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Clinical Sonography & Telecytology
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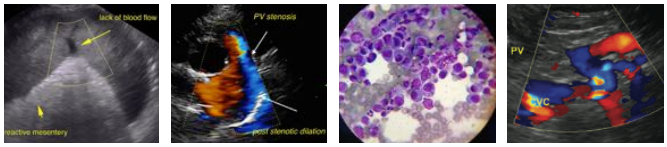


PATIENT
Minnie Dezenzo

SPECIES
Canine

BREED
Rottie X

SEX
Spayed Female

AGE
4Y

WEIGHT
73.5

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Val Shumskaya

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Bednar

INVOICE
10176

DATE
4/13/2023

PRESENTING CLINICAL SIGNS

Material in stomach after 24hr fast, presented w Vomiting and anorexia Current meds: metro, panto, unasyn plasmalyte

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 (6.19 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 (4.81 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 (2.4 cm long, cranial 1.5 cm, caudal 0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.3 cm long, cranial 0.54 cm, caudal 0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

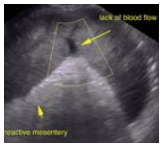
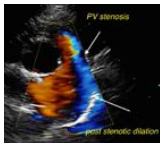
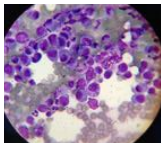
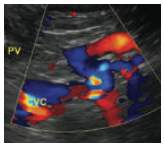
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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 distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. As well as an approximately 1.5 cm hypo to anechoic structure, which could represent a normal piece of kibble. As well as a second similar-sized curvilinear echogenic density with strong acoustic shadowing, concerning for non-obstructive small foreign body.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with

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echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material, or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

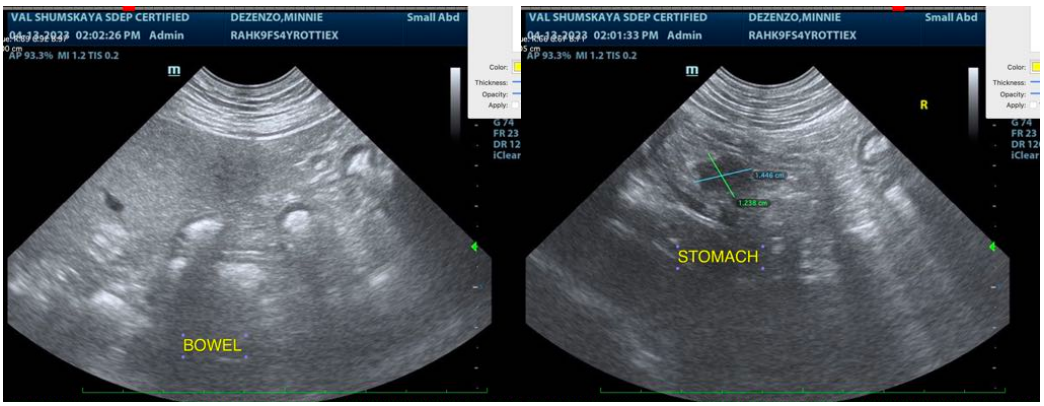
ULTRASONOGRAPHIC FINDINGS

- The stomach does contain material that could be normal ingesta but given the patient's history combined with the acoustic shadowing in one portion of stomach, non-obstructive foreign material is of concern. There does not appear to be any associated obstructive pattern, plication, etc. involving the small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on the level of aggressiveness elected by the owner and the attending clinician options for this patient include either continued supportive care and fasting for another 12-24 hours with recheck imaging at that time or sooner if clinical signs persist vs. proceeding directly to gastroscopy to try to further confirm and hopefully remove the foreign material or proceeding directly to an exploratory laparotomy for planned gastronomy and suspected foreign material removal.

If not recently evaluated, additionally, a general metabolic health screen is recommended in the form of CBC, chemistry panel, electrolytes, and urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein-to-creatinine ration is recommended.



