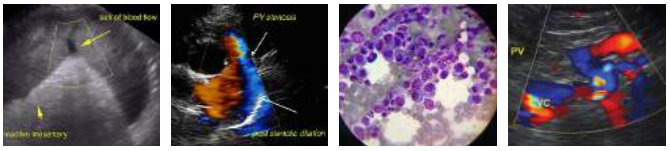
The right adrenal gland is normal size (1.40 cm at cranial pole) (0.67 cm at caudal pole) (2.60 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.91 cm in width at the level of the hilus) 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



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congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall is normal in thickness with a normal layering pattern. Within the pyloric antrum, soft shadowing material is visualized. A segment of small intestine, which is thought to be duodenum, is severely plicated. Within the lumen of this segment, a hyperechoic, linear, shadowing structure is observed. The lumen in this region is fluid distended and hypomotile. The wall is thickened (up to 0.58 cm) with slight loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the lumen is not dilated, and the walls are normal in thickness with a normal layering pattern. The colonic wall is normal.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Probable linear foreign body/obstruction in the small intestine, likely duodenum. Regional peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for aspiration pneumonia.
2. An abdominal exploratory is strongly recommended to assess for and remove any foreign material.

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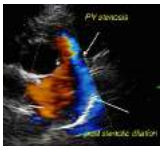
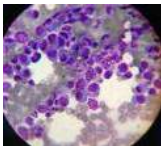
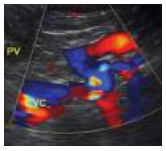

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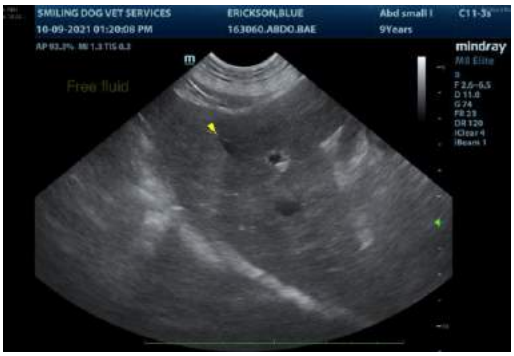

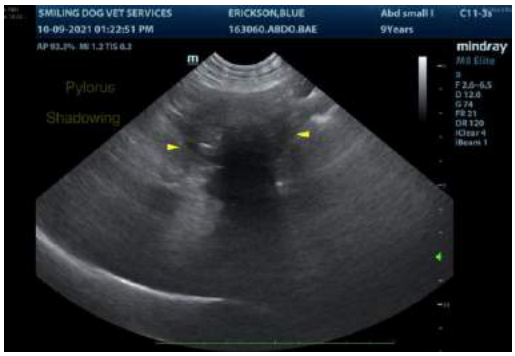

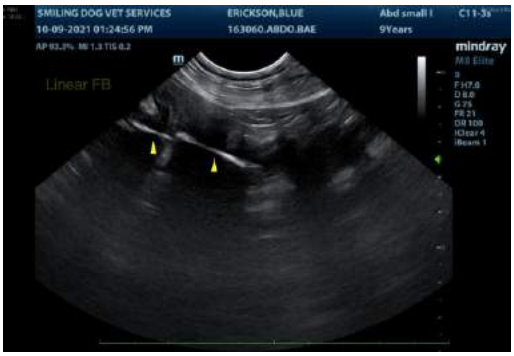

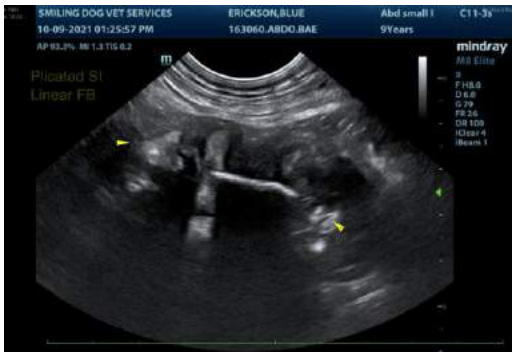

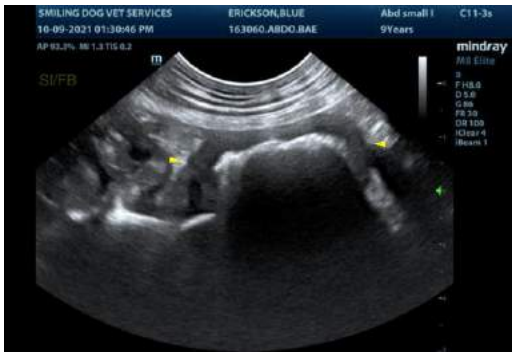

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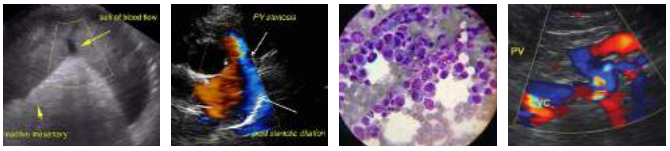

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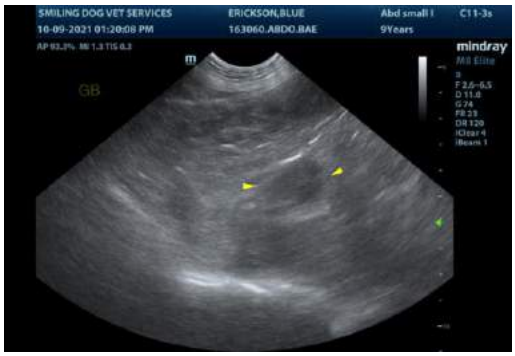

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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