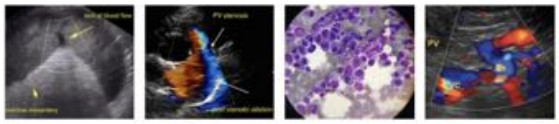


PATIENT

Patterson Brourton

SPECIES

Canine

BREED

Goldendoodle

SEX

Male, neutered

AGE

12/7/2016

WEIGHT

3 kg.

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

Blue Pearl Mount Pleasant

REFERRING VET

Dr. Fraser

INVOICE

14326

DATE

12/7/22

PRESENTING CLINICAL SIGNS

Hx: Patterson vomited 3-4 times early Sunday morning, has not eaten anything & not really drinking since then either. Still urinating & defecating. Last night he was very restless & seemingly nauseas. 2 months ago Patterson had to undergo an abd. explore for a foreign body (Sock). owner reported dehiscence after surgery and needed additional procedure. Went to rDVM today & radiographs show another likely foreign body. Direct transfer. PE: quiet, dehydrated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is pelvicly located. The lumen is mildly distended. The wall in the region of the apex is thickened (up to 0.72 cm) and irregular. A small amount of gravity-dependent mineralized sand is observed within the lumen as well as a scant amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.50 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 (7.44 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.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.69 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.

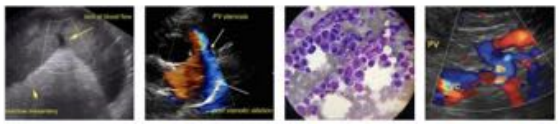
The right adrenal gland is normal size (0.87 cm at cranial pole) (0.58 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.40 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 subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.60 cm cystic lesion is observed deep on the left side. In the



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remainder of the liver, the parenchyma is homogeneous. 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. A moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Several small intestinal segments are moderately to severely fluid distended and hypomotile. Within the small intestinal lumen, a several centimeter, irregular shadowing structure is observed. Oral to this region, the small intestine is dilated. Aboral to this structure, the small intestinal lumen is empty. The wall thickness in the region of the shadowing structure is mildly thickened (up to 0.43 cm). The mesentery effacing the serosal surface in this region is hyperechoic. The colonic wall is normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.72 cm in length. The nodes are normal in shape and echogenicity.

Other

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

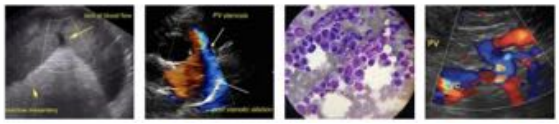
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected small intestinal foreign body/obstruction with adjacent peritonitis. The wall thickening in this region is suspected to be secondary to inflammation with a lower possibility of neoplasia.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hepatic cyst, likely incidental.
- The urinary bladder wall changes could be consistent with cystitis, artifact (due to lack of luminal distention) or less likely, emerging neoplasia. Correlation with the patient's clinical history and urinalysis findings is recommended.



