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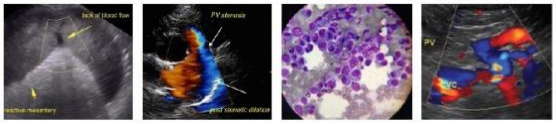


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lenny Berg

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

1 Year

WEIGHT

35.9 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Regional VEC

REFERRING VET

Dr. Gregg

INVOICE

21733

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: 24hr history of vomiting (1x) and hyporexia HX FB surgery 4 weeks ago PE: unremarkable Current Medications Methadone, cerenia sedated with Dexdomitor

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings 1. The striated material within a small intestinal loop in the mid ventral abdomen is concerning for cloth or other soft tissue foreign material. A partial obstruction is prioritized based on the absence of more profound small intestinal dilatation. 2. Moderately gas filled stomach. Aerophagic is prioritized.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

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

Left kidney is normal in size (7.0 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.

Right kidney is normal in size (6.82 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

Left adrenal gland is normal in size (2.28 cm long x 0.45 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.51 cm long x 1.64 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

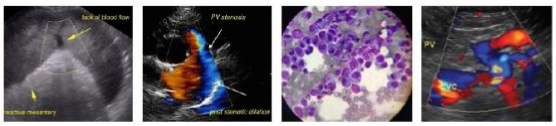
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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 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



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The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.

The visible small intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty, but focally, there is a fluid distended small loop that appears to end at an echogenic intraluminal interface with distal progressively shadowing material consistent with cloth or hair or similar fluid absorbing material. Subtle plication is noted within the area. Additionally, a scant amount of anechoic free fluid and enhanced hyperechoic mesenteric fat is appreciated.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a scant amount of anechoic free fluid and enhanced hyperechoic mesenteric fat surrounding the suspected small bowel foreign body/

The mesenteric lymph nodes 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

- A small bowel foreign body is highly suspected with at least partial, if not complete obstruction given the dilated small bowel leading up to the obstruction, as well as the suspected plication. Similar foreign material, or potentially, an anchor within the stomach is also suspected, however, normal ingesta within the stomach can't be definitively ruled out.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This may be a normal patient variant given the young age.
- Scant amount of anechoic free fluid and enhanced hyperechoic mesenteric fat surrounding the suspected small bowel foreign body is concerning for a focal peritonitis, likely secondary to the foreign body, however, changes consistent with the previous recent surgery can't be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Upon patient stabilization, rehydration, etc., and exploratory laparotomy for planned suspect foreign material removal, etc., is recommended.

Given this patients recent foreign body surgery, it could be that the contents present within the lumen here represent normal ingesta and gas, potentially static in appearance due to adhesions or some other postoperative complication, however, regardless, the obstructive pattern and the plication are indications to proceed with surgery.

**Dr. Johnson would appreciate any follow up available on this case at Beth.Johnson@SonoPath.com.

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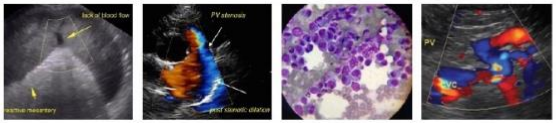

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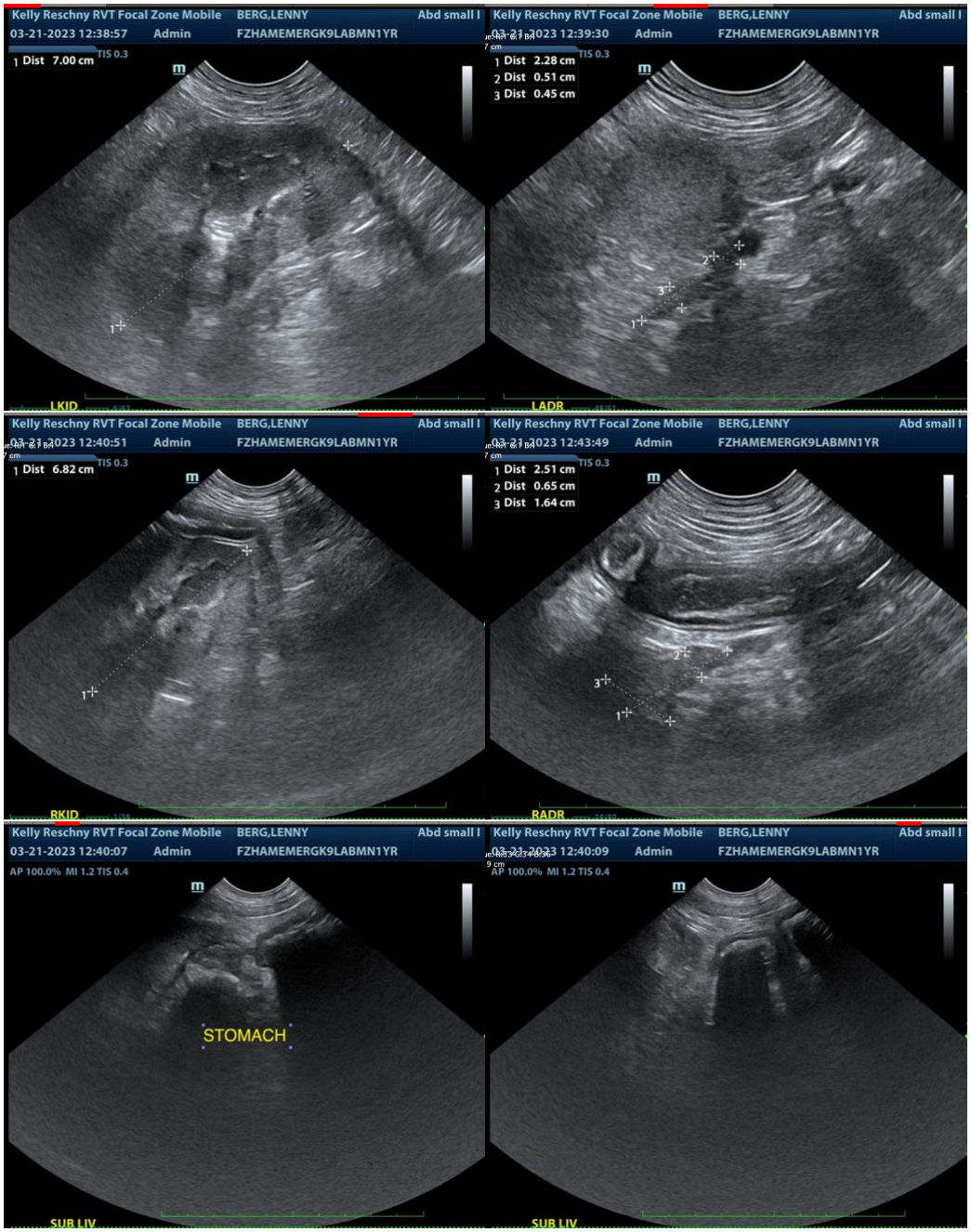

