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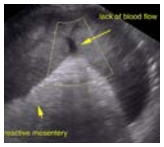
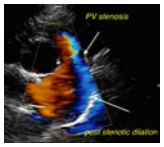
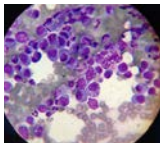
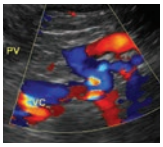
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Odin Molitor

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

3 Years 7 Months

WEIGHT

76 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

42653

DATE

11/9/22

PRESENTING CLINICAL SIGNS

3d Hx of V; V 3-4X per day; drooling; lethargic; inapetent
Abnormal PE/Chem/CBC/UA Results: No sig abns on PE Crea- 1.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (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.

The left kidney is normal in size (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.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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.

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 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 distended with fluid and echogenic debris/chyme, all consistent with normal ingesta. At the level of the pylorus into the proximal duodenum, there is a highly echogenic curvilinear interface with strong acoustic shadowing, concerning for a pyloric/proximal duodenal foreign body with a distended stomach secondary to full obstruction.

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). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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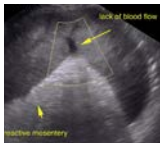
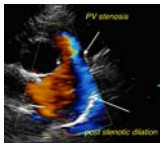
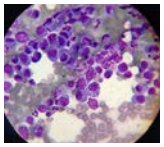
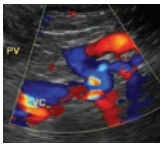

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Pancreas

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

- Pyloric/proximal duodenal foreign body suspected based on the appearance described above, resulting in a full obstruction and marked gastric distention secondary to it. Normal ingesta and gas mimicking a foreign body is possible but considered much less likely, given the marked gastric distention.

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reportedly mildly increased creatinine, dehydration due to the chronic vomiting is suspected. Recommendations include patient stabilization, rehydration, etc. followed by an exploratory laparotomy for suspected foreign body removal. Gastroscopy could be considered prior to surgery. However, the appearance of the echogenic structure causing the shadow is round and smooth, which may make grasping it endoscopically difficult. If owners have any knowledge of what the foreign object may be, that may help dictate gastroscopy removal versus surgery. Additionally, however, the object appears to extend into the proximal duodenum, which also could make gastroscopy unsuccessful.

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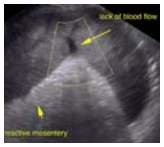
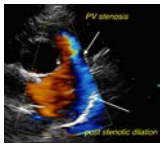
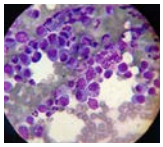
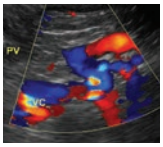

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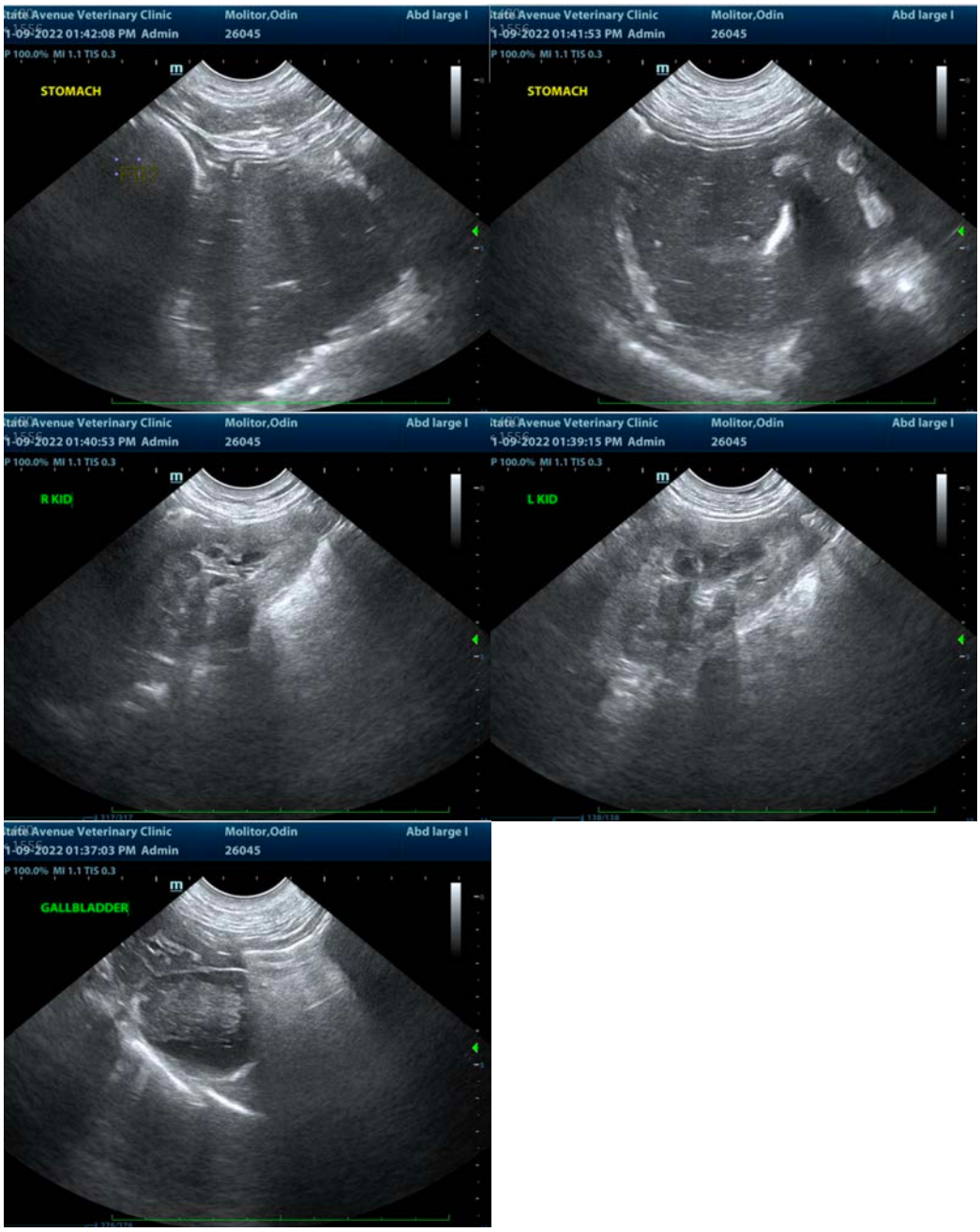

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com