

DATE PRESENTING CLINICAL SIGNS

10/6/22 Anorexic, vomiting on 10/2-10/3.

PATIENT Current Medications: Cerenia injection, subcutaneous fluids.

Frank Jenkins

Lab Results: Chronic Demodex and Seborrhea.

Radiographs: Foreign body in stomach, bone? Corn cob? Some calcification. Some food in stomach.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

English Bulldog

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. A 0.37 cm shadowing cystoliths or clump of small cystoliths noted, settled along the dependent wall. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE

10/11/14

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 6.35 cm. The right kidney measured 6.53 cm. Cortical cysts noted in the left kidney.

WEIGHT

48 Pounds

Adrenal Glands

The right adrenal gland is normal in size (3.0 cm long x 0.60 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.1 cm long x 0.86 cm at the cranial pole and 1.0 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Spleen

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.

HOSPITAL NAME

Jacksonville VH

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Lynch

INVOICE

41885

Gallbladder is moderately distended with anechoic bile as well as 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. It is moderately distended with echogenic fluid. Approaching the pylorus, there is an echogenic curvilinear structure with dirty/progressive shadowing, concerning for a possible foreign body.

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). It is diffusely distended with echogenic fluid leading up to a bowel loop in the caudal abdomen that contains an echogenic curvilinear structure with strong acoustic shadowing, consistent with a small bowel foreign body and concurrent obstructive pattern.

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

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

Free fluid is present around the small bowel foreign body.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

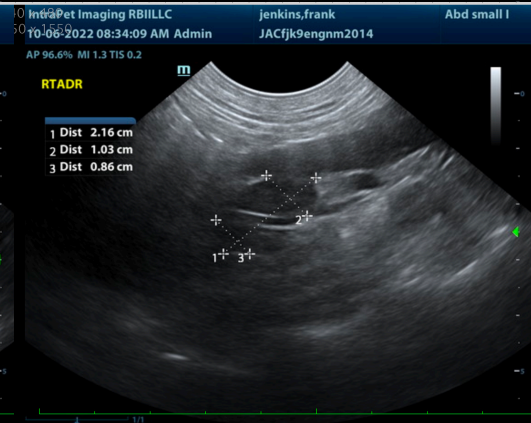
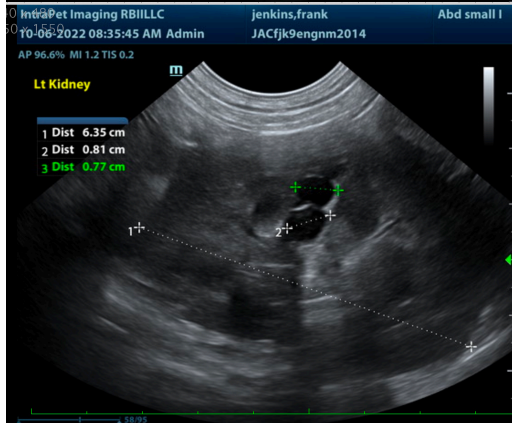
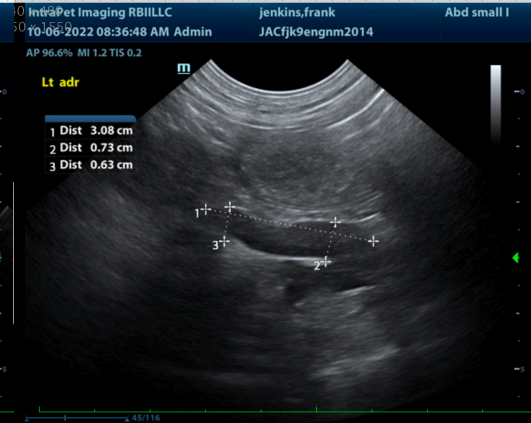
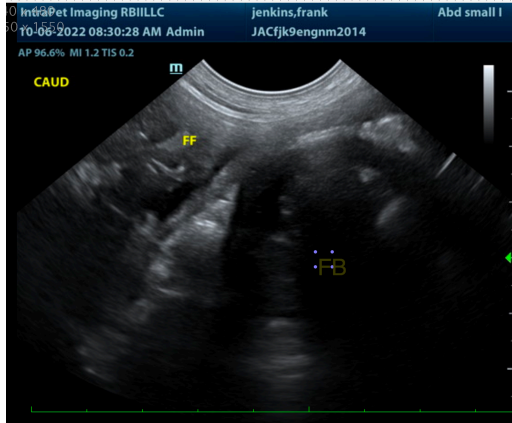
- Small intestinal obstructive foreign body with changes consistent with a focal peritonitis. Concern for a possible gastric foreign body as well.
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) is possible but considered less likely.
- Urinary bladder cystoliths