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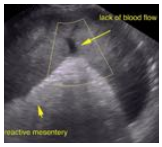
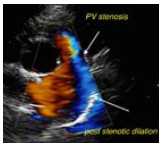
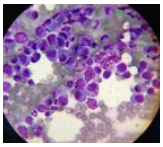
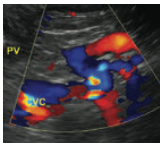

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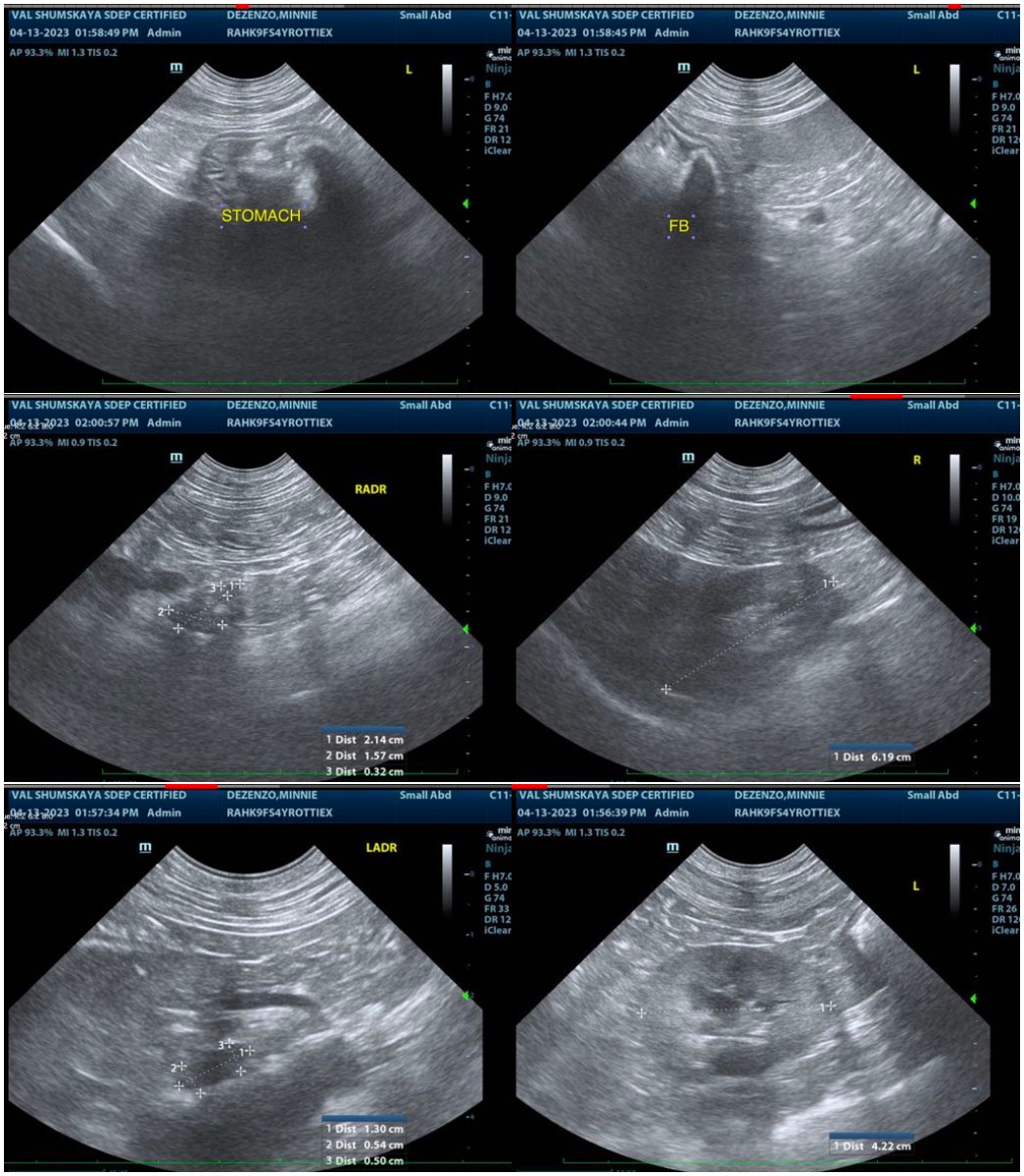

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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