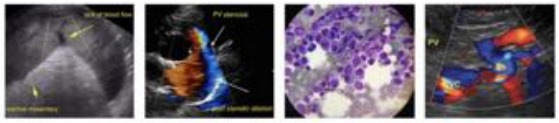

PATIENT

Cash Woody

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

10/20/2013

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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INVOICE

11984

DATE

11.7.21

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
regurgitation x 48 hours; r/o gastritis, pancreatitis, hiatal hernia, esophagitis, other
lethargy
decreased appetite
obesity
dental calculus w/ gingival recession

Current Medications: Apoquel 8mg SID, NG q 30 days
Radiographic Findings: Moderately to greatly dilated fluid and gas-filled stomach and mild distention of the duodenum. Gastritis is possible however I cannot rule out lucent foreign debris in the duodenum causing an obstruction. An ultrasound of the abdomen is highly recommended with careful evaluation of the pyloric outflow tract and small bowel. There is no evidence of a dilated esophagus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. A moderate amount of echogenic to mineralized, suspended debris, along with a small amount of gravity dependent mineralized sand is observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.82 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A thin, hyperechoic medullary band is observed adjacent to the corticomedullary junction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is subjectively normal size, with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A thin, hyperechoic medullary band is observed adjacent to the corticomedullary junction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

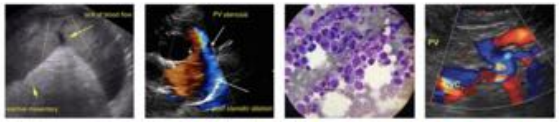
Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.61 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 (0.79 cm at cranial pole) (0.54 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 overall normal in size (1.28 cm in width at the level of the hilus) with a normal capsular contour. A 1.40 x 1.33 cm hypoechoic nodule/mass is observed at the caudal pole. In addition, a small hypoechoic nodule (0.38 cm) is observed near the hilus. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.



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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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen moderately distended. The wall is normal in thickness. A moderate to large amount of aggregated, echogenic to mineralized, suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely distended with fluid and hyperechoic shadowing material and is hypomotile. The pyloric outflow tract is patent. The proximal small intestine is mildly distended with fluid and chyme and is hypomotile. Within the distal duodenal/proximal jejunal lumen, a 2.42 cm irregular, hard shadowing structure is visualized. The wall in this region is mildly thickened (0.29 cm). The mesentery effacing the serosal surface in this area is hyperechoic. In the remaining small intestinal segments, the lumen is empty. The wall normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion (right limb), the peripheral margins are curvilinear, and the parenchyma is largely isoechoic relative to surrounding omental fat with subtle mottling. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid.
The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Findings

- Small intestinal foreign body/obstruction with adjacent peritonitis
- Emerging gall bladder mucocele
- Splenic nodule/mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, a benign process (i.e., focal lymphoid hyperplasia, extramedullary hematopoiesis, or similar) is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. An abdominal exploratory surgery is recommended to remove the foreign body. Also consider a splenectomy +/- cholecystectomy at the time of surgery if the patient is stable.

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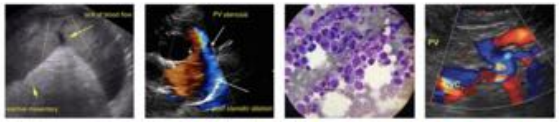

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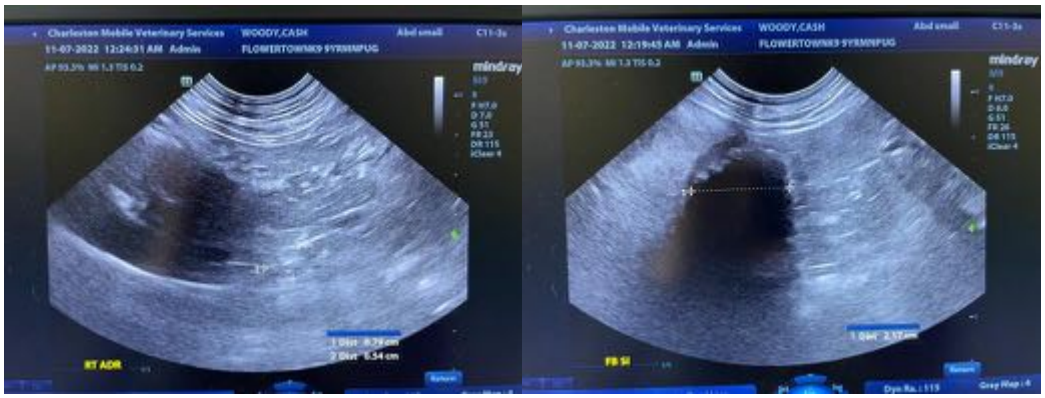

