IMAGING PERFORMED BY

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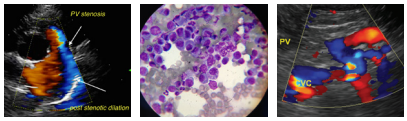


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

7/12/22

**PATIENT**

Tucker Campo

**SPECIES**

Canine

**BREED**

English Springer Spaniel

**SEX**

Neutered Male

**AGE**

7/3/16

**WEIGHT**

44.8 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency Hospital

**REFERRING VET**

Dr. Willer

**INVOICE**

39416

## PRESENTING CLINICAL SIGNS

Recheck AUS- please compare to previous AUS. P began regurgitating and recheck x-ray stomach very large. Discharge yesterday- stopped eating while in hospital went to RDVM today- still not eating; still vomiting/diarrhea did not eat once home- is drinking water owner gave all the medications this morning on empty stomach- vomited after that had a normal bowel movement but it was black in coloration at RDVM

Current Medications: Ampicillin, Sucralfate, Metronidazole, Protonix, Cerenia, Cisapride, Dexamethasone SP, Fenbendazole, Ondansetron, Entyce.
Lab Results: See attached.
Radiographs:
Date of Previous IntraPet Ultrasound: 7/6/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is only mildly distended (empty). Visible contents are anechoic. A foley catheter is in place. 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.

The area of the prostate is examined without evident pathology.

The right 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.

The left kidney is normal in size (5.66 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 (2.3 cm long x 0.81 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.46 cm long x 0.60 cm at the cranial pole and 0.74 cm at the caudal pole), 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. It is mildly distended with echogenic fluid. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. Mid abdomen, within a small bowel loop, there is an echogenic curvilinear structure with strong acoustic shadowing. Bowel cranial to this suspected foreign body is dilated with echogenic fluid. Bowel beyond the structure is empty. This is a classic obstructive pattern secondary to the object, which is most likely a foreign body resulting in obstruction.

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 scant amount of anechoic free fluid as well as enhanced hyperechoic mesentery, primarily around the foreign body.

There is no apparent lymphadenopathy noted in these images.

