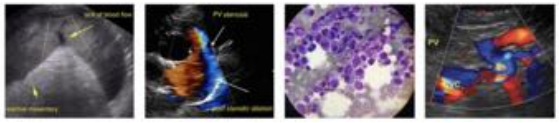


PATIENT

Raven Rodriguez

SPECIES

Canine

BREED

Mastiff

SEX

Spayed Female

AGE

11.16.2016

WEIGHT

126.lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Clements Ferry Vet.

REFERRING VET

Dr. Sylvalyn Hammond

INVOICE

11652

DATE

9.15.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: ate something 3 weeks ago - started showing signs of v+/d+ around 2-3 days ago – known foreign body eater (2 previous sx) - presented yesterday, radiographs revealed small intestinal obstruction and a tubular foreign body - owner elected trying fluids and repeat rads; 2000 ml LRS given IV, metronidazole started for diarrhea - patient vomited a piece of mat this morning, has not pooped - repeated radiographs this morning, small intestinal obstruction seems to have resolved but gastric foreign body is still present, suspect decreased peritoneal detail - abdominal ultrasound was recommended

Abnormal lab-work values: LYM- 0.78 rbc- 8.71 hgb-20.2

Current Medications: Famotidine INJ, Metronidazole inj

Radiographic Findings: See above.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.59 cm), with a relatively smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **left kidney** is normal size (8.87 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 (8.68 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.73 cm at cranial pole) (0.76 cm at caudal pole); 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.

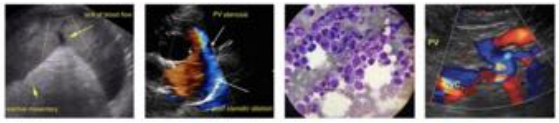
The **right adrenal gland** is normal size (1.40 cm at cranial pole) (0.83 cm at caudal pole) (2.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is subjectively prominent in with a folded contour and curvilinear peripheral margins. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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.



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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 fluid-distended. Within the fluid, a 5.00 cm hyperechoic, shadowing, linear structure is visualized. The gastric wall in the region of the fundus is borderline thickened (up to 0.59 cm) with retention of the normal layering. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. 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 evidence of free fluid. A 2.61 cm left medial iliac **lymph node** is visualized. In addition, several prominent mesenteric lymph nodes are seen (the largest measuring 2.09 cm in length).

Free

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hyperechoic shadowing structure within the gastric lumen is most consistent with a foreign body. There is no obvious evidence of a gastric outflow tract obstruction at the time of this study.

Secondary Findings

- The mild splenomegaly may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis antigenic stimulation or less likely, infiltrative neoplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Options for the gastric foreign body include the following:

1. Upper GI endoscopy with foreign body removal
2. Gastrotomy with foreign body removal
3. Induce vomiting (less ideal option)

Regardless, supportive/symptomatic care is recommended.

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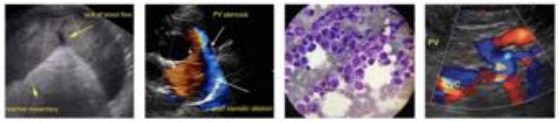

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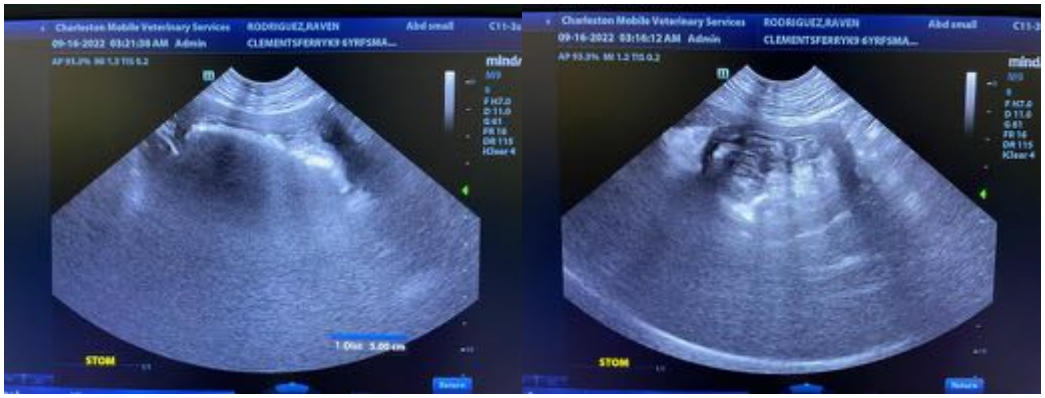

