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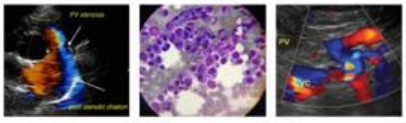

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tweedy Spadino
356029

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

8 mos

WEIGHT

25.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Bianco

INVOICE

11947

DATE

12.2.22

PRESENTING CLINICAL SIGNS

History: Tweedy presented to WVRC-Waukesha as a transfer from WVRC-Kenosha for an abdominal ultrasound. Tweedy has a three-view thoracic radiographs are recommendedday history of vomiting. This morning he ate his normal breakfast. The owner then went to school and came back to find him shaking and scared. He was initially brought to his primary veterinarian who performed bloodwork and abdominal x-rays. The x-rays were suspicious of a foreign body obstruction. They administered SQF and then he was transferred to Buffalo Grove for an AUS. Buffalo Grove was unable to facilitate the visit, so they then presented to WVRC-Kenosha. At WVRC-Kenosha, they placed an IVC and drew blood. He was then sent here for an AUS. Tweedy has a history of eating socks and then vomiting them back up. No known dietary indiscretion prior to this onset of vomiting. Otherwise, healthy puppy.

**This study was limited to the GI tract. There is a potential for pathology in organs that were not visualized

ULTRASONOGRAPHIC EXAMINATION OF THE GI TRACT

Gastrointestinal

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen contains echogenic fluid and gas. A hard shadowing structure (suspected foreign body) is observed in the region of the pyloric antrum and extends through the pylorus, and several centimeters into the small intestine (duodenum +/- proximal jejunum). The mesentery effacing the bowel wall in this region is hyperechoic. Just distal to the suspected foreign body, the jejunal lumen is mildly to moderately fluid-distended. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecocolic junction and colonic wall are normal.

Free Abdomen

A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.89 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected gastrointestinal foreign body/pyloric outflow tract obstruction with adjacent peritonitis.
- 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 remove the foreign material.
- Consider three-view thoracic radiographs prior to surgery to assess for occult aspiration pneumonia.
- Baseline lab work is also recommended to evaluate overall metabolic function.

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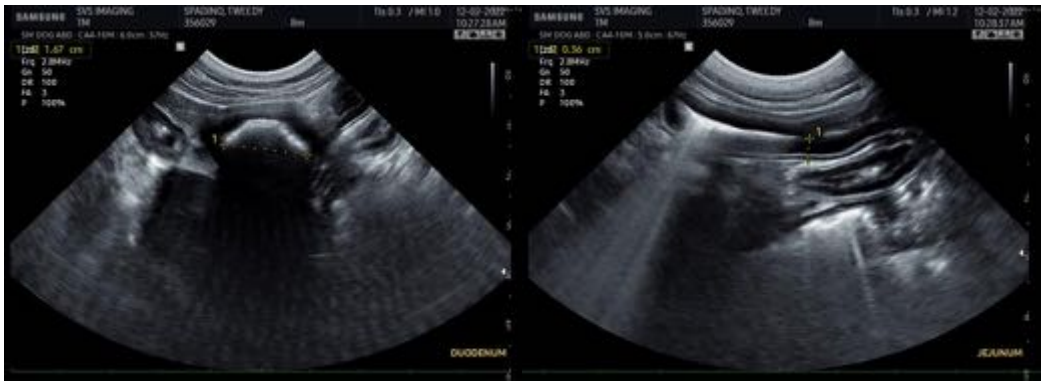

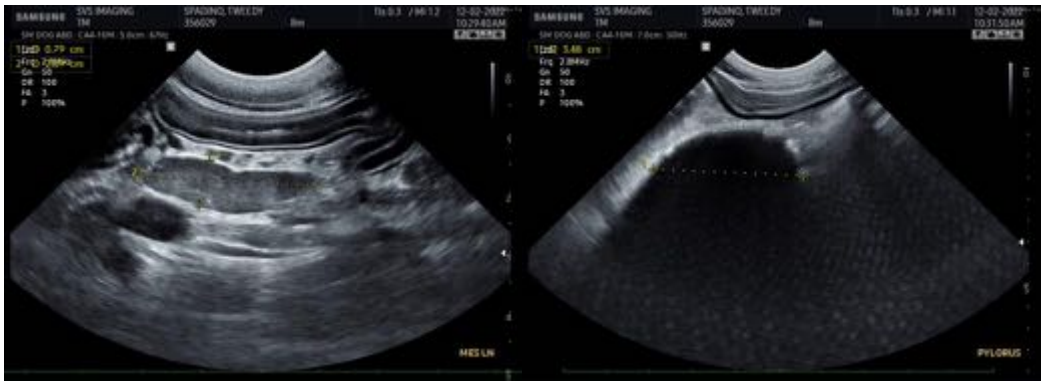

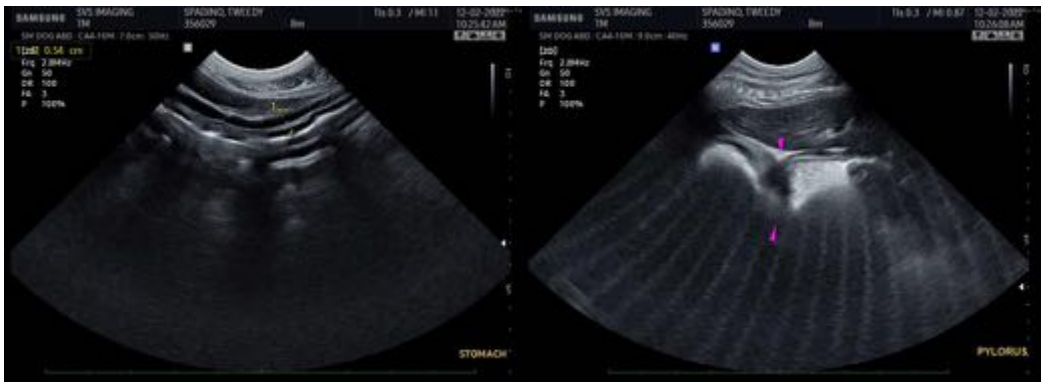

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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