

**DATE PRESENTING CLINICAL SIGNS**

8/10/22

Patient seen on 7/21 for not being able to keep down. Patient vomiting. Patient had previous instance of a blockage and has had 3 exploratory sx performed. Radiographs performed and sent for consult.

PATIENT

Truman Goldberg

Current Medications: Desmopressin 0.2mg SID.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested/Approved.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Golden Retriever

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.

SEX

Male, neutered

AGE

9/26/2018

The prostate is normal in size (1.04 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

47.7 lbs.

The left kidney is normal size (6.18 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. Renal vasculature is normal.

The right kidney is normal size (5.44 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.52 cm at caudal pole) (2.63 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

Main Street VH

The right adrenal gland is normal size (0.63 cm at cranial pole) (0.60 cm at caudal pole) (2.29 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. Jantz-Stephis

Spleen

The spleen is normal in size (1.70 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

13807

Liver

The liver is normal to small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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 gas distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is thought to be patent. A >7 cm segment of small intestine contains an irregular, hard shadowing structure within the lumen. The wall in this region is mildly thickened (up to 0.51 cm) with retention of the normal layering pattern. The mesentery effacing the serosal surface in this area is hyperechoic. Proximal to the shadowing structure, the small intestinal lumen is mildly to moderately dilated with chyme. Distal to this lesion, the bowel loops appear empty. 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

There is no obvious evidence of peritoneal effusion. There is no obvious evidence of lymphadenopathy. However, the shadowing within the small intestinal lumen may be obscuring visualization of some lymph nodes.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

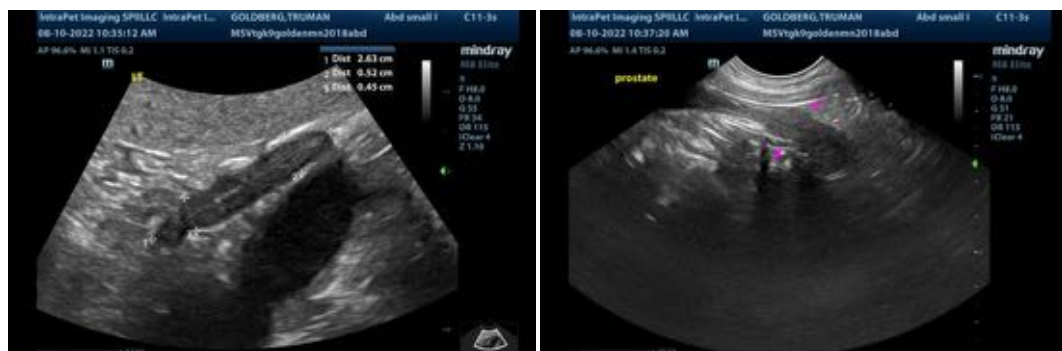
- Suspected small intestinal foreign body/obstruction with adjacent peritonitis.

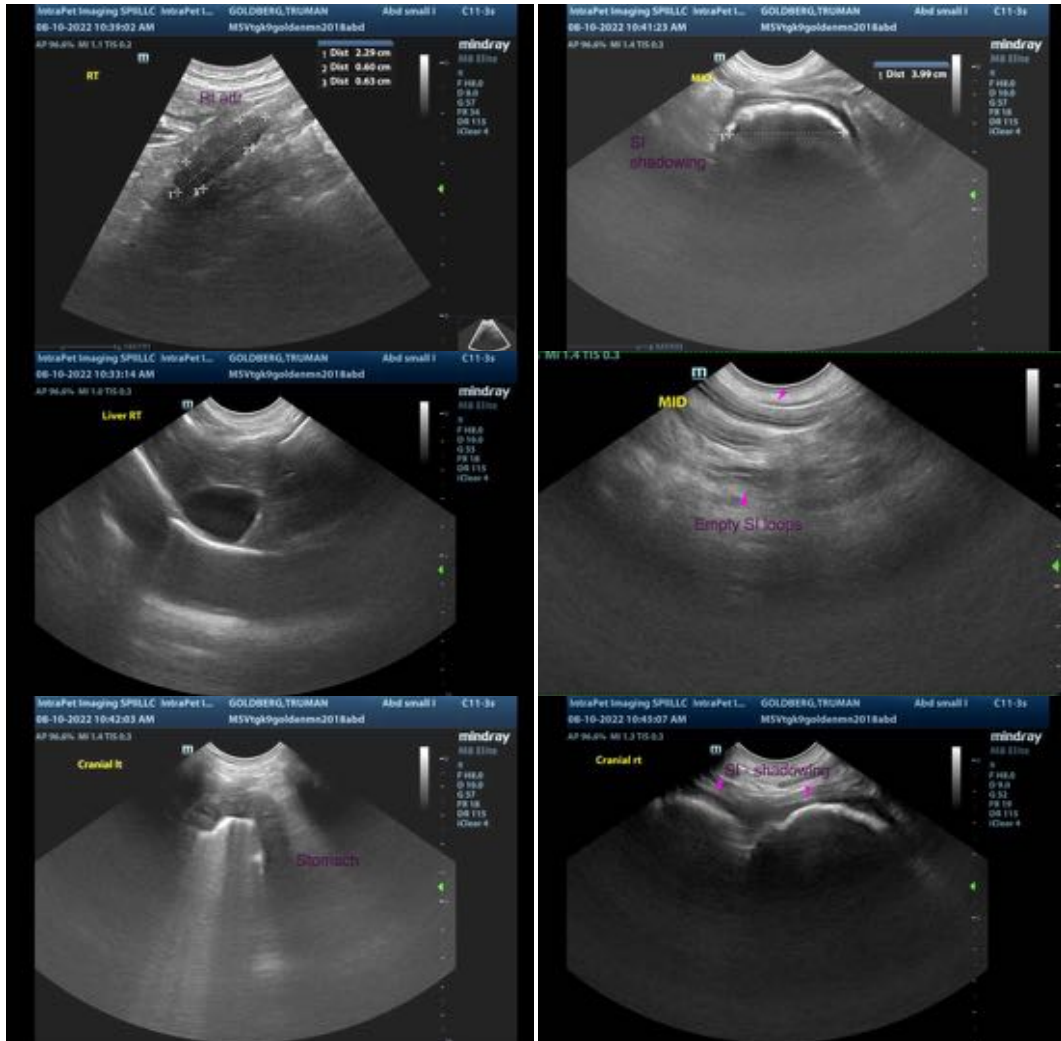
Secondary Findings:

- Questionable microhepatica. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to evaluate for and removing foreign material. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia. If the liver appears small at the time of surgery, consider obtaining a tissue sample for histopathology. The platelet count should be reassessed prior to surgery. If the patient is truly thrombocytopenic, a platelet transfusion may be warranted perioperatively.





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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