

**DATE PRESENTING CLINICAL SIGNS**

2.27.23

P has had a decreased appetite for 2 weeks. Thursday (2/23/23) P threw up 7 times and hasn't been eating since. Concerns that P was being treated for hotspot about 2 wks ago and wasn't taking medication well, decreased appetite started around that time. ATO they were at reg vet yesterday and P has BW and x-rays - concerns for renal disease and UTI - stomach/liver/spleen area on x-rays were abnormal but radiologist thought it was thickening of the stomach - Creat 1.9 (H), increase TP/Glob - UA was 1.050 - hyaline cast present - started on antibiotic and Cerenia but P hasn't taken any meds. Last night P was depressed, wouldn't lift head, wouldn't eat 8 pm last night P drank but threw up water Os feel that P is having difficulty with right side mobility No other medical hx, no chronic meds

PATIENT

Dublynn Isennock

SPECIES

Canine

Current Medications: Metoclopramide, Buprenorphine, Potassium Chloride, Protonix.
 Lab Results: See attached.

BREED

German Shepherd

Radiographs: NGT in place. Stomach considerably less dilated than earlier but still distended. Concern for foreign material in stomach. Severe spondylosis, caudal T-spine; multiple regions in lumbar spine as well as LS jxn

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Requested by DVM.
 Imaging Performed By: Andi Parkinson, RDMS

AGE

2.25.2012

Portions of the abdomen were difficult to evaluate due to increased attenuation from enflamed mesentery.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

78.3 lbs

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 is normal.

INTERPRETED BY

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The left kidney is normal in size (6.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (6.75 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

HOSPITAL NAME

Animal EH

Adrenal Glands

The left adrenal gland is not definitively visualized due to imaging artifact in this region. However, no obvious abnormalities are seen.

REFERRING VET

Dr. Hicks

The right adrenal gland is in normal size (0.77 cm at cranial pole) (0.53 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.

INVOICE

12295

Spleen

The spleen is normal in size (1.72 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 difficult to visualize due to imaging artifact. In the visualized portions, the liver appears subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and is homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. An approximately 4.00 cm irregular, hard shadowing structure is observed within the small intestinal lumen. The bowel segment just cranial to this hard, shadowing structure is mildly dilated. The remaining small intestinal segments appear empty.

Pancreas

The pancreas is largely obscured by the gastric distention and imaging artifact.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

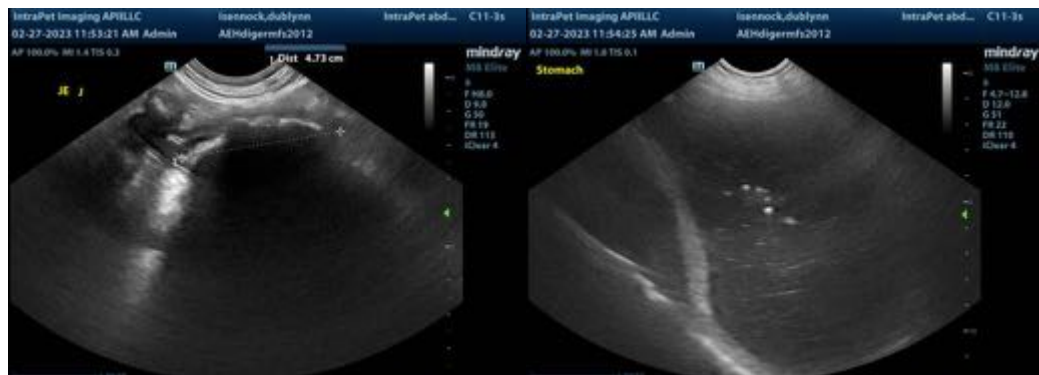
- Suspected jejunal foreign body/obstruction with subsequent peritonitis.

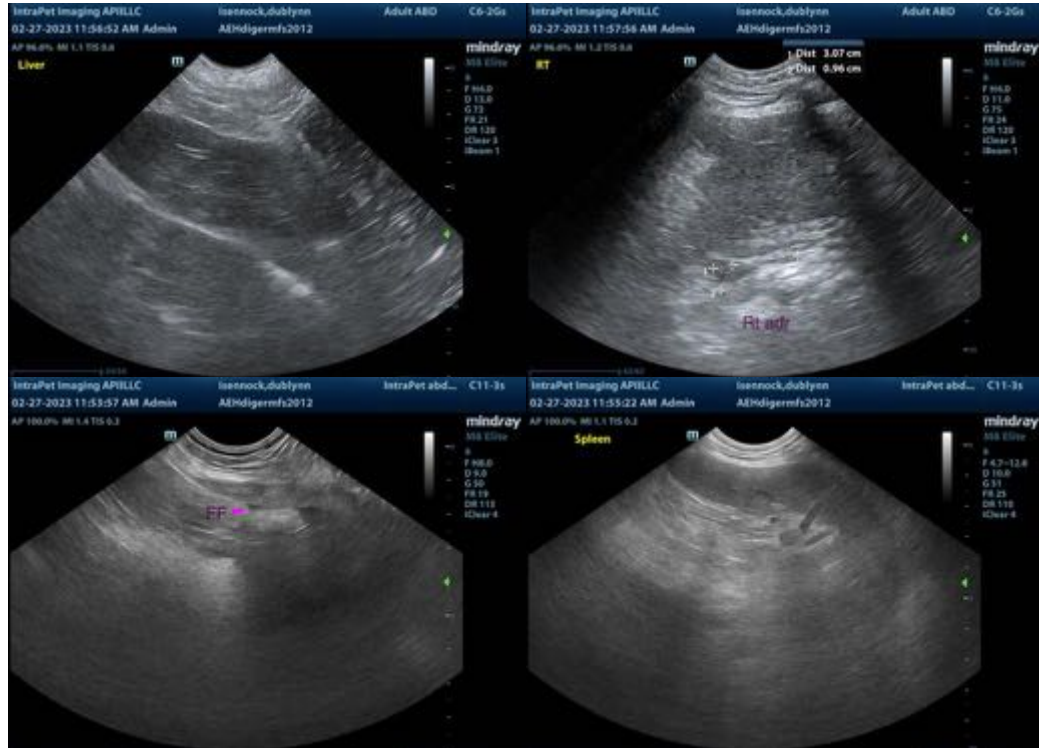
Secondary Findings

- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any small intestinal foreign material.
- Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.





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.

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