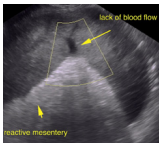
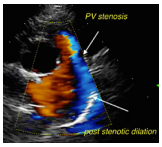
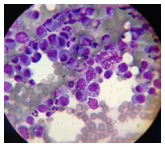
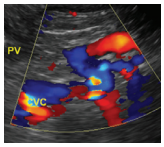
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Cooper Bleecher

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

43 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

31787

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting. P had first vomit around 9:30 pm on Saturday. Family withheld water and food for 4 hours then only offered P small amounts of water throughout the day. Tonight around 9:30pm, P vomited again. This time P was more lethargic. Previous Health Concerns: None Current Medications: None
Abnormal PE/Chem/CBC/UA Results: Abdominal: Reactive to cranial abdominal palpation; difficult to thoroughly palpate due to size Radiographs – fabric like material with small radio-opaque object noted in GIT (unsure of location); no signs of obstruction/plication at this time CBC – WBC (23.76) Neu (21.97) HGB (20.7) MCH (27.3) RDW (12.4) CHEM – BUN (29.4) TP (7.9) alb (4.9) gluc (140) tchol (433) EPOC – pH (7.475) K (3.2) lactate (5.32) Gluc (142) HCT (61)

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.

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

Left kidney is normal is size (6.86 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 is size (7.02 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 (3.1 cm long, 0.43 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

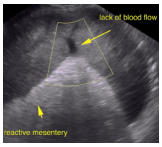
Right adrenal gland is unable to be well visualized in these images.

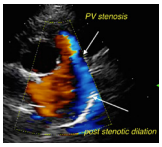
Spleen

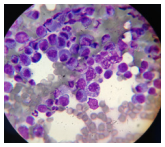
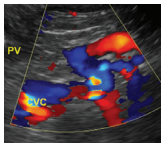
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.





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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. The stomach contains an echogenic, curvilinear structure with strong acoustic shadowing. This is concerning for non-obstructive gastric foreign body. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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 empty with 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 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

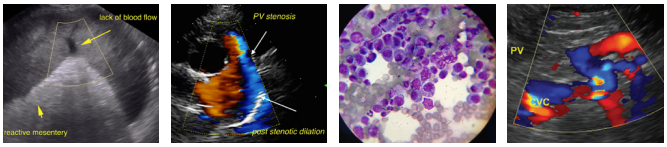
Primary Findings

Concern for non-obstructive gastric foreign body. At this time there is no evidence of plication, obstructive pattern or gastric distension to definitively diagnose an obstruction. However, the appearance of the area is concerning for foreign material. Ingesta and normal gas can't be definitively ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient:

- If a conservative approach is desired this patient should be symptomatically supported medically and fasted for 24 hours with recheck abdominal imaging both abdominal radiographs and ultrasound fasted, if clinical signs are persisting at that point to rule out the appearance of normal ingesta and gas mimicking a gastric foreign body.
- However, to prevent the potential progression of the gastric contents into the intestines a



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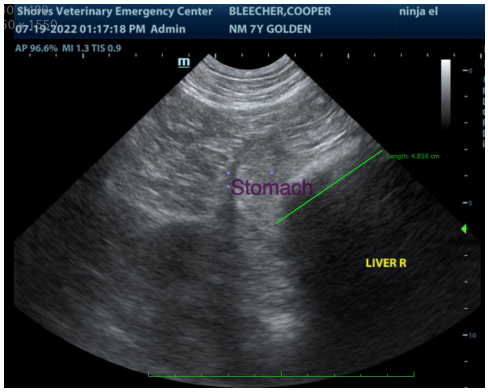
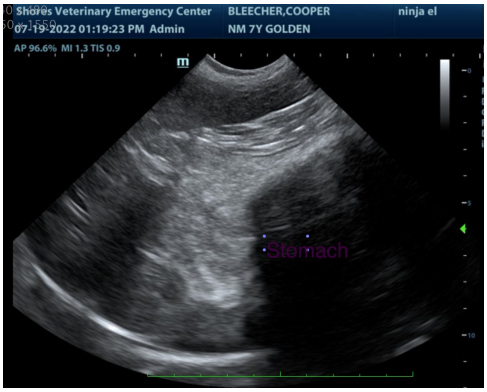
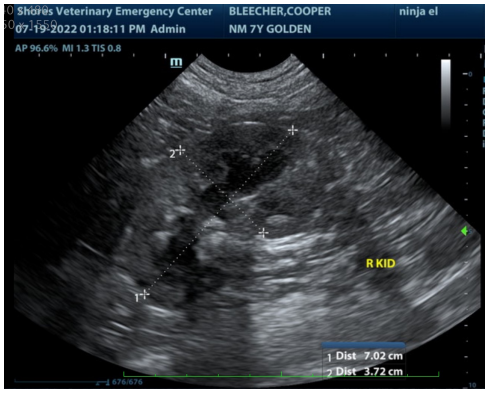
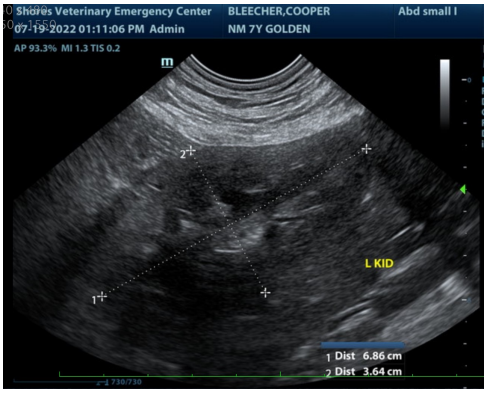
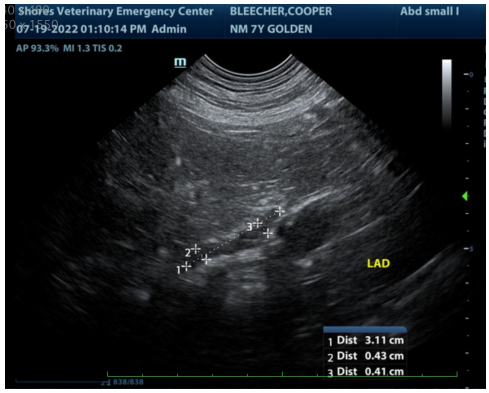
more aggressive approach could be taken sooner in the form of either gastroscopy for suspected gastric foreign body removal and/or exploratory laparotomy.











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