



PATIENT

Jack Frost Kuczynski

SPECIES

Canine

BREED

Bulldog

SEX

Neutered Male

AGE

5 Years

WEIGHT

49

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

INVOICE

21491

DATE

3/7/23

PRESENTING CLINICAL SIGNS

History: Vomiting four days, liquid bloody diarrhea past 24 hrs.

Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is normal in size (4.0 cm wide), echotexture and echogenicity for a neutered male.

Left kidney is normal in size (6.91 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. A hyperechoic band parallel to the corticomedullary border is present.

Right kidney is normal in size (6.41 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. A hyperechoic band parallel to the corticomedullary border is present.

Adrenal Glands

Left adrenal gland is normal in size (0.5 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.0 cm at cranial pole and 0.8 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



PATIENT	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is diffusely (including the pylorus) markedly distended with echogenic fluid.
Jack Frost Kuczynski	
SPECIES	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 with no evidence of obstruction, foreign material or infiltrative disease, but in the cranial abdomen, just caudal to the stomach, there is a dilated loop of bowel with an echogenic curvilinear interface and strong acoustic shadowing, concerning for a proximal small bowel foreign body. Given the location, a loop of colon can't be definitively ruled out, but the area in question appears to connect to small bowel in one video, so colon is considered much less likely.
Canine	
BREED	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Bulldog	
SEX	<i>Pancreas</i>
Neutered Male	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.
AGE	<i>Free Abdomen</i>
5 Years	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
49	<ul style="list-style-type: none"> Suspect proximal small bowel foreign body, resulting in gastric extension due to obstruction. As noted above, the suspected foreign body loop of bowel can't be definitively ruled out as a loop of colon, but given the apparent connection to small bowel, a small body foreign body is considered much higher on the differential list than a loop of colon. Bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	While it is unusual for hemorrhagic diarrhea to accompany a foreign body, these images are concerning for a small bowel obstructive foreign body, resulting in the gastric distention and the reported vomiting, in which case an exploratory laparotomy for planned suspect foreign body removal is recommended. Having said that, a foreign body cannot be guaranteed, and if a more conservative approach is elected, recommendations include: <ul style="list-style-type: none"> Further work up of the reported hematochezia with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
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- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease,

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- Followed by supportive/symptomatic medical management with antiemetics, gastroprotectants, including sucralfate, a probiotic such as Visbiome or Provioble , empirical deworming with a 5-day course of Panacur, +/- metronidazole or Tylosin, and if tolerated, a short-term course of a bland easy to digest, or possibly fiber responsive, diet.

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Having said that, a small bowel foreign body is strongly suspected, and if vomiting persists recheck imaging and/or proceeding directly to an exploratory laparotomy, should be considered urgently at that time.

SEX

Neutered Male

*Dr. Johnson would appreciate any follow up or outcome that they are able to get from Jack at dogdrbeth@gmail.com