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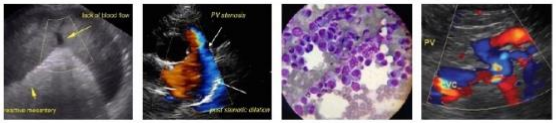

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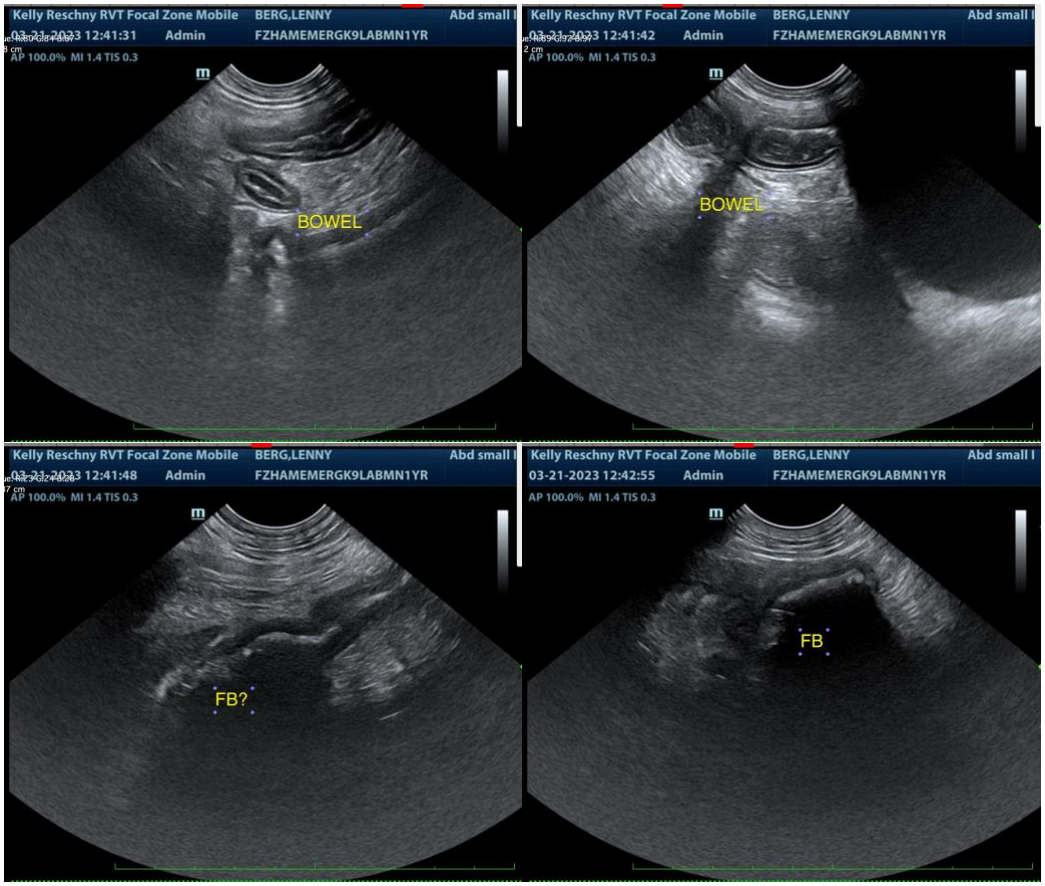

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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