

**DATE PRESENTING CLINICAL SIGNS**

8/24/2021

Vomiting, Dietary Indiscretion - Foreign Body Ingestion.

History: Date: 08-23-2021 Notes: Owner was away on vacay, patient got into trash owner found 20+ piles of V+ and D+ NI food, lethargic.

**PATIENT**

Porter Loomis

Sat FRAH: radiographs suspicious, supp OP care (SQF, Cerenia).

Sun FRAH: still very lethargic, NI food - repeat radiographs show gas patterns moving, still concerning for FB or neoplasia --&gt; IVF, supp. Transferred to AEH today.

**SPECIES**

Canine

Current Medications: Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Ampicillin 125mg/vial Injection (Per mL)

Lab Results: ALKP 1732, ALT 371, CBC WNL

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

**BREED**

Black Mouth Cur

Stat Report: STAT requested

**SEX**

Male, neutered

**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 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.

**AGE**

2011

The prostate is normal in size (1.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

94.5 lbs.

The left kidney is normal size (7.67 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,  
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(Small Animal Internal  
Medicine)

The right kidney is normal size (8.21 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.

**HOSPITAL NAME**Animal Emergency  
Hospital**Adrenal Glands**

The left adrenal gland is normal size (1.07 cm at cranial pole) (0.70 cm at caudal pole) (3.96 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. Jones

The right adrenal gland is normal size (0.74 cm at cranial pole) (0.84 cm at caudal pole) (2.25 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.

**INVOICE**

11949

**Spleen**

The spleen is normal in size (1.55 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A &gt;9 cm isoechoic mass is observed

deep on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is displaced caudally by the hepatic mass. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is severely fluid distended and hypomotile. Echogenic debris is suspended within the lumen. Linear foreign material is observed within the pyloric antrum and appears to extend through the pyloric outflow tract. The proximal duodenum is fluid distended. Several small intestinal segments are severely plicated. Linear foreign material appears to course through the region of plication. An area of small intestinal intussusception is also suspected. The colonic wall is normal.

### ***Pancreas***

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are observed.

### ***Free Abdomen***

The mesentery surrounding the plicated bowel loops is hyperechoic. There is questionable trace free fluid. The abdominal lymph nodes are normal/not visible.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Gastrointestinal linear foreign material/obstruction with suspected small intestinal intussusception. Secondary peritonitis is present.
- Right hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology.

### **Secondary Findings:**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If treatment is to be pursued, an abdominal exploratory with foreign body removal and surgical management of the intussusception is recommended along with hepatic mass removal. If surgery is pursued, referral to a board-certified surgeon (ASAP) is recommended due to the potential for perioperative complications. Given the extent of affected bowel, the prognosis is considered guarded.





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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