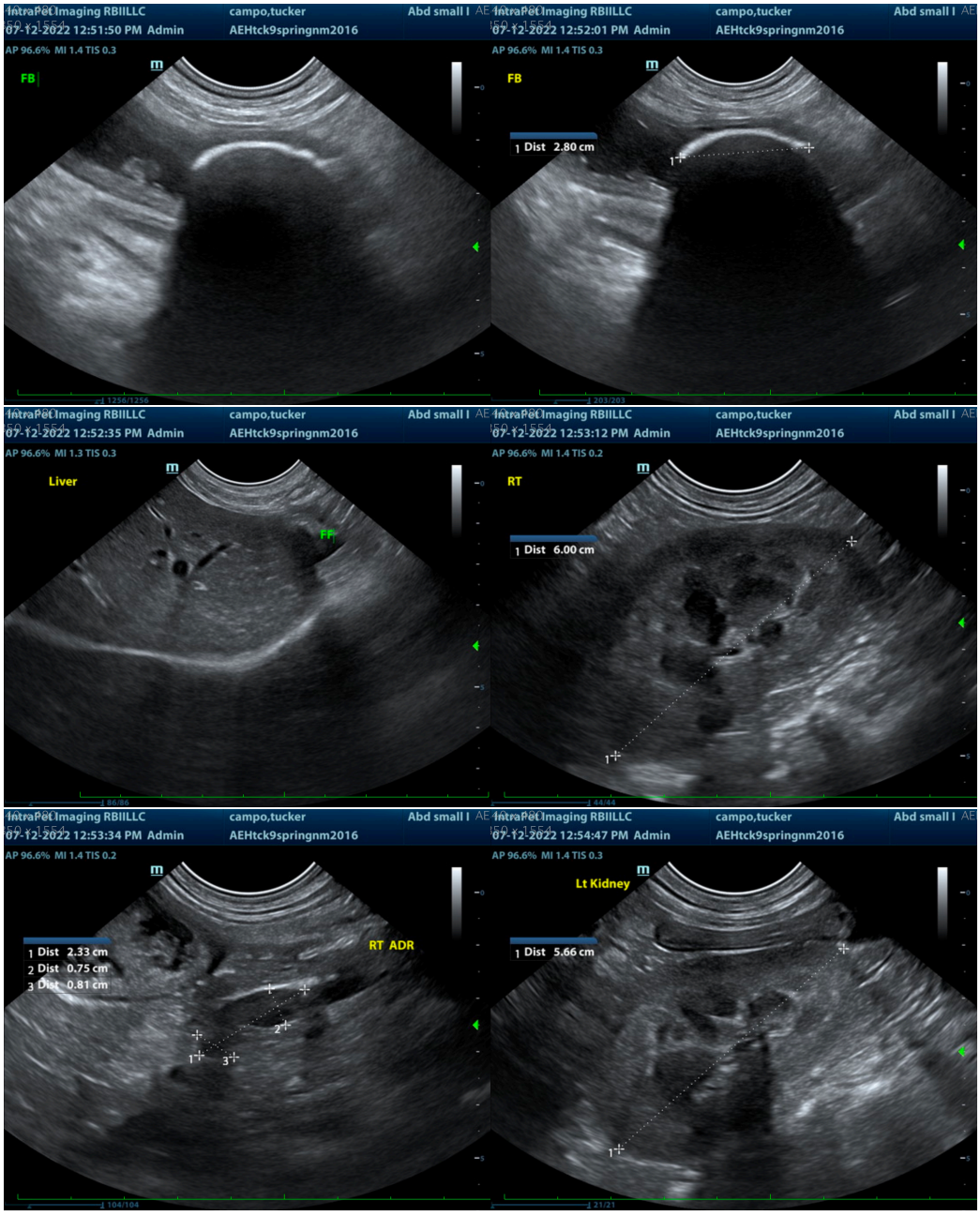
## ULTRASONOGRAPHIC FINDINGS

- Obstructive small intestinal foreign body with evidence of focal inflammation/peritonitis surrounding the foreign body.
- Mildly thick muscularis of the bowel relative to the mucosal layer, secondary to possible infiltrative bowel disease versus normal variant. However, this finding appears less evident and less concerning than on the previous ultrasound.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- An exploratory laparotomy for foreign body removal.
- Biopsies of the remaining normal bowel could be considered, given the ultrasonographic appearance, especially if they're palpably thick or abnormal.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FB
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campo,tucker
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FB
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Liver
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RT
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campo,tucker
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AP 96.6% MI 1.4 TIS 0.2
RT ADR
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2 Dist 0.75 cm
3 Dist 0.81 cm
IntraPet Imaging RBIILLC
campo,tucker
Abd small I
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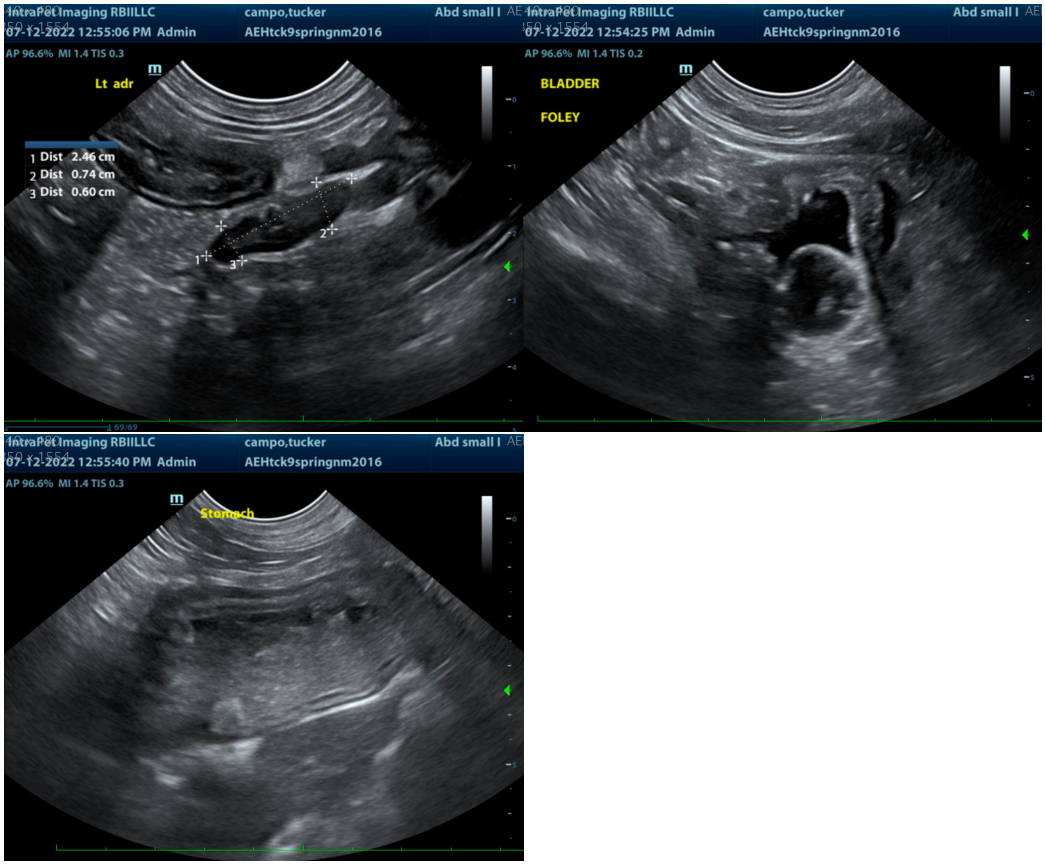
Lt Kidney
1 Dist 5.66 cm




**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
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