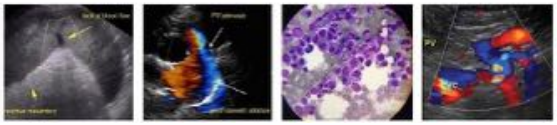


PATIENT

Ben Jenkins

SPECIES

Canine

BREED

Golden retriver

SEX

Male, intact

AGE

6 months

WEIGHT

23.7 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hamilton Region Veterinary Emergency Center

REFERRING VET

Dr. Codrington

INVOICE

11891

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Presenting complaint: Vomiting Vomited up a ball of kids socks on Thursday. Since then, retching stools are smaller and now not eating. Since then, Last normal: Wednesday - ingested ball of socks, Thursday - vomited kids socks and was intact- all ingested but has been intermittently normal then not, BM smaller in size Still eating until am on 2021-08-16 (day of presentation to HREVC) Last meal: 7pm on 2021-08-15 - kibble - approx. 2cups Over weekend worsening - more lethargic Medications: Cerenia 1mg/kg once on day of presentation 2021-08-16
Abnormal PE/Chem/CBC/UA Results: rads: Initial 3 view radiographs - soft tissue/food ingesta opacity in stomach. No SI mechanical dilation. Repeat in 12h after fasting. Repeat 3v abdominal radiographs performed after 12h fast and sent for IDEXX STAT report with radiologist.
FINDINGS: The liver is normal in size and contour. The spleen is normal in shape and size. There is gas and fluid in the stomach. A small amount of heterogeneous soft tissue opaque material persists in the pyloric antrum on the right lateral view, but the volume is significantly decreased. The small intestine is normal and relatively uniform in diameter, with normal opacity. There is gas and formed fecal material in the colon. The kidneys are partially obscured by overlying intestine, but they appear normal in size. The urinary bladder is normal in size and opacity. Peritoneal serosal detail is adequate. The included musculoskeletal structures are normal and age-appropriate. CONCLUSIONS: A small amount of soft tissue opaque material persists in the stomach, which could indicate residual food or foreign material. No significant gastrointestinal dilation is seen to suggest complete obstruction, and the volume of material in the stomach is decreased compared to the prior study. RECOMMENDATIONS: Abdominal ultrasound or barium upper GI examination is recommended to rule out a small amount of foreign material in the stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.68 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

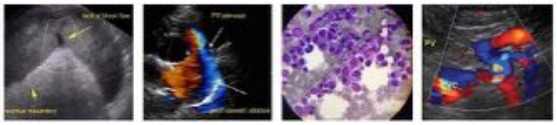
The left kidney is normal size (7.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (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.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.33 cm at caudal pole) (2.77 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.

The right adrenal gland is normal size (1.92 cm at cranial pole) (0.56 cm at caudal pole) (2.62 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.



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Spleen

The spleen is normal in size (2.04 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 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with gas and chyme. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive disease is noted.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

The testicles are subjectively normal in size (left testicle 2.73 x 2.10 cm; right testicle 3.42 x 1.86 cm) and symmetrical with homogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. There is no obvious evidenced of foreign material in the gastrointestinal tract. However, residual gastritis and/or esophagitis secondary to the previous foreign body ingestion may be causing the patient's clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease. Supportive care for acute gastritis esophagitis is recommended.
- If the patient does not respond to aggressive supportive care within 48-72 hours, consider repeat abdominal imaging +/- more advanced gastrointestinal diagnostics.

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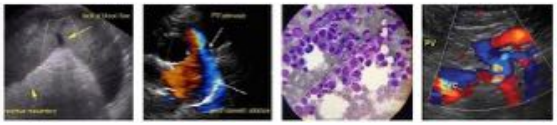

