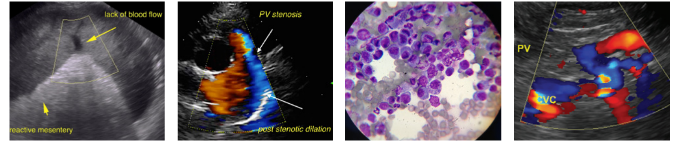
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Max Badner

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9 Years

WEIGHT

36.1 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. John Bucha

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. John Bucha

INVOICE

35405

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Patient was seen at local ER clinic yesterday for vomiting and diarrhea - owner had radiographs taken at that time but no other diagnostics or treatment were pursued - ER Clinic comments and report are attached. Full Written History from today is attached. Summary of patient history: Patient has had watery diarrhea for approximately 3 days and then yesterday soon after he ate he vomited everything back up so owner took to local ER clinic. Owner stated that on January 20th patient got into and ate a tub of Ghee (clarified butter) on owners carpet, then on January 26th patient started eating the carpet where he previously ate the Ghee because he could still smell it. The stool sample that the owner brought today contained approximately 6 inches of stranded carpet with mucous-like stool covering the carpet. Patient was given Gabapentin 300mg, Trazodone 100mg prior to ultrasound. Right before performing Ultrasound a dose of Torbugesic 3.0mg was given IV
Abnormal PE/Chem/CBC/UA Results: All lab work /diagnostics is attached to case: Chem Panel, CBC, CpL Snap, Urinalysis, Intestinal Parasite Screen, HWT/Lyme/EH/AP Snap Test. Radiographs attached from local ER clinic taken yesterday. Ultrasound Abnormal Values Listed Below: Chem Panel: BUN: 6 Norm 7- 27 AMYL: 447 Norm: 500 to 1500

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 prostate cannot be well visualized for a measurement, but the area of the prostate was examined without evidence of pathology.

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. The left kidney measured 5.3 cm. The right kidney measured 6.9 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.97 cm long x 0.64 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

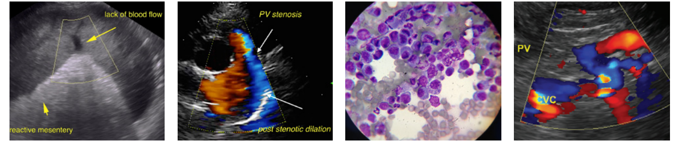
The left adrenal gland is normal in size (1.82 cm long x 0.52 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. 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



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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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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.

**Note: what looks like ingesta can also be soft foreign material, but there is no obstructive pattern noted.

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 except for one focal mid abdominal loop that contained a 1-2 cm soft echogenic density with a strong acoustic shadow. No plication or corrugation is noted, and no dilation or obstructive pattern is noted.

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 peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Suspected soft small intestinal foreign body – The consistency fits with a hairball, possibly carpet given the reported history, cloth, etc. Normal ingesta cannot be ruled out. However, the strong acoustic shadowing makes for material higher on the list of differentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has evidence of foreign material in his bowel +/- stomach (less likely). There is no evidence of plication or corrugation, and no evidence of an obstructive pattern to signify complete obstruction. That finding combined with the history of passing carpet in his stool implies that he may be able to continue to pass the remaining foreign material with good hydration and supportive care. Recommendations include hospitalization on IB fluids and other supportive care, antiemetics if necessary, pain management, if necessary, etc., with recheck imaging in 24 hours, sooner if clinical signs progress.

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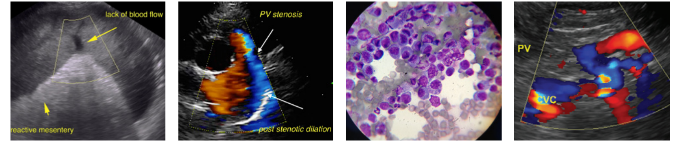

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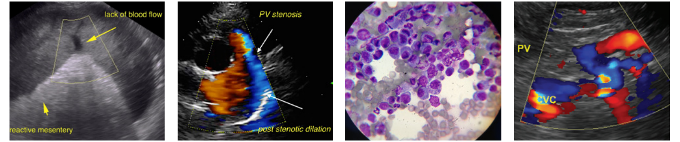

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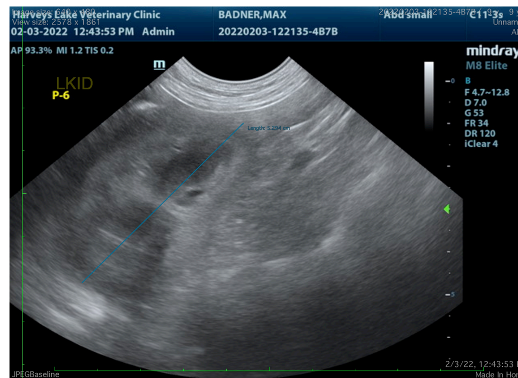

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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