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| DATE | PRESENTING CLINICAL SIGNS |
| 6/21/22 | Non-descript GI signs for about 10 days. Was vomiting... Stopped. Had diarrhea. Now on the mend. Was lethargic, now better and hyporexic. CBC/ Chem profile unremarkable. Lepto negative. Does swim (competitively) in local ponds and streams. |
| PATIENT | |
| Gunner Boyce | Current Medications: Metronidazole 1000mg BID. AMOXICILLIN 500mg. BID. Was on a short course of cerenia |
| SPECIES | Radiographs: Possible displacement of GI contents away from center of cavity. Date of Previous IntraPet Ultrasound: No previous. |
| Canine | Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Declined. |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Chesapeake Bay Retriever | Urinary System |
| SEX | 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. |
| Intact Male | Prostate normal in size, echotexture and echogenicity for a neutered male. This dog is reportedly intact, but is also reported not to have palpable testicles, so we believe that he is actually neutered. |
| AGE | |
| 1/8/11 | The right kidney is normal in size (7.36 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. |
| WEIGHT | |
| 94.3 Pounds | The left kidney is normal in size (7.12 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. |
| INTERPRETED BY | |
| Beth Johnson, DVM DACVIM | Adrenal Glands |
| IMAGING PERFORMED BY | The right adrenal gland is normal in size (2.74 cm long x 0.76 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. |
| Stephanie Pearce RDCS, RVT | The left adrenal gland is normal in size (2.83 cm long x 0.69 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. |
| HOSPITAL NAME | |
| Honeygo AH | Spleen |
| REFERRING VET | 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. |
| Dr. Moffa | Liver |
| INVOICE | 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. |
| 38928 | |

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is moderately distended with an echogenic material and gas that could very well be consistent with normal chyme and fluid. However, soft fluid absorbing material, foreign material cannot be 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). It is moderately distended with similar appearing contents as the stomach until it reaches a hyperechoic luminal structure with a very strong acoustic shadow, after which the bowel returns to normal empty bowel. This is an obstructive pattern consistent with a small intestinal foreign body.

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 a scan amount of free fluid noted around bowel loops. Mildly enlarged mesenteric lymph nodes are appreciated, most consistent with reactive nodes. Incidental ringdowns are noted at the level of the diaphragm.

PRIMARY FINDINGS

- Obstructive pattern with a suspected foreign body present in the small bowel - Concurrent soft material cranial to the obstruction, including in the stomach, cannot be ruled out. However, the luminal contents cranial to the suspected foreign object are most likely normal ingesta unable to pass.
- Scant free abdominal fluid and mesenteric lymphadenopathy – most consistent with reactive nodes. Infiltrative neoplasia cannot be ruled out, but is considered much less likely.
- Ringdowns – concerning for concurrent pulmonary pathology.

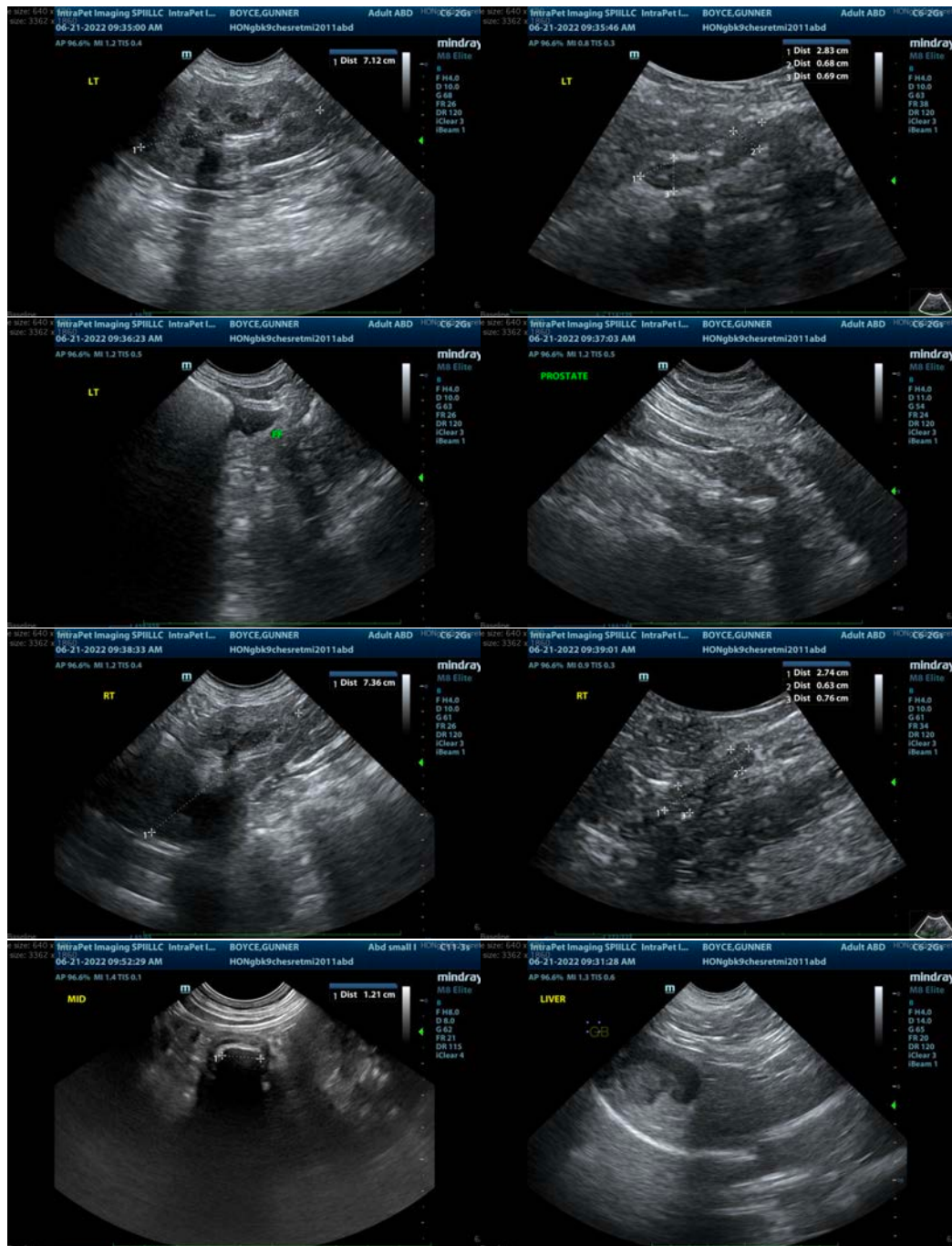
SECONDARY FINDINGS

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

- An exploratory laparotomy is recommended for removal of the suspected foreign body +/- biopsies of any visibly or palpably abnormal bowel, lymph nodes, etc.





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.

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