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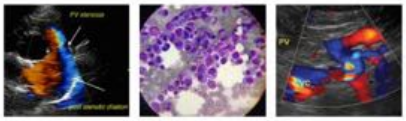
SVS IMAGING



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

PATIENT

Rudy Mueller 54045A

SPECIES

Canine

BREED

English Setter

SEX

Neutered Male

AGE

8 years, 2 mo

WEIGHT

34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec Dr. McCaughey

INVOICE

11896

DATE

12.22.22

PRESENTING CLINICAL SIGNS

History: Patient presented to pDVM on 12/21/22 for concern about a foreign body obstruction- has been painful, not defecating, and thrashing, starting primarily over the last few hours, progressively worsening. Vomiting- starting yesterday, once yesterday, twice today, mostly liquid and the food he had eaten. Caregiver gave him some hydrogen peroxide at home to make him vomit for the third time. White strings were present in one of the vomits, but it disintegrated when picked up. Refused breakfast but did eat some canned food later in the day with his medications. Had gotten a dental last week, seemed to take him a while to get back to normal following. Has had 5 foreign body obstructions before, with portions of small intestine resected. Surgeries have been performed by Fox Valley. Has also previously developed peritonitis. Currently eats RC ultamino and canned z/d due to allergies. Wears a muzzle while outside. Unknown about bowel movements. Do not know what obstruction could be.

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 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 normal in size (1.48 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 (6.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.71 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

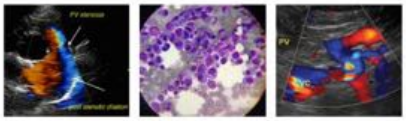
The right adrenal gland is normal size (0.61 cm at cranial pole) (0.74 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.93 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to the spleen, with numerous small (<1.00 cm), ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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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 lumen is mildly distended with liquid-appearing ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal small intestine is mildly fluid-distended. Within the distal jejunum, several centimeters of soft, shadowing material is observed within the lumen. The wall in this region is normal to mildly thickened (up to 0.49 cm) and irregular. The mesentery effacing the serosal surface in this area is hyperechoic. Also, in the distal jejunum, there is an area of suspected luminal narrowing, just distal to the shadowing material. 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.

Other

The medial iliac lymph node are visualized (left: 1.87 cm in length) (right: 1.56 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected distal jejunal foreign body/obsttruction with possible luminal narrowing just distal to this region. This narrowing may represent stricture (i.e., due to adhesions from a previous surgery), infiltrative neoplasia, or my be artifactual. The wall thickening in this region is most consistent with inflammation with a lower possibility of emerging neoplasia.
- Peritonitis is present, likely secondary to a foreign body/obstruction.

Secondary Findings

- The hepatic parenchymal changes are nonspecific and could be secondary to benign age-related changes (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, more insidious pathology (i.e., inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia) is possible. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any foreign material and to evaluate for jejunal luminal narrowing. Also consider a liver biopsy at the time of surgery, particularly if the patient's ALT is substantially elevated.
- Thoracic radiographs are recommended prior to anesthesia to evaulate for occult aspiration pneumonia.

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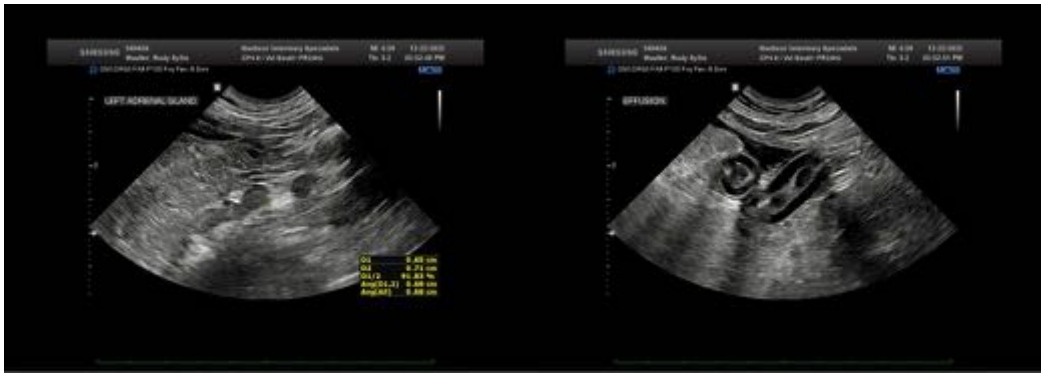

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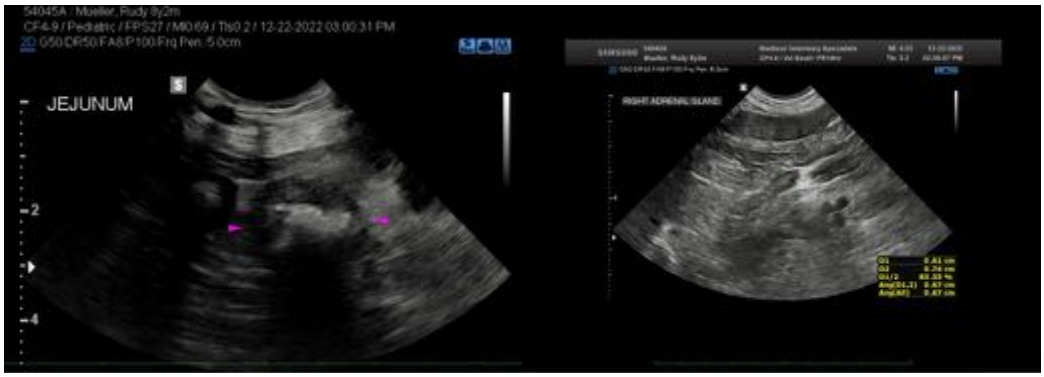

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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