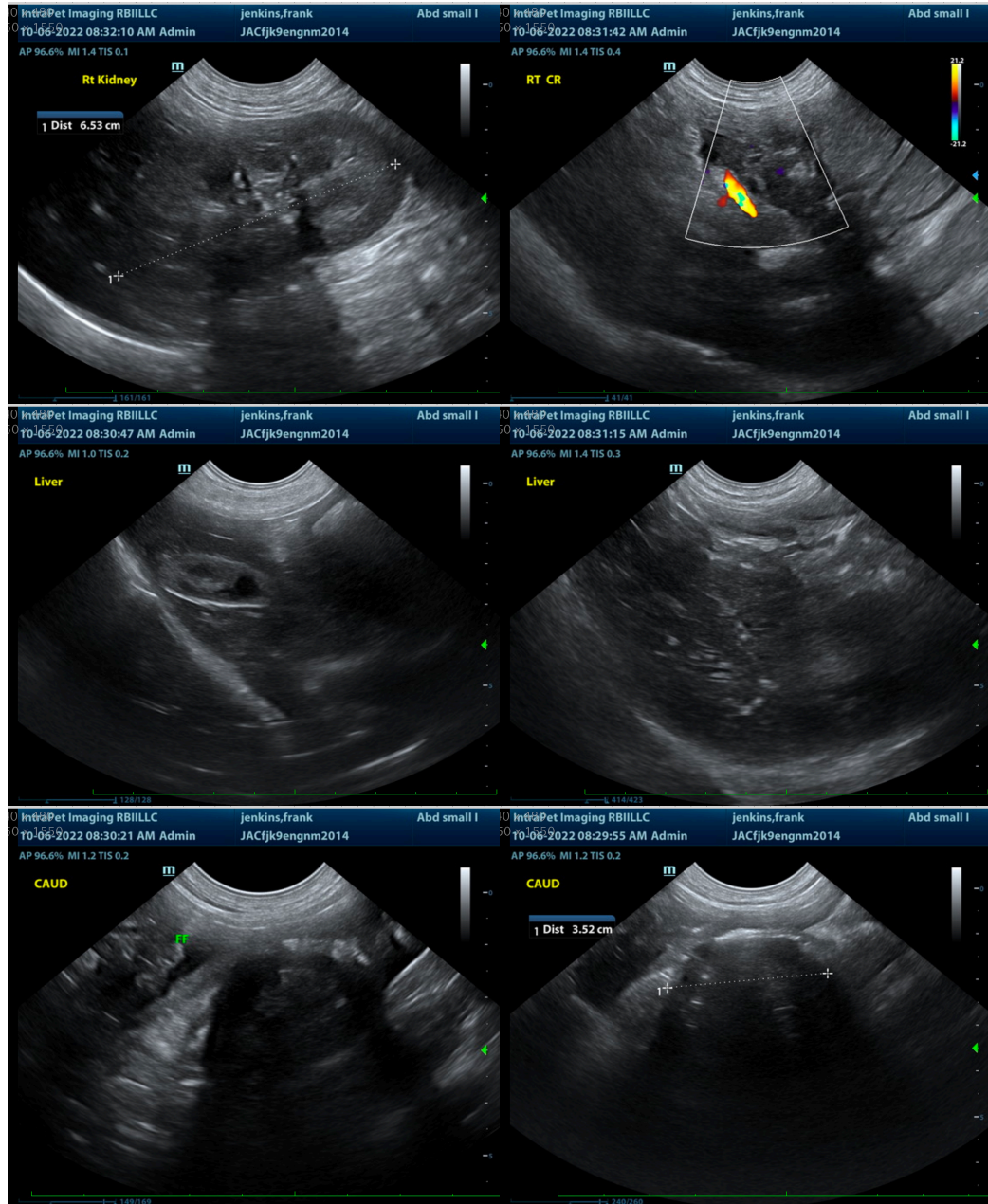
SECONDARY FINDINGS

- **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.
- Chronic active pancreatitis
- Age related kidney changes with cortical cysts in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include stabilization, rehydration, etc. followed by an exploratory laparotomy for both small bowel foreign body removal as well as potentially second gastrotomy for gastric foreign body removal. Any visible or palpable gastrointestinal and/or hepatic abnormalities should be biopsied at the time of surgery. Finally, the urinary bladder debris is small and could potentially pass in a male neutered dog, but if the patient is stable and it is clinically indicated, a concurrent cystotomy for bladder flush/stone removal could also be performed, but is considered last priority after foreign body removals.





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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