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DATE PRESENTING CLINICAL SIGNS

7/6/22

Known FB eater. Has eaten multiple FB and have been able to make pet vomit then up. Currently under treatment for ITP- Prednisone 10mg daily. Mycophenolate 250mg q 12 hrs. CBC normal. 7/2 -- Diarrhea, hematochezia. 7/3- Worsening hematochezia, vomiting and single episode of hematemesis. 7/5 -- FB noted in stomach on ER scan.

PATIENT

Murphy Lee Sanford

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

2/13/17

WEIGHT

48 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McMichael

INVOICE

39255

Current Medications: Prednisone 10mg daily, Mycophenolate 250mg PO q 12 hrs, Pantoprazole, Cerenia, IVF, ER gave single dose of MTDz and discontinued (d/t concern for interactions w/ mycophenolate). Lab Results: CBC: normal. Chem: normal. PT/PTT: normal Date of Previous IntraPet Ultrasound: 7/5/22 @ AEH (report pending) and 3/19/22. See attached. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with ingesta/chyme/gas. There is a focal bright echogenic density with partial acoustic shadowing present.

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). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

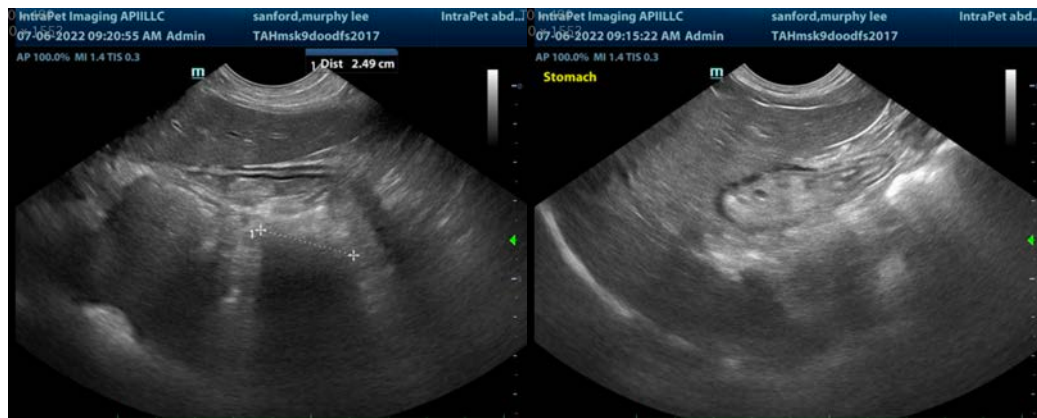
The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

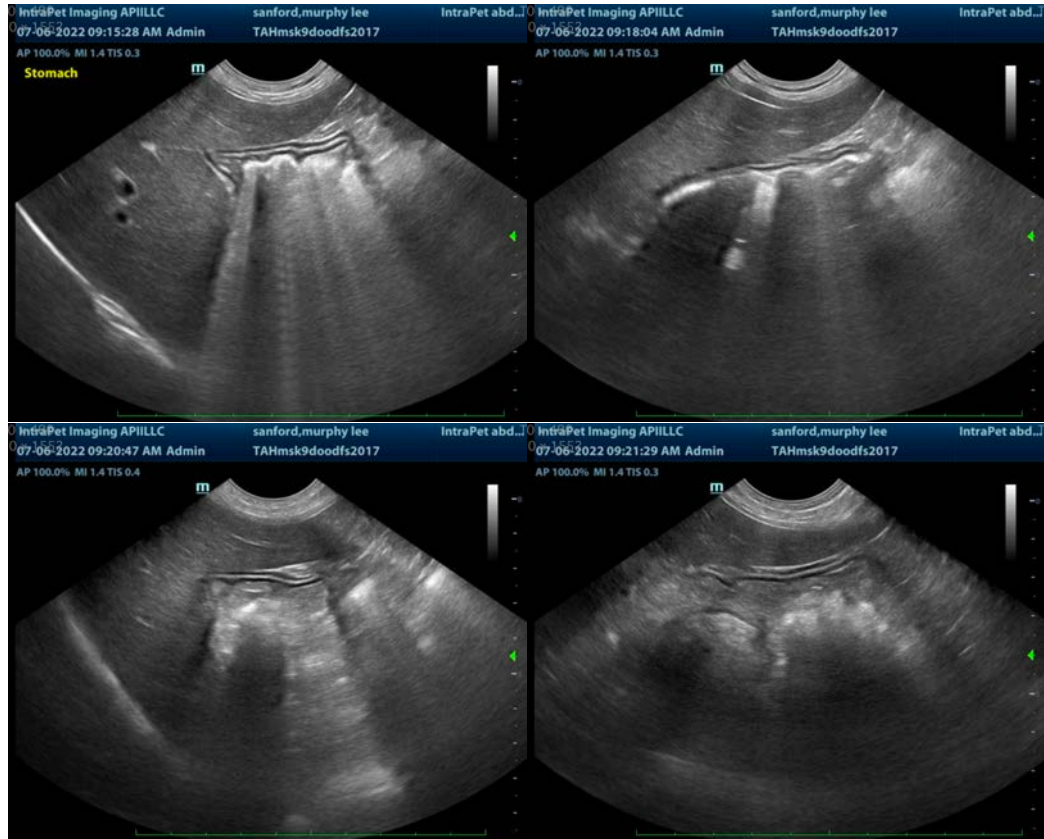
ULTRASONOGRAPHIC FINDINGS

- Echogenic interface in the stomach with partial acoustic shadowing is still present. This can occur with normal ingesta mixed with fluid and gas and/or hair/fur. However, soft foreign material cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient is still having clinical signs (i.e., vomiting, decreased appetite, etc.), recommendations include supportive medical management and NPO for 24 hours with a recheck of the stomach and intestines following complete fasting.





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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