

**DATE PRESENTING CLINICAL SIGNS**

2/22/22

Vomiting, restless, foreign body, lethargic & not eating. On PE abdomen tense and slightly dehydrated.

PATIENT

Grizz Gardner

Current Medications: Ondansetron, Buprenorphine, Acepromazine.

Lab Results: Pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT Requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREEDChesapeake Bay
Retriever**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. The wall is slightly thickened (up to 0.36 cm) with smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male

The prostate is enlarged (4.46 cm length x 3.92 cm width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

2/22/17

The left kidney is normal size (7.94 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

93.3 lbs.

The right kidney is normal size (7.98 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.73 cm at caudal pole) (3.15 cm in length); 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.

HOSPITAL NAME

Animeral Emergency
Hospital

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.87 cm at caudal pole) (4.32 cm in length); 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.

REFERRING VET

Dr. Martinoli

Spleen

The spleen is normal in size (2.15 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.

INVOICE

13010

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 small amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. A 2.81 cm hard shadowing structure is observed within the jejunum. The mesentery effacing the serosal surface in this region is hyperechoic. The small intestinal lumen proximal to this structure is dilated with fluid/chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

The left limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

The testicles are subjectively normal in size (left testicle 3.08 x 1.86 cm; right testicle 3.96 x 1.96 cm) with homogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

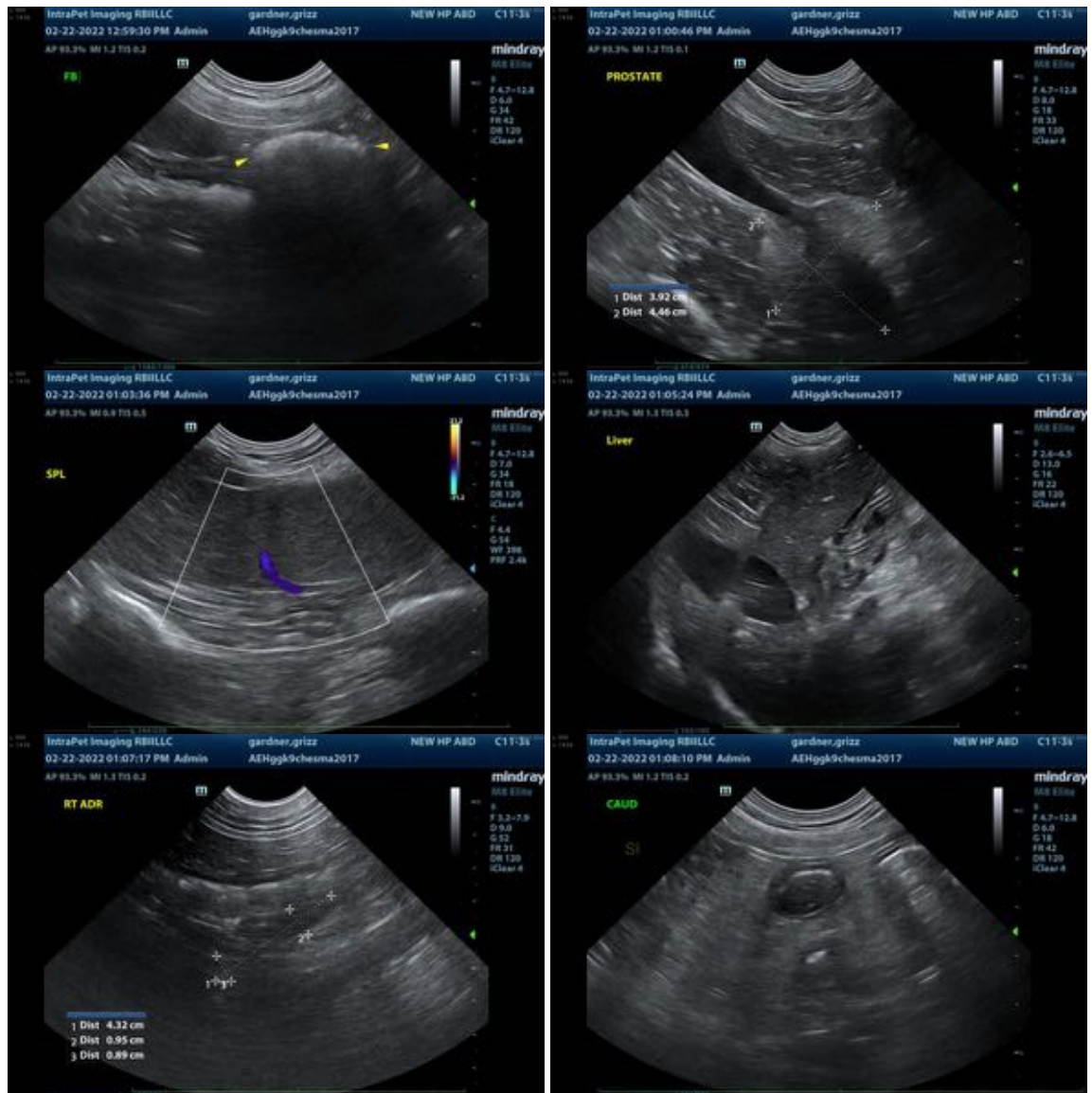
- Suspected jejunal foreign body/obstruction with regional peritonitis.

Secondary Findings:

- The pancreatic changes are suggestive of chronic pancreatic remodeling/fibrosis +/- low-grade inflammation.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The mild urinary bladder wall thickening may be artifactual due to lack of full repletion or may represent low-grade cystitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory to assess for/remove the intestinal foreign body is recommended. Consider castration at the time of surgery if the patient is stable.
- Three-view thoracic radiographs to assess for occult aspiration pneumonia prior to anesthesia.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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