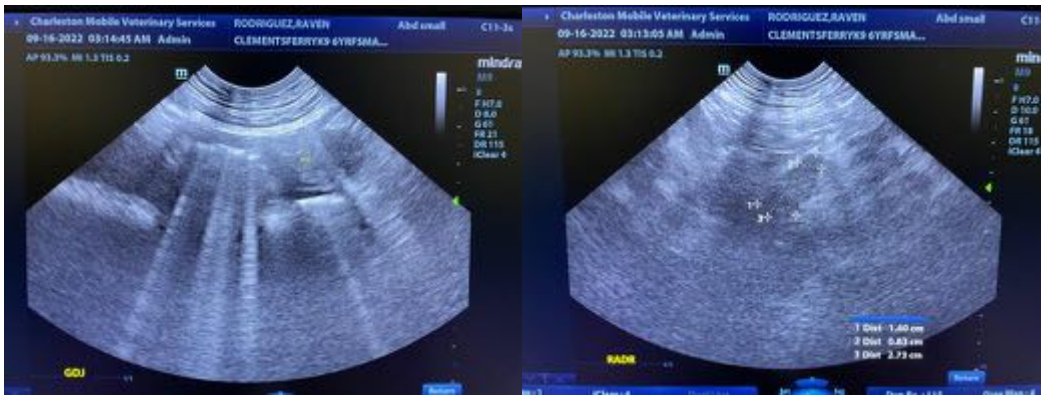

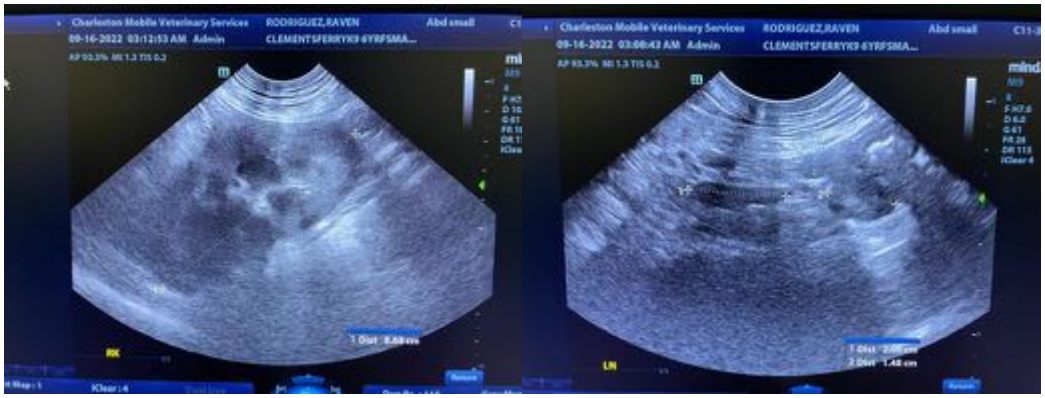

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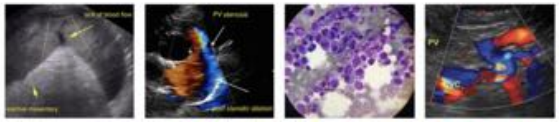

