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Clinical Sonography & Telecytology
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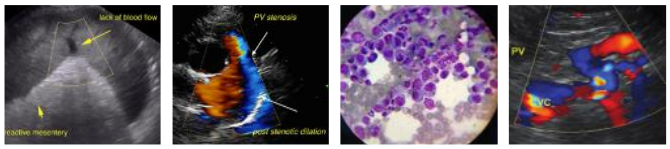


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ginger Martin

SPECIES
Canine

BREED
Golden Doodle

SEX
Intact Female

AGE
3

WEIGHT
22.4 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Elyse Hauer

HOSPITAL NAME
Mariposa VH

REFERRING VET
Elyse Hauer

INVOICE
21529

DATE
3/9/23

PRESENTING CLINICAL SIGNS

History: 1.5 day history of vomiting, anorexia. Ate a very small amount of canned food this morning (less than a tbsp). Lethargic. Previous foreign body several years ago. 6 weeks post-partum.

Abnormal PE/Chem/CBC/UA Results: CBC - mild neutrophilia. Chem - normal.

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.

Left kidney is normal in size (5.07 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 (5.79 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 (0.26 cm at cranial pole and 0.45 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 0.63 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

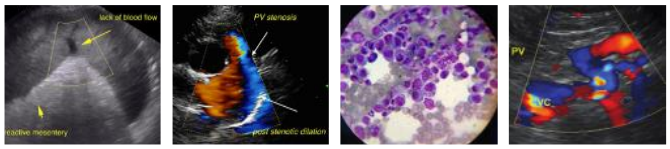
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with fluid, as well as echogenic nonshadowing luminal contents and gas, consistent with normal ingesta/chyme, as well as curvilinear echogenic densities that do have acoustic shadow, concerning for anchors of the suspected cloth or linear foreign body.

The visible small intestinal wall appears normal in thickness and in layering, but the bowel is severely, diffusely plicated with multifocal echogenic curvilinear foci with acoustic shadowing consistent with



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multifocal linear foreign body anchors. Additionally, the echogenic linear structures visible throughout the lumen of the majority of the bowel.

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 no evidence of peritoneal effusion. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

There are no distinct visible reproductive tract abnormalities noted, however, there are multiple fluid distended tubular structures throughout the abdomen, and it's difficult to trace small bowel vs colon vs uterus.

ULTRASONOGRAPHIC FINDINGS

- A linear foreign body is highly suspected with severe small bowel plication and multifocal anchors, including a gastric anchor of the foreign body suspected.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An exploratory laparotomy, as soon as possible, is recommended, to remove the suspected foreign body and any devitalized bowel. Further evaluation of the reproductive tract can be performed at that time as well.

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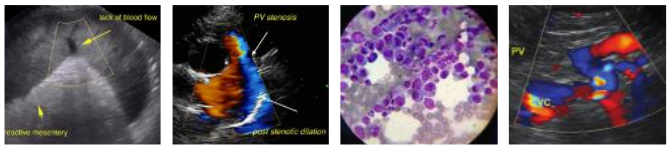

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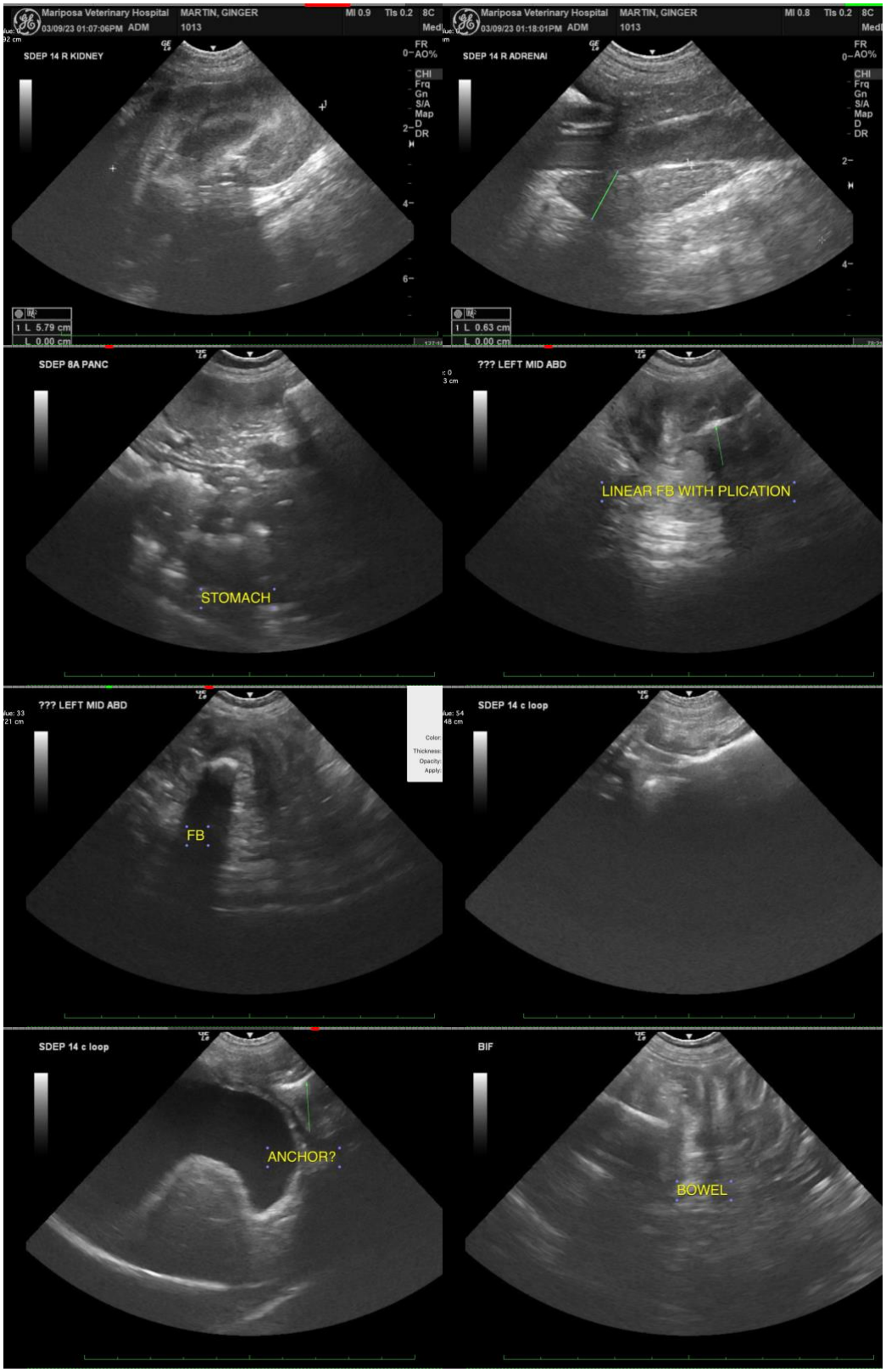

