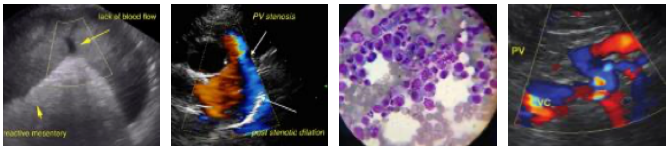
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Charlie Kersten

SPECIES
Canine

BREED
Cockapoo

SEX
Male, neutered

AGE
7 Yr. 1 month

WEIGHT
15 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Maller

INVOICE
14198

DATE
11/9/22

PRESENTING CLINICAL SIGNS

History: Owner noticed symptoms 3/4 days ago of vomiting, decreased thirst/appetite and lethargic. Owner took Charlie to PCDVM where blood work was done, and they suspected a GI Tract infection so they prescribed 3 medications which have all been started. Charlie is throwing up 30min-1 hour after medications are given. Vomiting would consist dark yellow coloring with a strong odor and happen every hour.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.04 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.21 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.65 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.

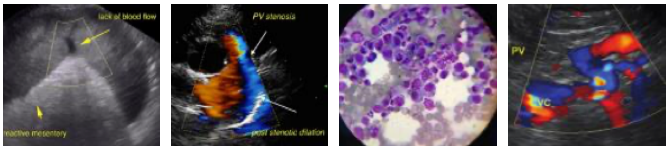
The right adrenal gland is normal size (0.55 cm at cranial pole) (0.56 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.22 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 congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is severely distended with heterogeneous material. A hyperechoic shadowing structure is visualized within the gastric lumen and extends through the pylorus and into the jejunal at which point, more heterogeneous shadowing material is seen. The small intestinal segments with foreign material are moderately to severely fluid distended and hypomotile with areas of plication. The mesentery effacing the serosal surface of the distended loops is mildly hyperechoic. Distal to the heterogeneous material within the jejunal lumen, the bowel is empty, and the wall is normal in thickness with a normal layering pattern. The colonic wall is normal.

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 0.85 cm medial iliac lymph node is visualized. At least one prominent mesenteric lymph node is seen measuring 0.68 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected linear foreign body extending from the stomach into the jejunum with subsequent obstruction and adjacent peritonitis.

Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The medullary bands seen in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory with removal of the foreign body is recommended. Three-view thoracic radiographs should be considered prior to anesthesia to assess for occult aspiration pneumonia.

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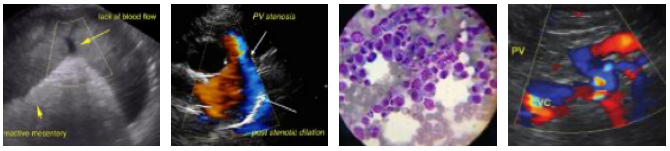

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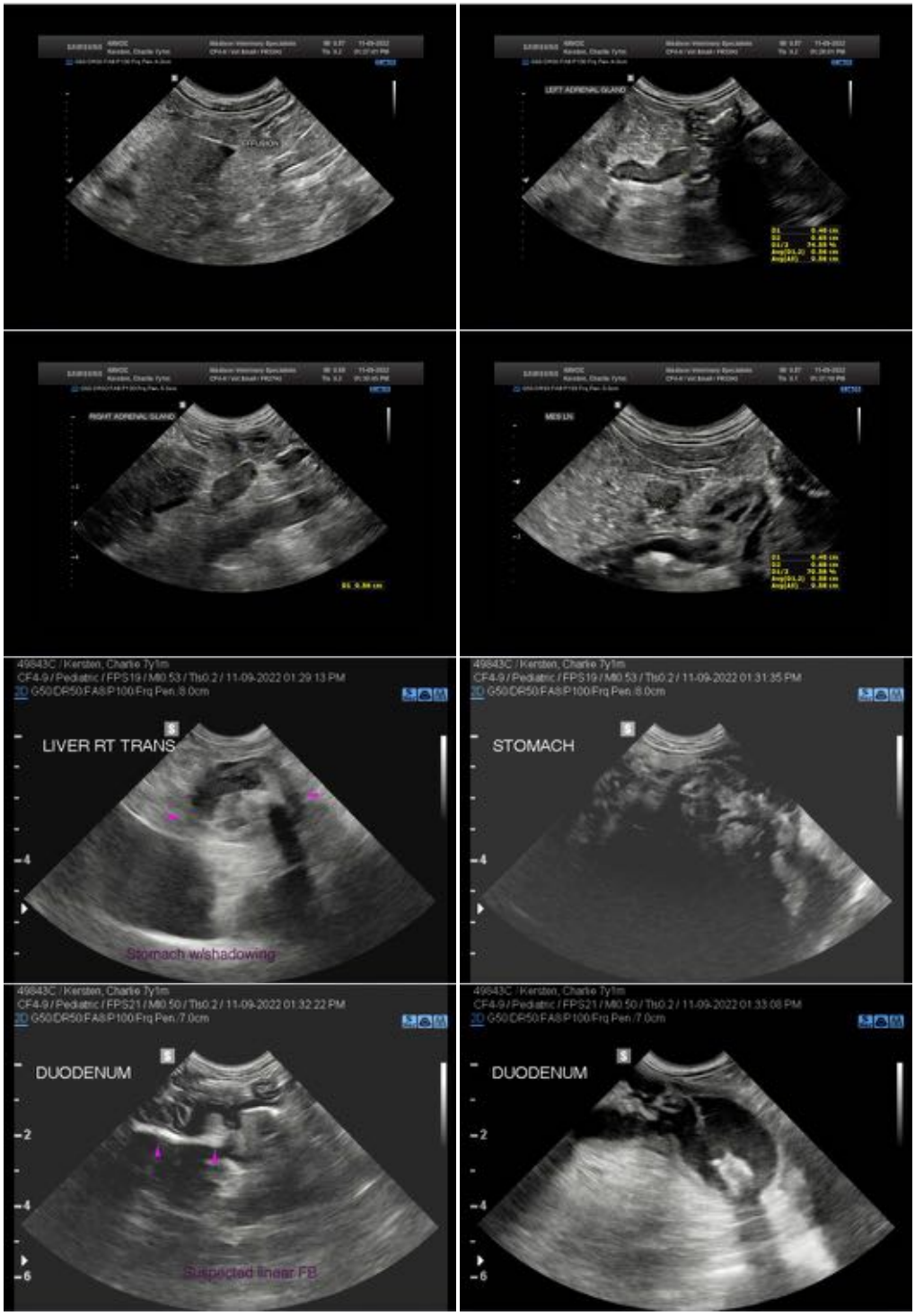

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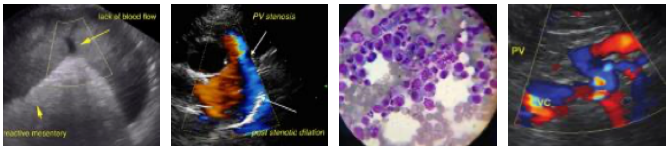

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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