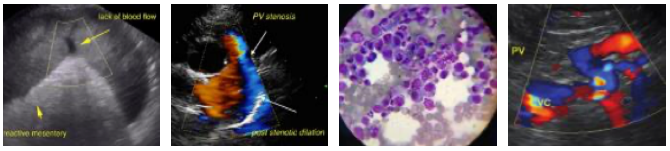

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1-800-838-4268 info@sonopath.com

**PATIENT**
Pippin Mabin

**SPECIES**
Canine

**BREED**
Border Collie

**SEX**
Male, neutered

**AGE**
5 Yrs. 7 Months

**WEIGHT**
33 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 VS- Dr. Strauss

**INVOICE**
14310

**DATE**
12/6/22

## PRESENTING CLINICAL SIGNS

History: Pippin presented to the MVS Emergency Service on Dec 06, 2022, at (10:30am), for evaluation of vomiting and inappetence. On Sunday, Pippin started to vomit at 9am after he had ate. He continued to vomit throughout Sunday and Monday. He has been unable keep and water down and has refused any food since Sunday morning. They took him to the primary care vet on Monday, which at that time they performed x-rays and gave him maropitant. It was suspected that he may have a forgein body. Pippin did not show any improvement over night so owners brought him here for further care. Current medications: Keppra 1500mg PO BID Zonisamide 300mg PO BID Phenobarbital 127.5mg PO BID Thyrotabs 0.8mg PO BID Gabapentin 300mg PO BID

## 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 2-3 cm, are normal.

The prostate is normal in size (0.98 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 (6.47 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.

The right kidney is normal size (6.82 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.

### *Adrenal Glands*

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.75 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.

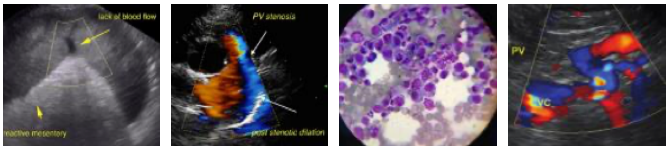
The right adrenal gland is normal size (0.92 cm at cranial pole) (0.63 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (1.45 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



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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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The gastric lumen is moderately distended with fluid and gas and appears hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A several cm segment of jejunum is mildly fluid distended and hypomotile. The wall in this region is borderline thickened (up to 0.48 cm) with retention of the normal layering pattern. The mesentery effacing the serosal surface in this area is hyperechoic. The lumen of the remaining small intestinal segments is empty. The walls are otherwise normal in thickness with a normal layering pattern. Discreet masses are not identified. The ileocecocolic junction is normal. Shadowing material is observed within the transverse and descending colon. The colonic wall is normal.

### *Pancreas*

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

### *Free Abdomen*

There is questionable trace free fluid.

The medial iliac lymph nodes are visualized, the largest measuring 2.49 cm in length. The nodes are normal in shape and echogenicity. 2-3 prominent mesenteric lymph nodes are also seen, the largest measuring 1.59 cm in length.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

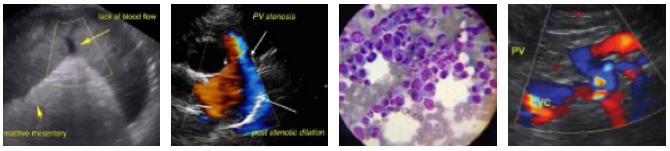
- The shadowing structures within the colonic lumen are suspectd to represent foreign material. The dilated segment of jejunum likely represents focal ileus, possibly secondary to passing foreign material. The wall changes are suggestive of an inflammatory process with a lower possibility of emerging neoplasia. Mild adjacent peritonitis is present.

