



DATE	PRESENTING CLINICAL SIGNS
2/21/23	Seen at 2/18 -- for vomiting Had been referred, RDVM labs (unclear if full /other-- cannot find) showed dehydration Had suspicious rads-- repeat better, ate and went home. Did well for a day, then stopped eating, then vomited 3 times in last 24 hours.
PATIENT	
Tank Grabowski	Current Medications: Protonix, Cerenia. Lab Results: See attached. Date of Previous IntraPet Ultrasound: No previous.
SPECIES	Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Rachel Brillhart, RDMS.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Pit Bull 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	Prostate is normal in size, echotexture and echogenicity for a neutered male.
AGE	The right kidney is normal in size (6.56 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.
9/28/21	The left kidney is normal in size (6.78 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	
59 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (3.05 cm long x 0.91 cm at the cranial pole and 1.02 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
HOSPITAL NAME	The left adrenal gland is normal in size (2.65 cm long x 0.58 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Animal Emergency Hospital	
REFERRING VET	Spleen
Dr. King	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.
INVOICE	Liver
45384	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.
	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is largely empty. However, in the mid jejunum, there is a focal bowel loop that contains an echogenic interface with distal progressively shadowing material, consistent with possible hairball or other similar fluid absorbing foreign material. There is no obvious obstructive pattern noted, but foreign material is suspected.

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

A very scant amount of anechoic free fluid is noted adjacent to the spleen.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Mid jejunal foreign body suspected without evidence of obvious complete obstruction, but at least partial obstruction is likely, and full or early obstruction can't be ruled out.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

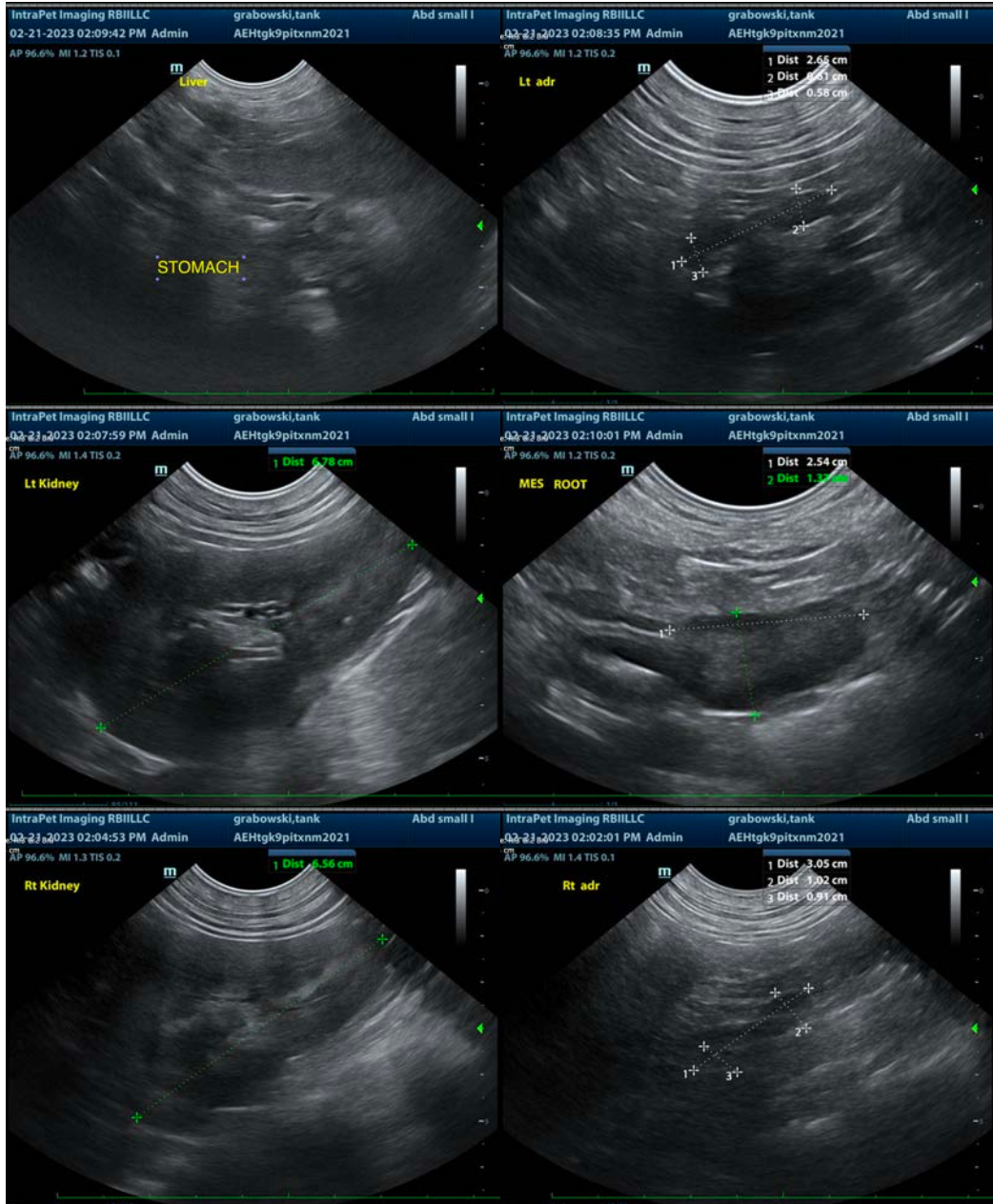
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