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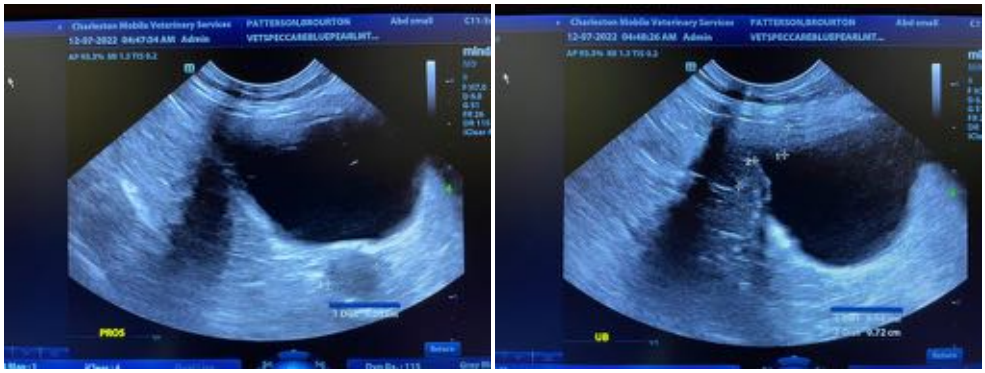
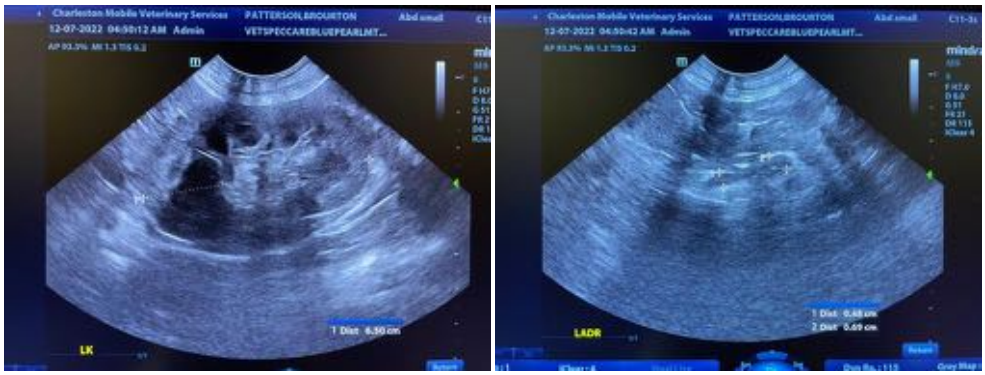
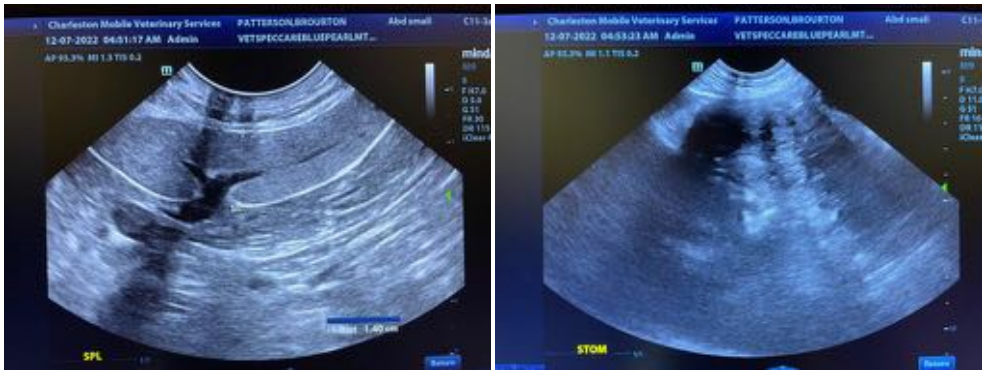
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for a foreign body.
- Consider three-view thoracic radiographs prior to surgery to assess for occult aspiration pneumonia.







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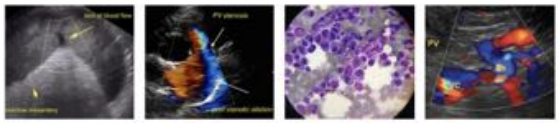