**Secondary Findings:**

- 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

- Baseline lab work (CBC, chemistry, urinalysis) is recommended, if not already performed.
- Continued supportive care for acute gastroenteritis/passing foreign material is recommended.
- Given there appears to be (suspected) foreign material within the colon, surgery is not indicated at this time. However, the patient should be closely monitored. If the patient's clinical



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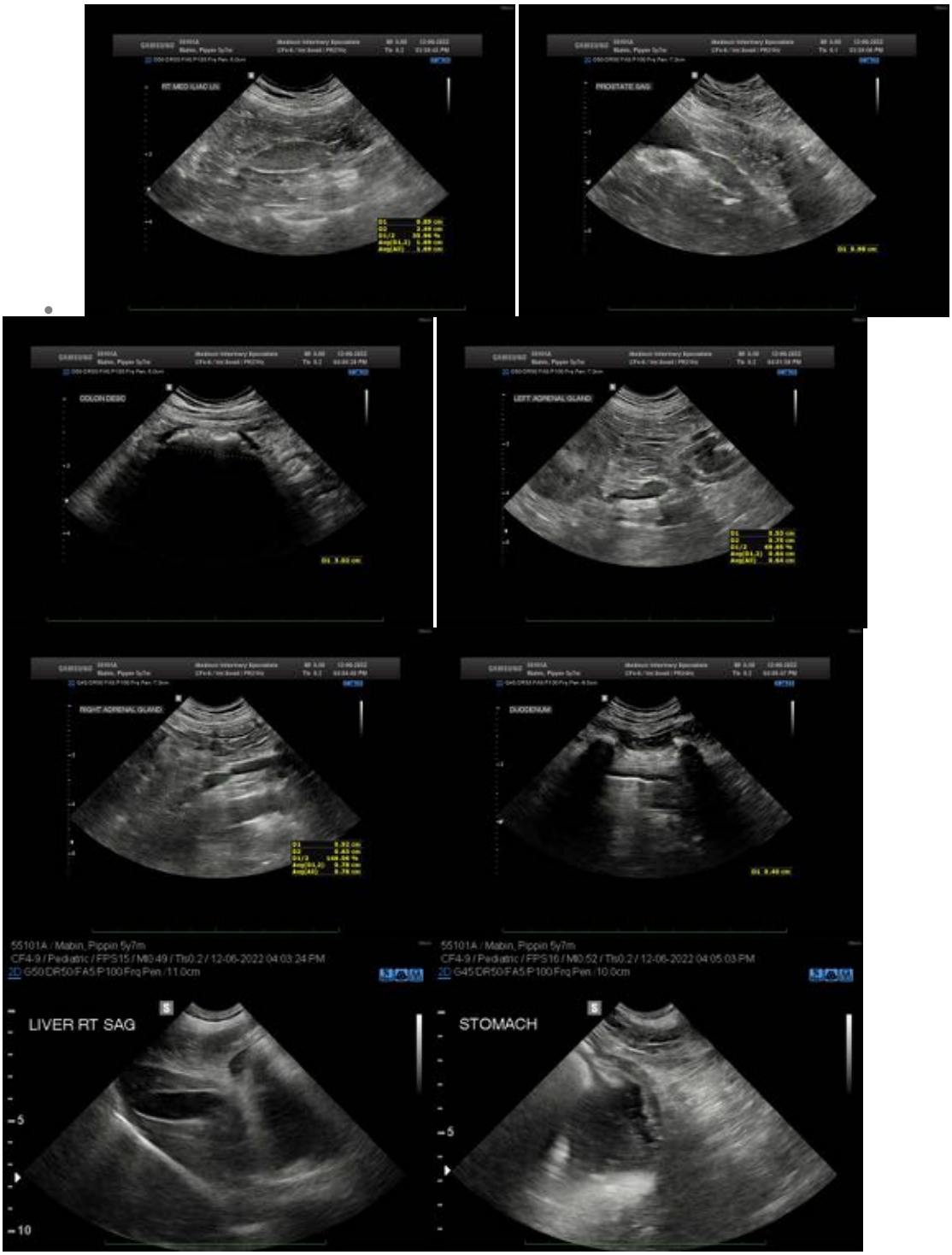
status does not improve over the next 24-48 hours with medical management, consider a repeat abdominal ultrasound and more advanced GI workup.