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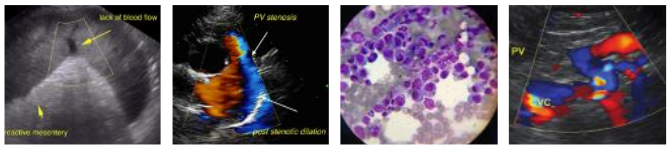

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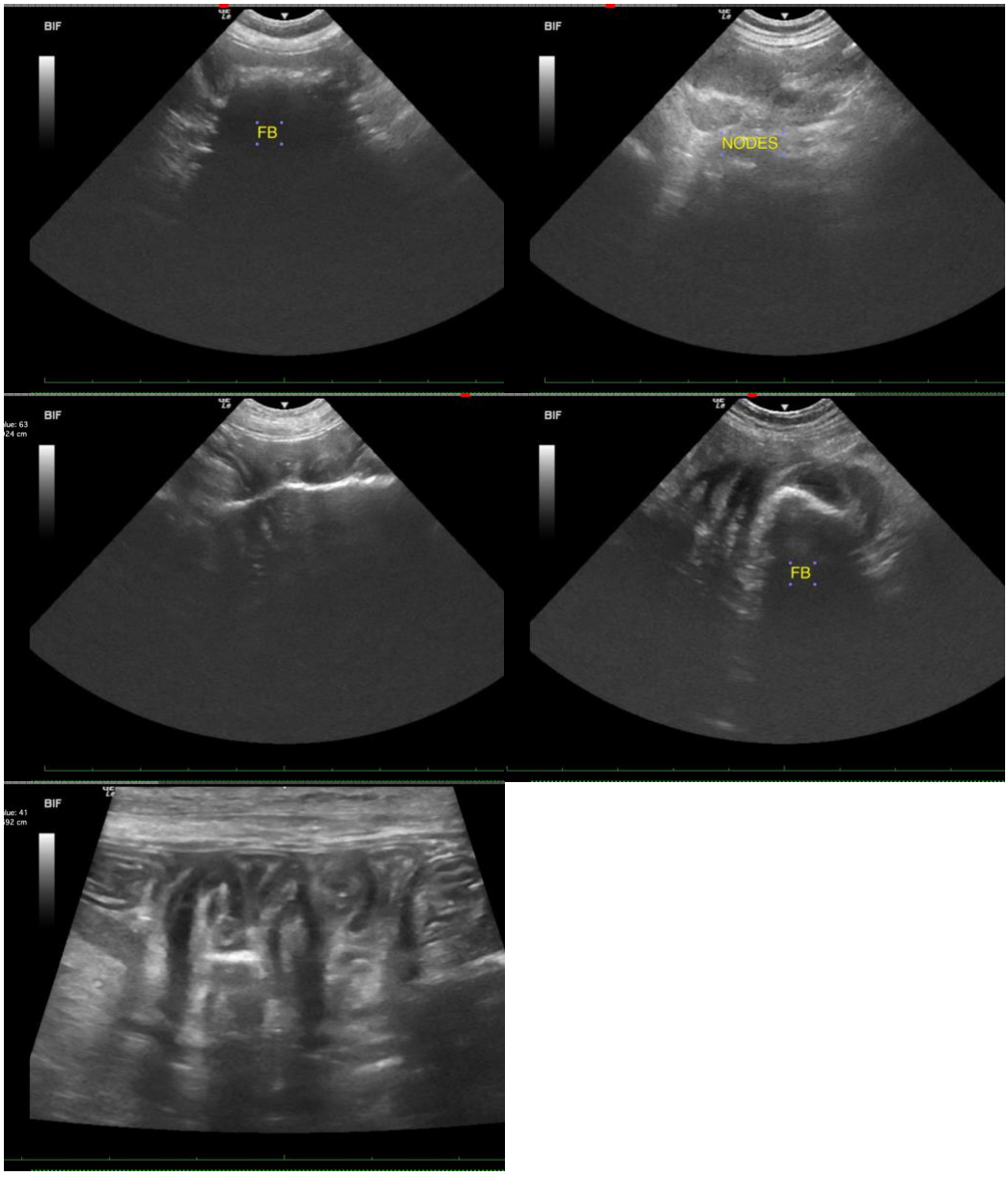

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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