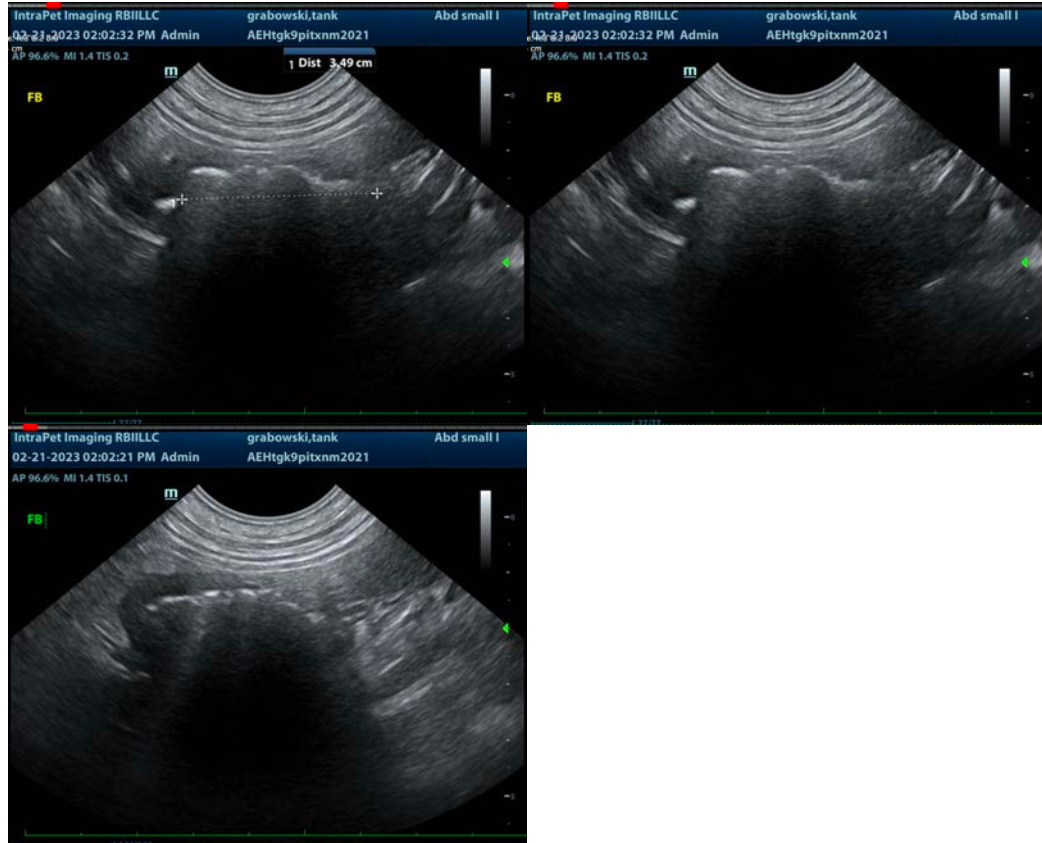
If not recently evaluated, a general metabolic health screen is recommended in the form of a CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Pending results of that, when patient is stable to undergo surgery, an exploratory laparotomy is recommended for suspect foreign body removal.

The lymphadenopathy is likely reactive and potentially even normal for a patient of this young age. However, if surgery is pursued, biopsy of the lymph node is recommended concurrently.

Given the lack of obvious obstructive pattern, supportive medical management could be attempted first with fluid therapy and supportive care combined with close monitoring of clinical signs and followed by recheck imaging prior to pursuing surgery. However, given the fact that this plan was initiated and the patient improved and has now regressed, surgery is likely going to be the ultimate outcome.





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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