



PATIENT

Rosie Evilsizer

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

10 Years

WEIGHT

67 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Michelle Engel

INVOICE

46237

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Rosie has not had much of an appetite or interest in water since Friday March 24th. Rosie is still urinating but has not defecated since the 24th. O found a piece of a blanket in an old stool. The stool was found on a property Rosie had not been on since just before the 24th. O is worried she may have a blockage. This has happened before but usually by the third day it comes out one way or another. O has tried various foods. Rosie took a few noodles and some egg after multiple tries. Rosie is vomiting at night. Contents have been mostly bile and liquid. Radiographs Liver shadow is small, spleen appears normal sized. Space occupying density in stomach, possible increased rugal folds. Small amount of gas in small intestines. Rosie has pancreatitis which may be the cause of her inappetence, but she has some other possible conditions also. There appears to be a density in her stomach which could be a foreign object such as the blanket or toy she may have ingested or a possible gastric mass. Her liver enzyme values are elevated which can be caused by numerous conditions including Cushing's disease, inflammatory liver disease, neoplasia. Rosie has lost 15 pounds since last summer which is concerning as it likely is not because of the current pancreatitis.

Abnormal PE/Chem/CBC/UA Results: CBC: within normal parameters Chemistry: Bun low at 6mg/dl (7-27), creatine 2.2 mg/dl (0.5-1.8) ALT -no value, off scale ALP 385U/L (23-212) GGT 34U/L (0-11) Lipase 2351 U/L (200-1800)

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 (8.52 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 (7.61 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 right adrenal gland is normal in size (0.53 cm at the cranial pole and 0.92 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 (0.98 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.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. 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.

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Gallbladder is moderately distended with anechoic bile as well as mild to moderate 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.

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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 fluid distended and contains a curvilinear echogenic interface with strong acoustic shadowing, consistent with the suspected gastric foreign body.

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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 diffusely empty. However, the proximal duodenum is also mildly fluid dilated, and extension of foreign matter into the small bowel from the stomach cannot be excluded.

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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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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.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- Gastric +/- proximal duodenal foreign body is highly suspected
- **Mild to moderate 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.

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- **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, well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient does appear to have a foreign body as was suspected. However, given the severe weight loss, liver enzyme changes, etc., other underlying hepatopathy, potentially severe hepatopathy, is suspected as well. Therefore, further diagnostic recommendations include bile acids if total bilirubin is normal, as well as potentially testing for Leptospirosis.



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Additionally, given the weight loss, further evaluation for a maldigestive or malabsorptive condition could be considered, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

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Ultimately, liver sampling is likely required for definitive diagnosis and to further guide management and could be obtained potentially via a fine needle aspirate of the liver if patient's coagulation status is appropriate. However, given the concern for a foreign body, recommendations include an exploratory laparotomy for planned foreign body removal as well as liver +/- splenic biopsies. If possible, awaiting bile acid results would be recommended prior to surgery so that full knowledge of liver function to help guide anesthesia, post-op medications, etc. is known.

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Pending all of the above, if surgery is pursued, full thickness GI biopsies may also be helpful if gastrointestinal disease is believed to be contributing to weight loss.

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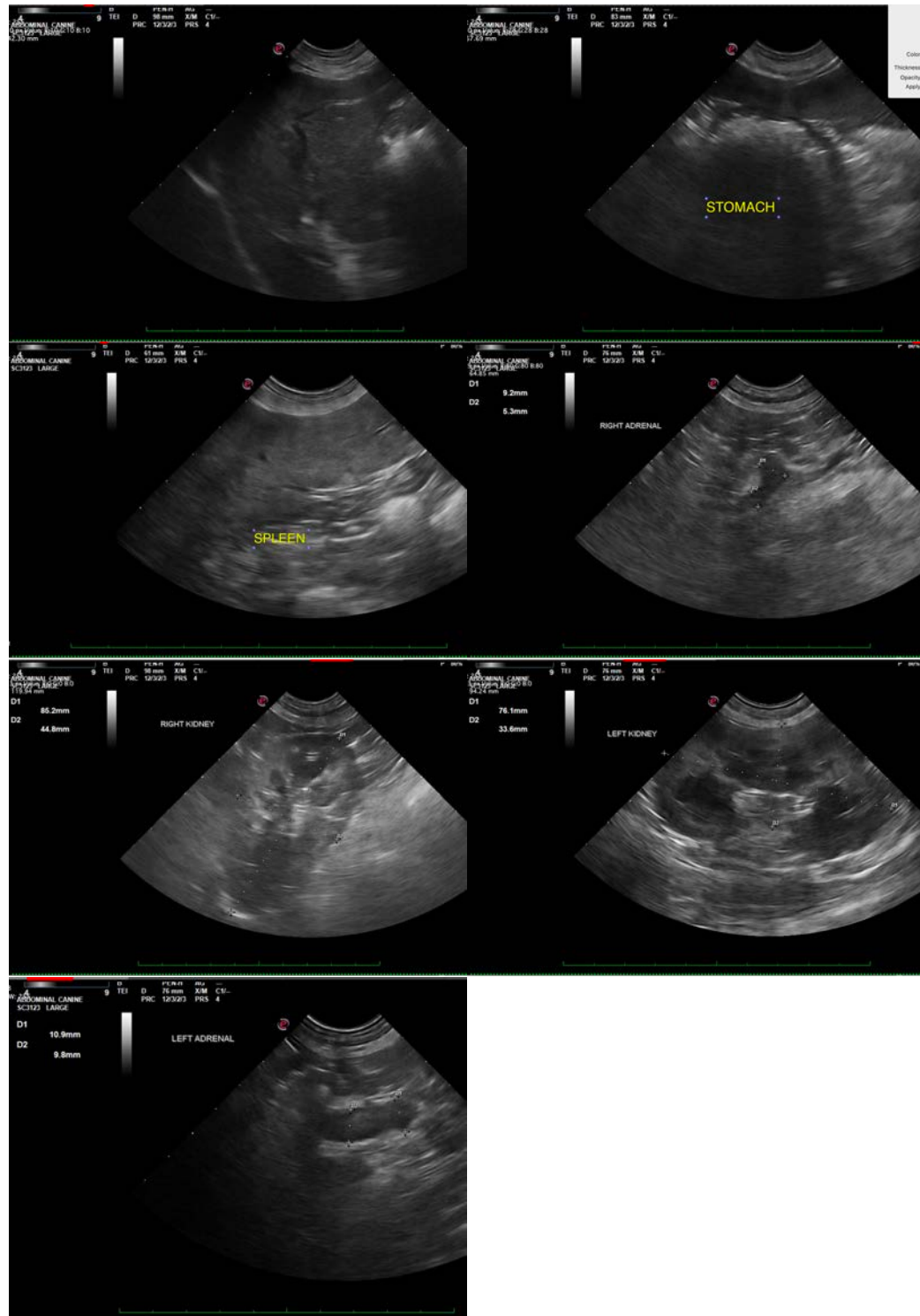
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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