THE FOCAL ZONE
IMAGING PERFORMED BY
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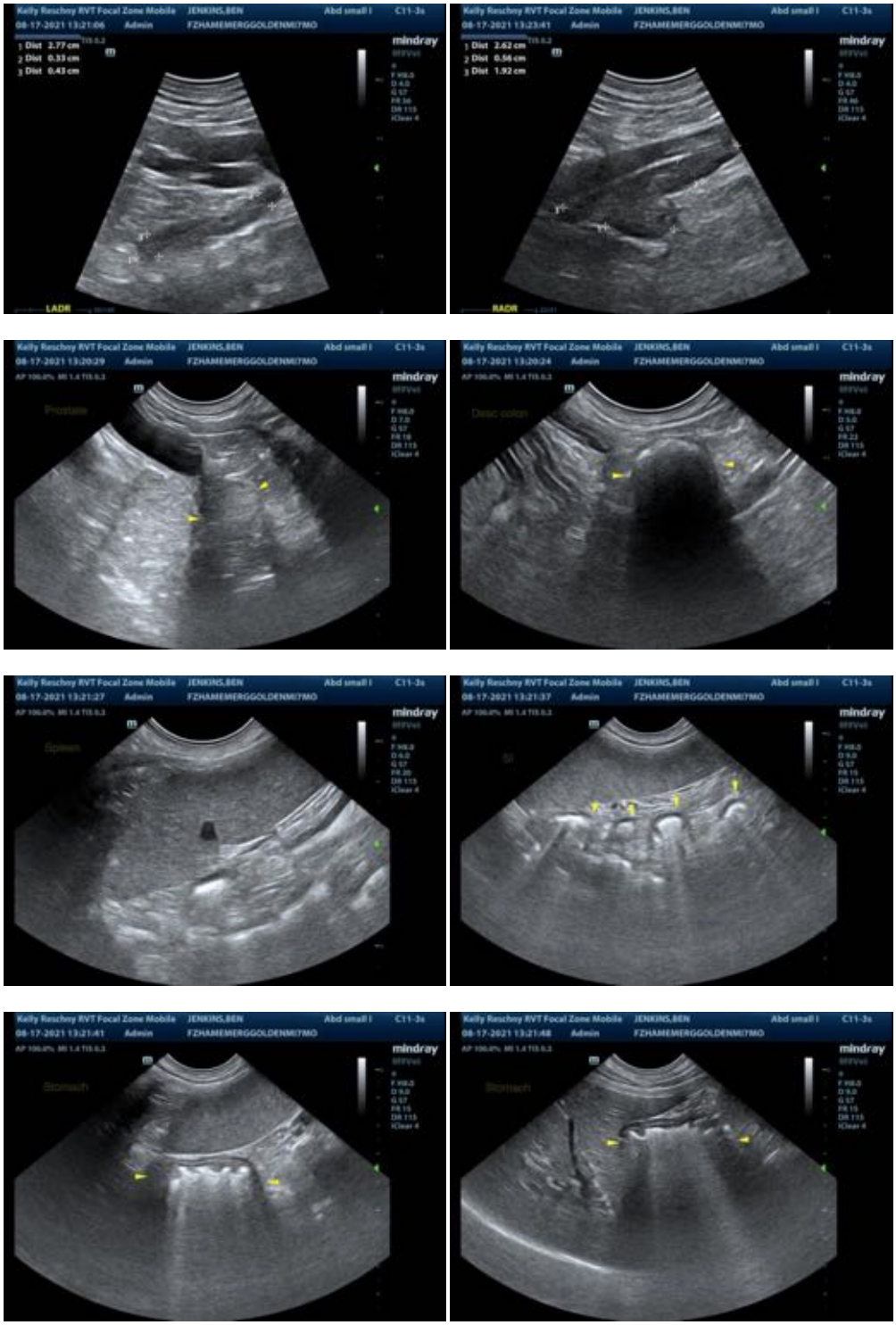

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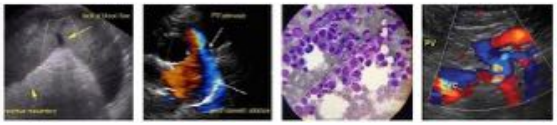

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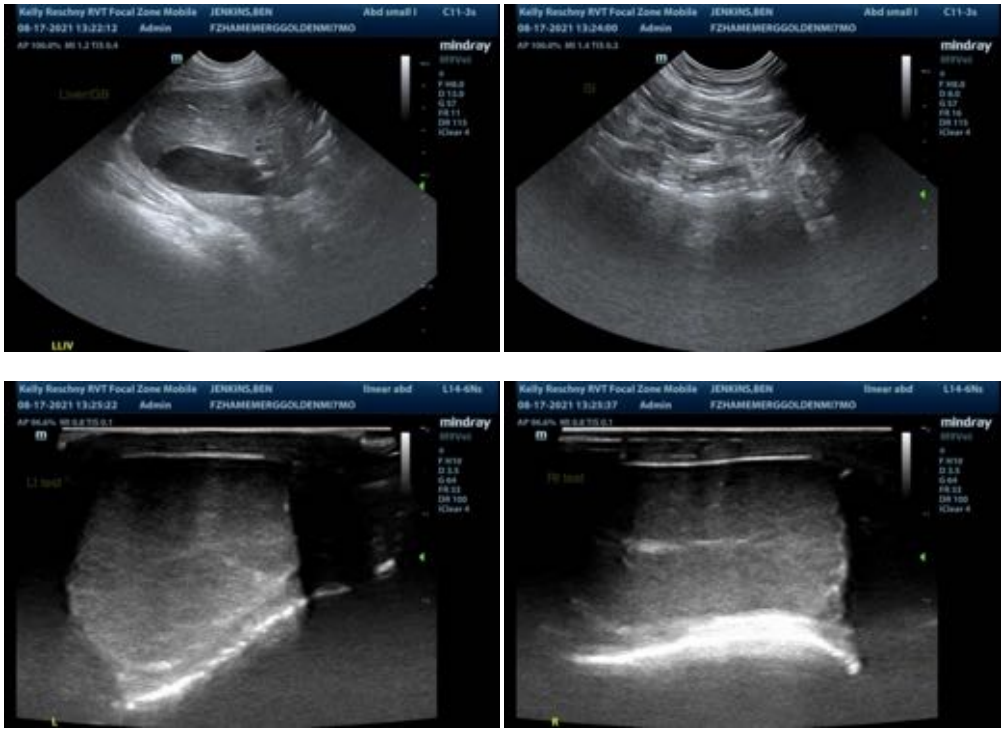

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com