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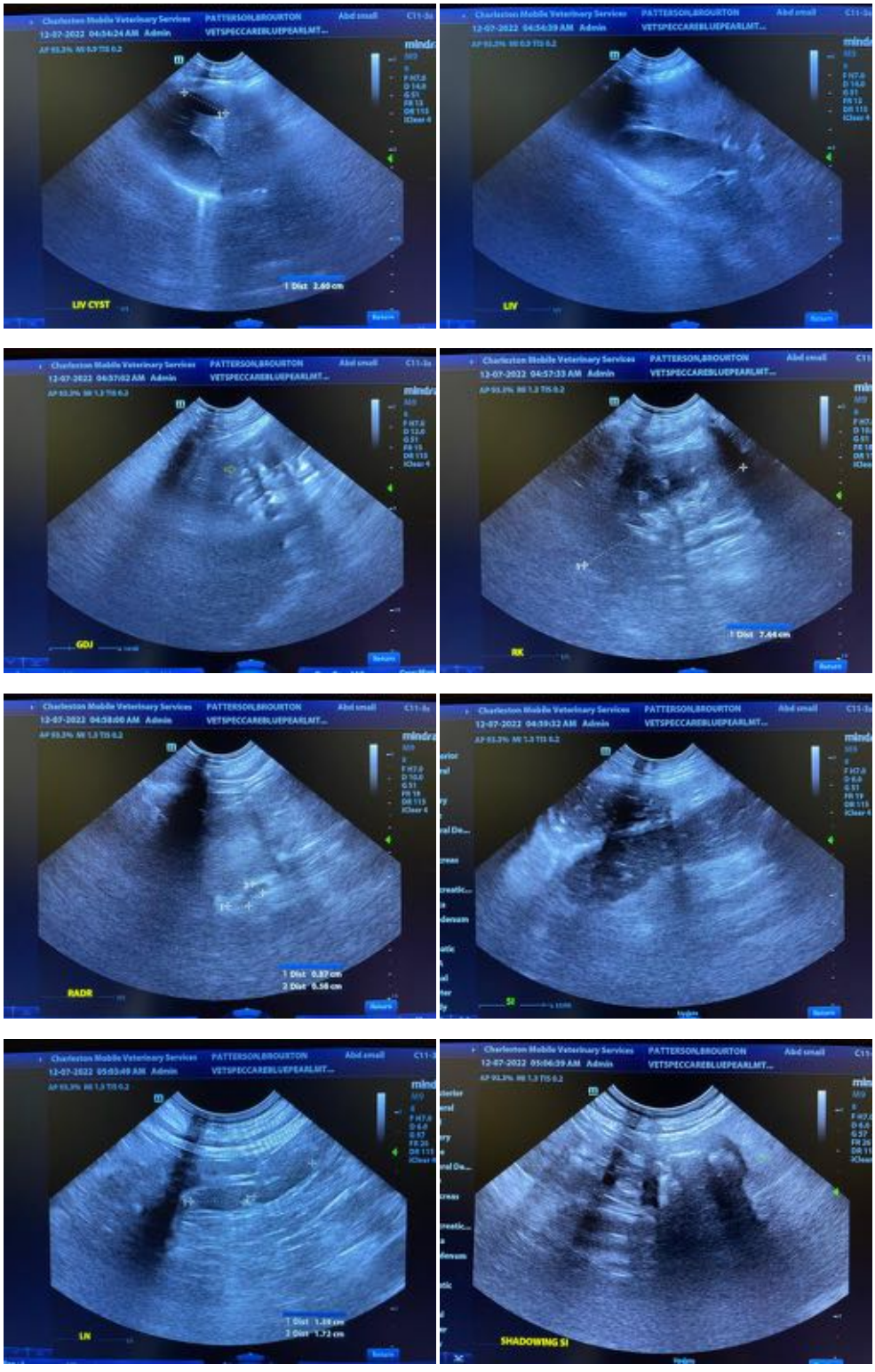

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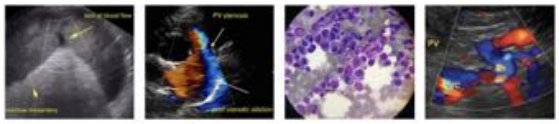

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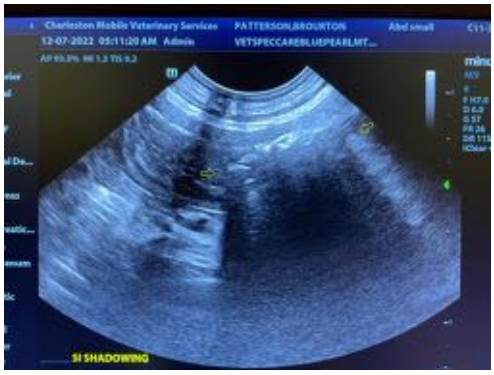

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com