

**DATE PRESENTING CLINICAL SIGNS**

5/24/22

Patient presents for evaluation of GI signs - ate a piece of a chick-fil-a chicken nugget on Thursday and has been vomiting since Friday with a decreased appetite. Patient has a history of GI FB surgery where 4 feet of intestines were R&A.

**PATIENT**

Miko Clary

Current Medications: None current.

Lab Results: Done by rDVM but overall unremarkable.

Radiographs: show concern for intestinal dilation or significant ileus.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

**BREED**

Boston Terrier mix

Imaging Performed By: Andi Parkinson, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Male, neutered

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are 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. The region of the trigone is normal.

**AGE**

7/20/2013

The prostate is not definitively visualized due to its pelvic location.

**WEIGHT**

35 lbs.

The left kidney is normal size (5.66 cm in length); normal shape and architecture with 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 (5.74 cm in length); normal shape and architecture with 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.

**INTERPRETED BY**

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

**Adrenal Glands**

One still image of the left adrenal gland is available for interpretation. The left adrenal gland is mildly enlarged (0.79 cm at cranial pole) (1.00 cm at caudal pole) (2.54 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**

Perry Hall AH

One still image of the right adrenal gland is available for interpretation. The right adrenal gland is mildly enlarged (0.73 cm at cranial pole) (0.81 cm at caudal pole) (2.93 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.. Miller

**Spleen**

The spleen is normal in size (1.75 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.87 x 0.74 cm, irregular heterogeneous nodule is observed at the lateral aspect, approximately mid-spleen. Splenic vasculature is normal.

**INVOICE**

13405

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

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenal lumen is fluid distended and hypomotile. Several bowel segments are aggregated on the right side of the abdomen. Within the lumen of the small intestine, hard shadowing material is visualized. The mesentery effacing the serosal surface in this region is hyperechoic. Distal to the material, the intestinal lumen is not dilated. Discreet masses are not identified. The colonic wall is normal.

### ***Pancreas***

The right limb of the pancreas is prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Suspected small intestinal foreign body/obstruction with regional peritonitis.
- The pancreatic changes could be consistent with mild acute or chronic pancreatitis with pancreatic remodeling.

### **Secondary Findings:**

- The splenic nodule could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, an emerging tumor may be present.
- Mild bilateral adrenomegaly.
- Minor age-related renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An abdominal exploratory is recommended to assess for and remove small intestinal foreign material. Evaluation of the splenic nodule at the time of surgery is recommended. Consider a splenectomy if warranted. Thoracic radiographs should be performed prior to anesthesia to assess for aspiration pneumonia.





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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