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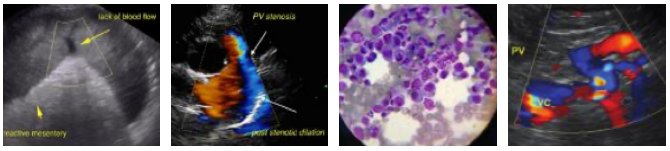

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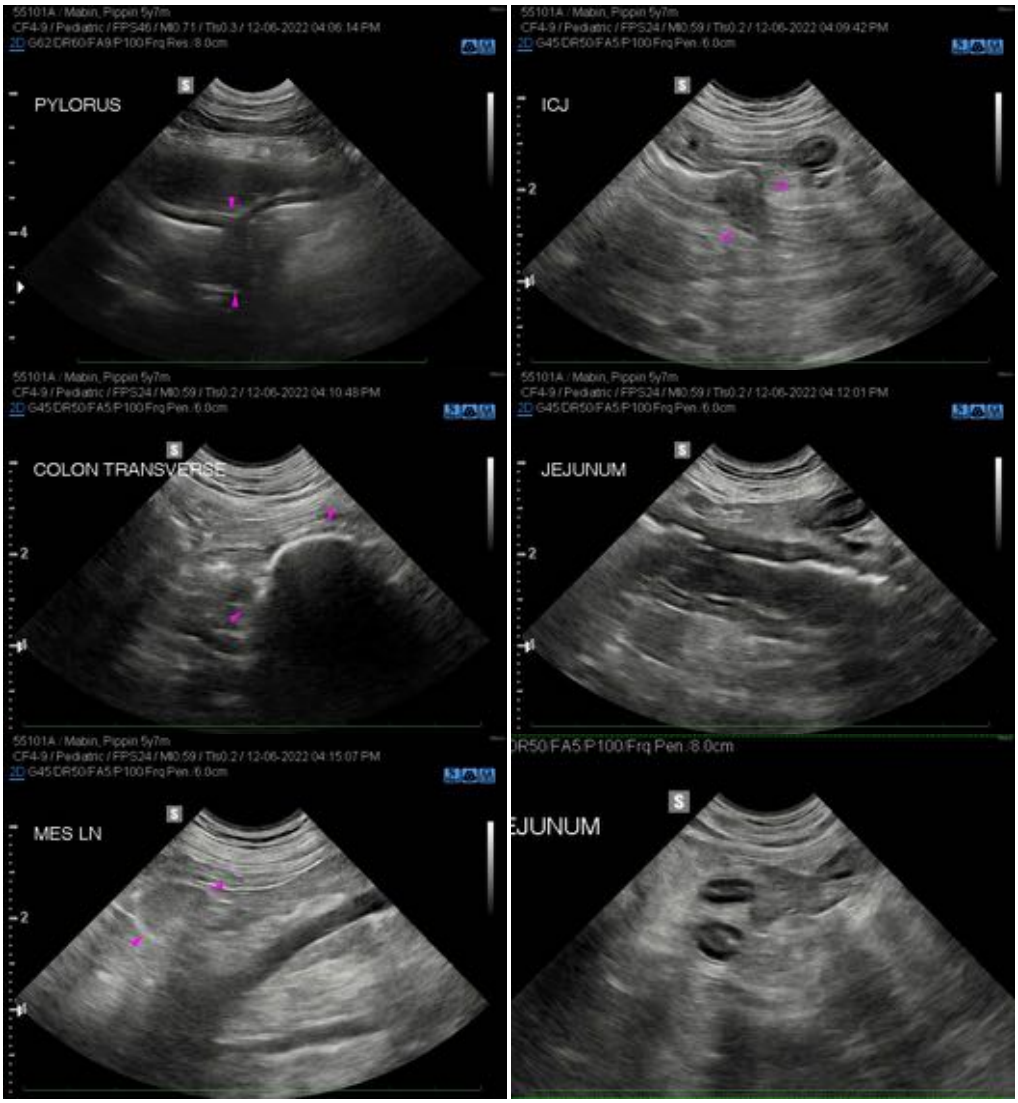


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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