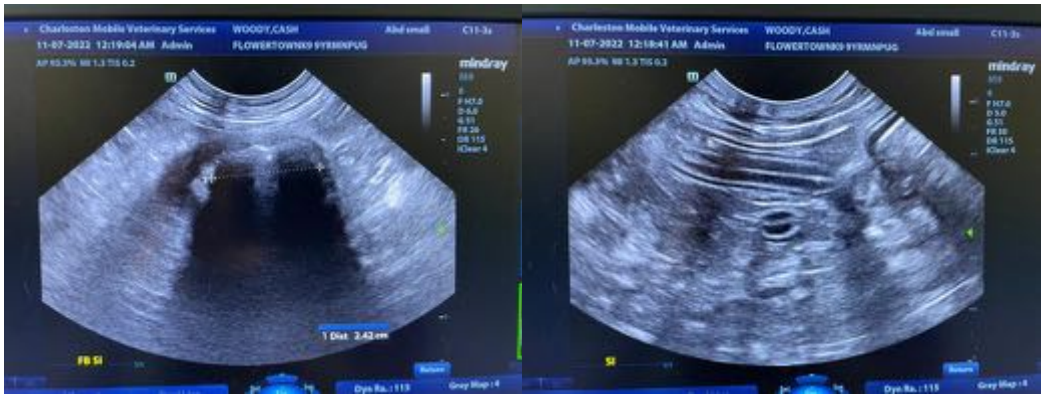

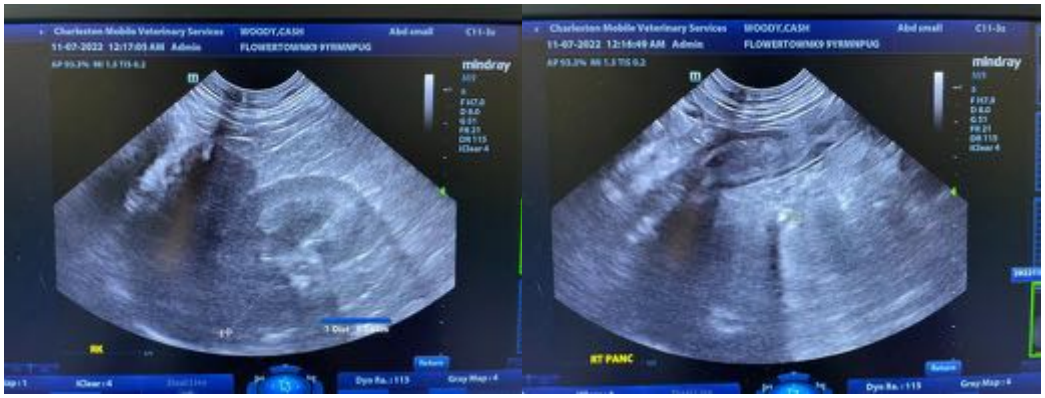

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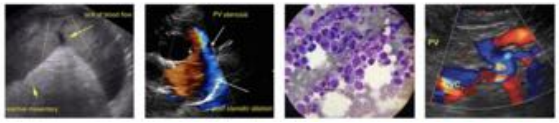