AGE

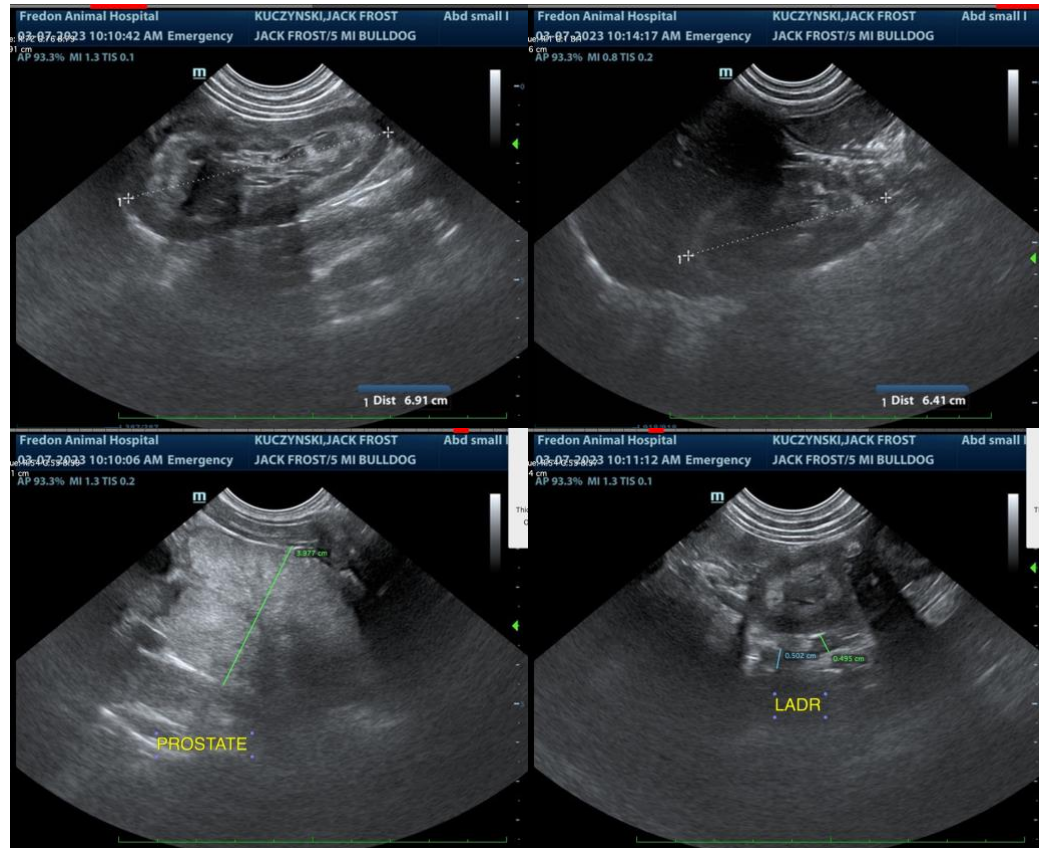
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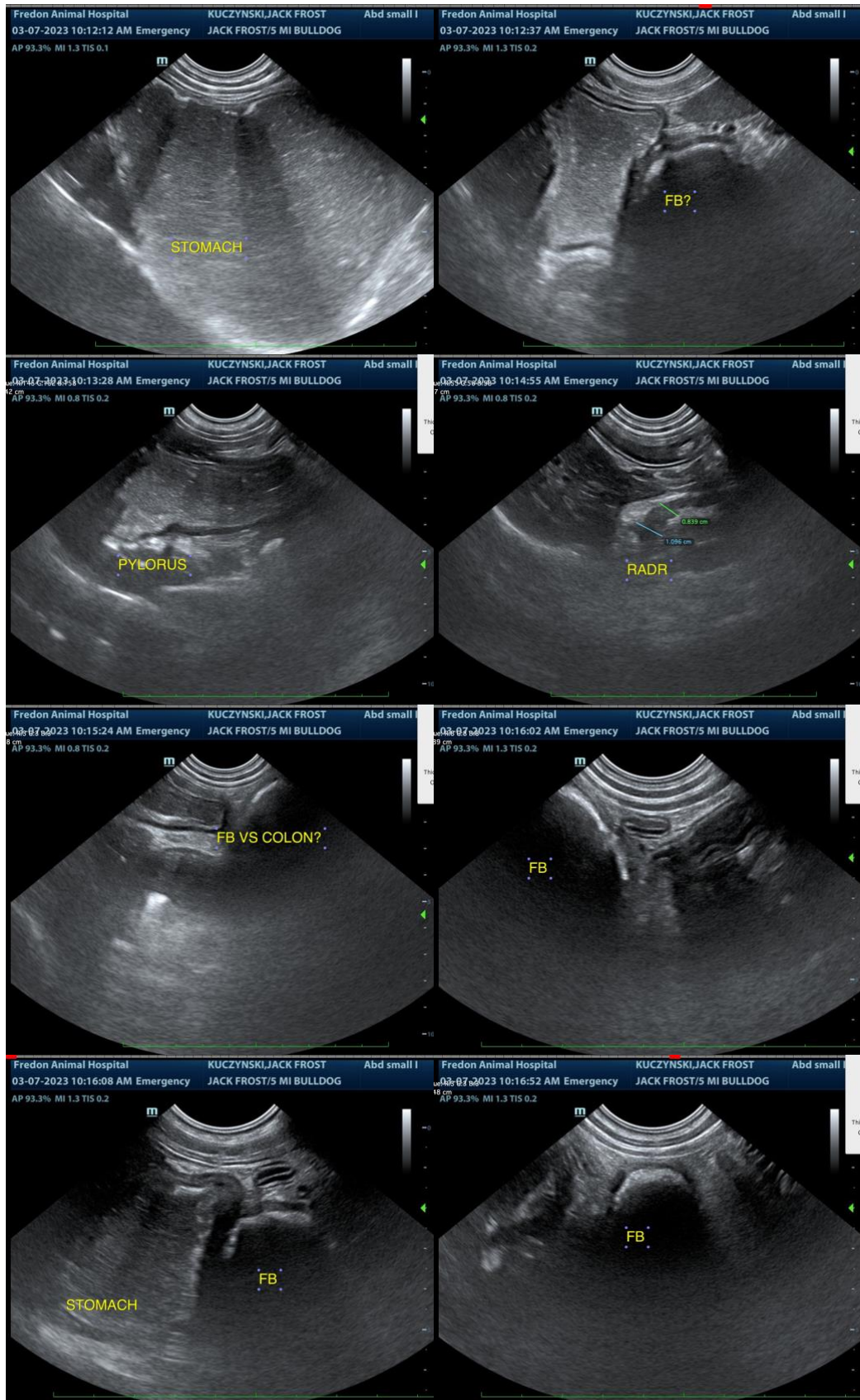
Michelle Roche

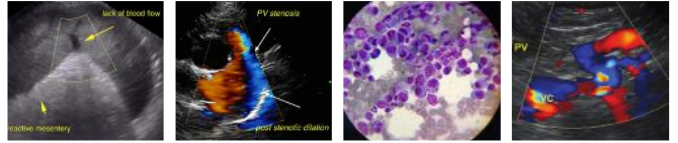
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Beth.Johnson@SonoPath.com

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