

**PATIENT**

Maya Tirado

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

17 Months

**WEIGHT**

56 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Arun Kutagulla

**HOSPITAL NAME**

434 Animal Hospital

**REFERRING VET**

Dr. Arun Kutagulla

**INVOICE**

46288

**DATE**

3/30/23

**PRESENTING CLINICAL SIGNS**

The pet was presented for vomiting on Tuesday, possible ingestion of dead possum but the owner also complained pet has a habit of chewing toys. Dilated loop of bowel noticed on rads. The pet was treated symptomatically and the pet ate chicken and rice the next day and stopped eating after that. Pet is currently on IV fluid therapy before the ultrasound

Abnormal PE/Chem/CBC/UA Results: Increased neutrophil count, unremarkable chemistry, elevated BUN

**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 (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.

The left kidney is normal in size (6.0 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.

**Adrenal Glands**

The adrenal glands are unable to be well 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**

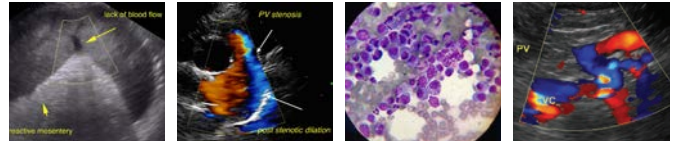
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 to moderately distended with echogenic fluid as well as non-shadowing luminal contents and gas, consistent with normal ingesta. There is no evidence of obvious foreign material or infiltrative disease. Foreign material and/or partial obstruction, however, cannot be definitively ruled out.

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 bowel in the cranial abdomen appears moderately fluid distended with similar appearing



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echogenic fluid and debris. The bowel in the caudal abdomen appears more normal in appearance and empty. The dilated bowel cannot be traced to a definitive foreign body in these images, and there is no obvious visible evidence of foreign material. However, the dilated bowel combined with empty bowel in a different part of the abdomen is concerning for an obstruction that just isn't visible in these images. Gastroenteritis, however, without a visible obvious foreign body cannot be ruled out.

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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.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Gastric distention and cranial or proximal bowel distention followed by more distal empty bowel – strongly concerning for at least a partial obstruction. However, the dilated bowel cannot be traced to a definitive foreign body or foreign material. Therefore, gastroenteritis cannot be definitively ruled out.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations are dependent on the level of aggressiveness elected by patient owner and attending clinician. A conservative approach, given the lack of a definitively visible foreign body is supportive/symptomatic medical management of gastroenteritis secondary to possible dietary indiscretion in the form of antiemetics, gastroprotectants, continued fluid therapy, etc., as well as an additional 12-24 hours of fasting followed by rechecking imaging at that time, being sure, if possible, upon the recheck imaging to follow the dilated bowel to where dilated bowel meets empty bowel. Alternatively, based on the radiographic suspicion of a foreign body, an exploratory laparotomy would be a reasonable approach.

*\*\*Dr. Johnson would appreciate any follow up as to whether a foreign body is found. Her email is [beth.johnson@sonopath.com](mailto:beth.johnson@sonopath.com)*

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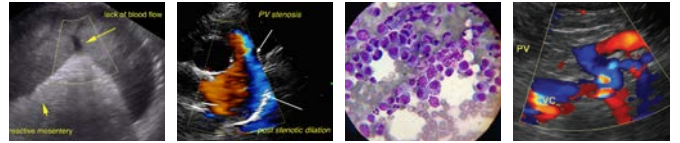
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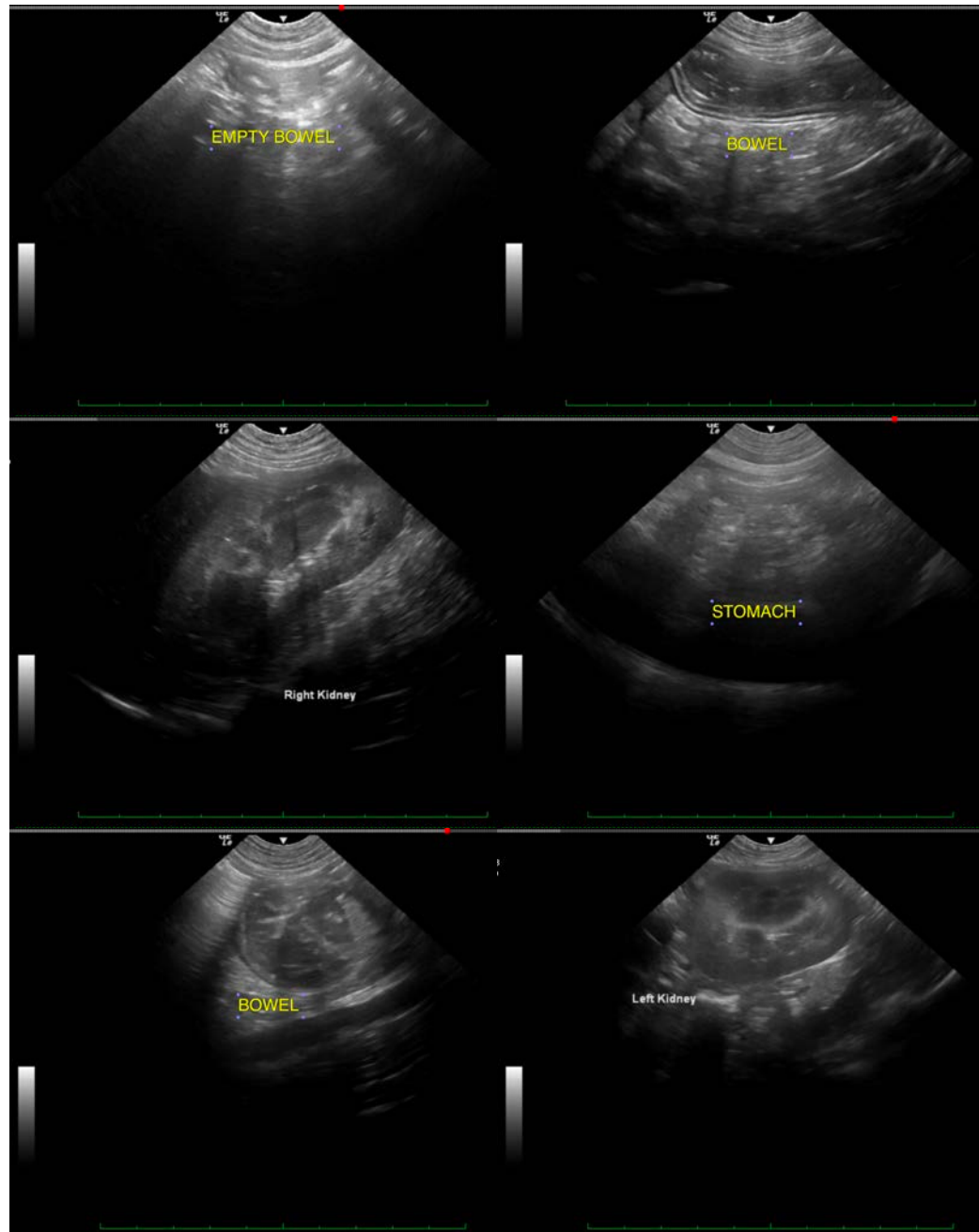
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Beth.Johnson@sonopath.com