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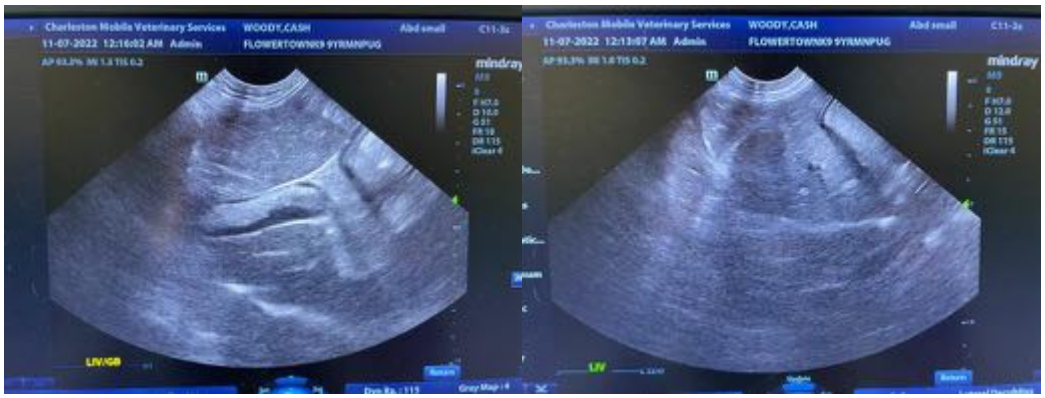

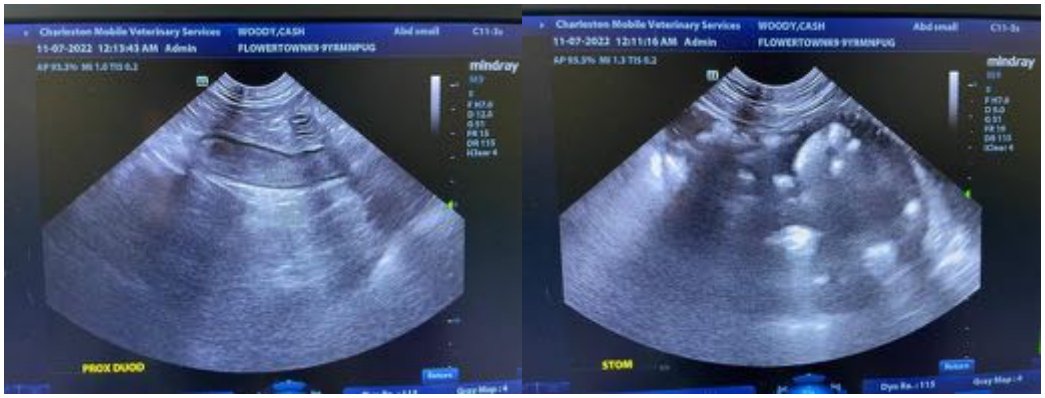

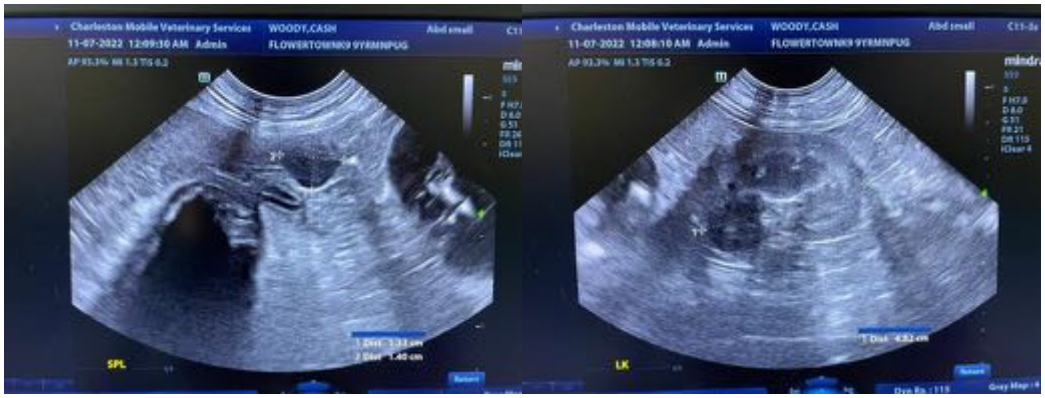

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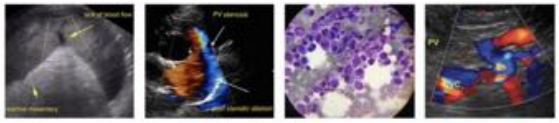

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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