



DATE	PRESENTING CLINICAL SIGNS
1/3/23	Started with vomiting on the 29th, - seen at RDVM on 30th - Labwork and Rads--we do not have ATO rads ok, and no renal/liver changes. Labs support pancreatitis Gave Maropitant injection then oral tgh also gave entyce Drinking, not eating still some regurg
PATIENT	
Cody Davis	Current Medications: Potassium Chloride, Cerenia, Metronidazole, Protonix, Buprenorphine. Lab Results: See attached. Date of Previous IntraPet Ultrasound: No previous.
SPECIES	Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
Canine	Imaging Performed By: Rachel Brillhart, RDMS
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Poodle X	Urinary System
SEX	The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Neutered Male	
AGE	The area of the prostate is examined without evident prostatic pathology.
6/8/13	The right kidney is normal in size (4.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
WEIGHT	
13.1 Pounds	The left kidney is normal in size (4.94 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	Adrenal Glands
HOSPITAL NAME	The right adrenal gland is normal in size (2.16 cm long x 0.59 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Animal Emergency Hospital	The left adrenal gland is normal in size (1.82 cm long x 0.60 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
REFERRING VET	
Dr. King	Spleen
INVOICE	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
43878	Liver
	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
	Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is markedly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). The proximal small bowel/duodenum is markedly plicated with a visible linear echogenic luminal structure attached to what appears to be an anchored foreign body with strong acoustic shadow in the pyloric region/very proximal duodenum. The area is surrounded by markedly enhanced hyperechoic fat and mesentery. In the caudal abdomen, there is a 2nd small bowel echogenic luminal structure with strong acoustic shadowing that may represent a 2nd foreign body or an additional anchored spot of the same suspected linear structure.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

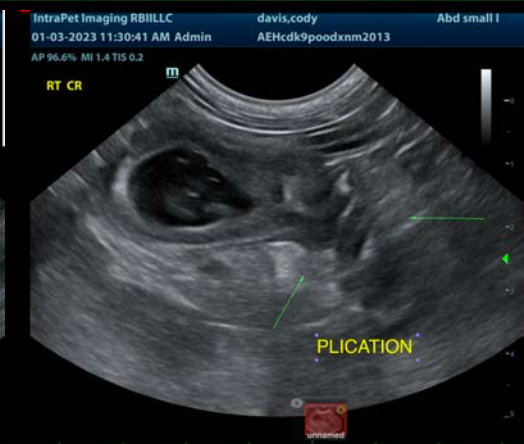
- Linear foreign body(s) with marked small bowel plication and changes consistent with focal peritonitis

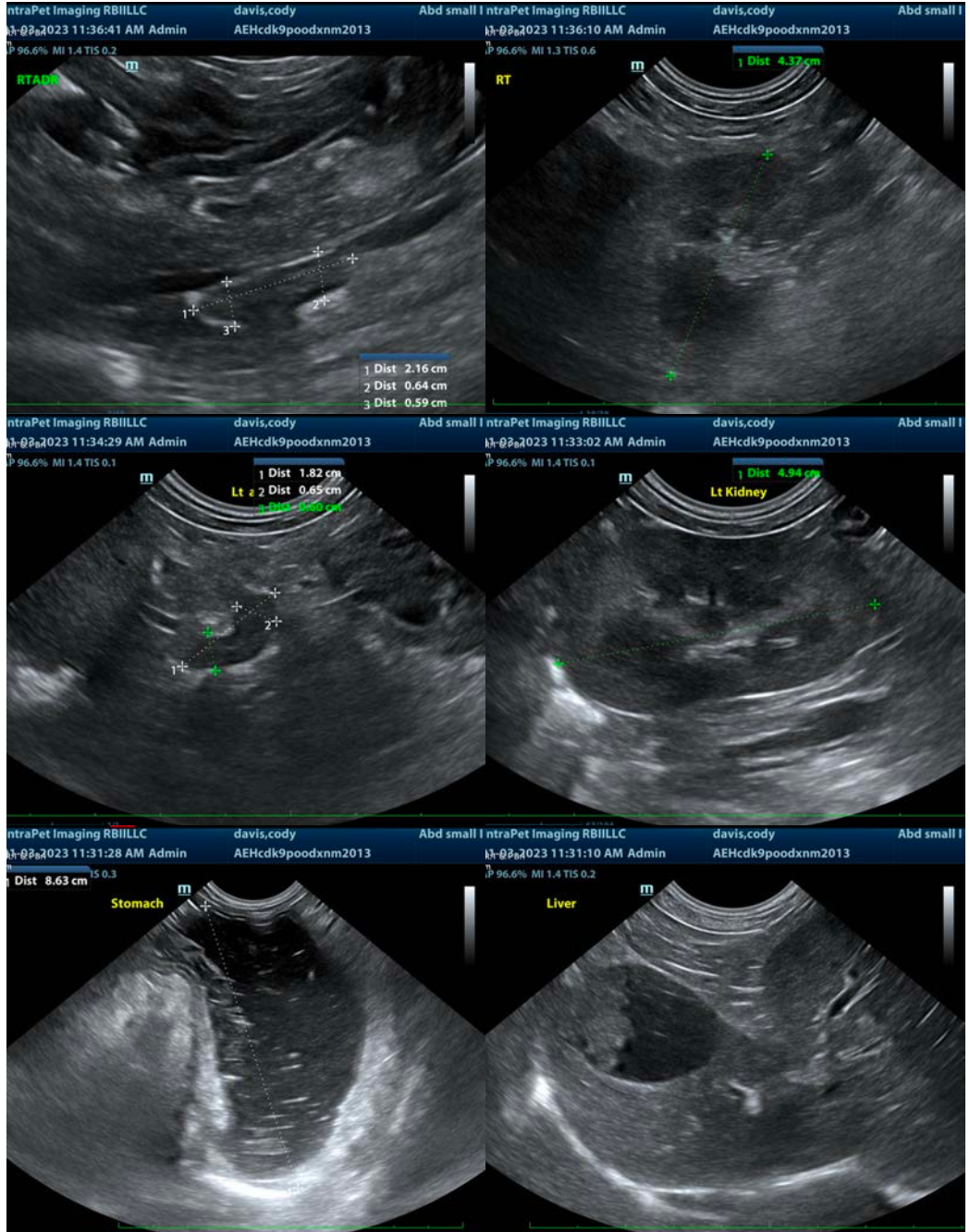
SECONDARY FINDINGS

- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An exploratory laparotomy for suspected linear foreign body removal is recommended as soon as the patient is stable enough to undergo surgery.







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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