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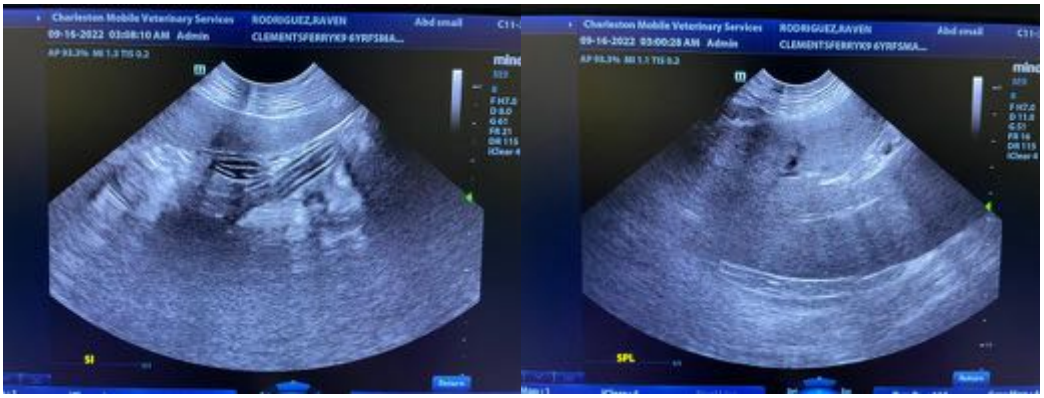

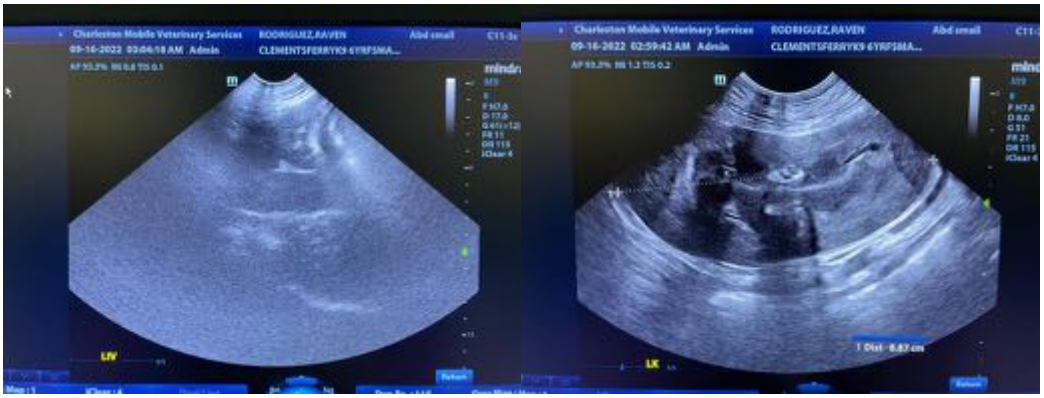

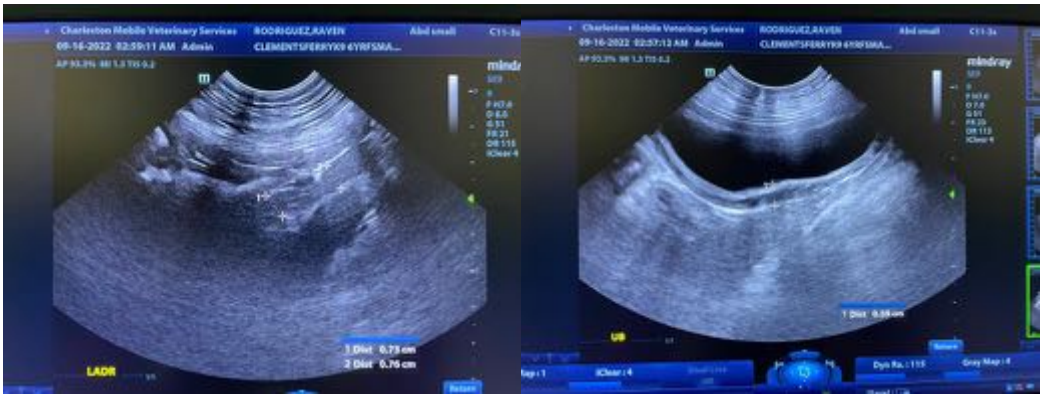

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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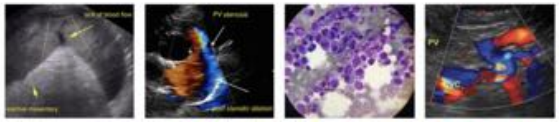

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