



PATIENT

Duke Decarlo

PRESENTING CLINICAL SIGNS

Week and a half history of vomiting, diarrhea, and lethargy, and decreased appetite

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mentation BAR, anxious BCS 3-4 Underweight Hydration 7-9% dehydrated MM Pink Tacky EENT Pupils equal and responsive CV Normal rate and rhythm RESP Eupneic, normal lung auscultation GI Abnormal, tense on cranial abdominal palpation MS Ambulatory x 4, no lameness noted NEURO Neurologically appropriate INTEG Normal skin and coat LN No lymphadenopathy noted UG Normal RECTAL Scant feces Assessment Vomiting, anorexia, lethargy Intestinal FB suspected PLAN Hospitalize on IVF with repeat rads, very likely we will need to go to surgery but patient must be hydrated first

BREED

Viszla

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

18 Months

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

WEIGHT

17.6 kg

The right kidney is normal in size (6.55 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 (4.8 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

The caudal pole of the left adrenal gland is visualized and is normal, measuring 0.52 cm thick.

The area of the right adrenal gland is examined without evident pathology.

IMAGING PERFORMED BY

Dr. Laura de Cordon

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

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.

REFERRING VET

Dr. Laura de Cordon

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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

DATE

9/29/22

The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is moderately to markedly distended and contains an echogenic interface with distal progressively shadowing material, consistent with hairball or similar fluid-absorbing material. Complete



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visualization is partially inhibited by gas. Normal ingesta can't be definitively ruled out but would be atypical in appearance here.

SPECIES

Canine

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

Viszla

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

SEX

Neutered Male

There is a focally distended loop of bowel in the caudal abdomen with an echogenic curvilinear interface and strong acoustic shadowing that may represent a small bowel foreign object or could potentially be colon. The loop can't be traced definitively to one or the other in these images.

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.

AGE

18 Months

Free Abdomen

There is a scant amount of anechoic free fluid in the cranial abdomen.

WEIGHT

17.6 kg

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect/possible gastric foreign material given the shadowing and the gastric distention. Again, normal ingesta can't be definitively ruled out but is considered less likely.
- Concurrent small bowel foreign body is possible, although again the loop in question can't be definitively determined not to be colon. No obstructive pattern is present in the small bowel to strengthen a small bowel foreign body as a differential.
- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include supportive/symptomatic medical management of the reported dehydration, gastrointestinal signs, etc. until patient is stable, at which time the options include either an exploratory laparotomy with planned evaluation of the stomach and small bowel for suspected foreign body removal, or, given the lack of ability to definitively diagnose a foreign body, 12-24 hours of fasting while continuing supportive medical management could be pursued with recheck imaging in 12-24 hours to hopefully more definitively diagnose a foreign body, if present.

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Alternatively, abdominal radiographs +/- a barium swallow could be considered in the meantime.

A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

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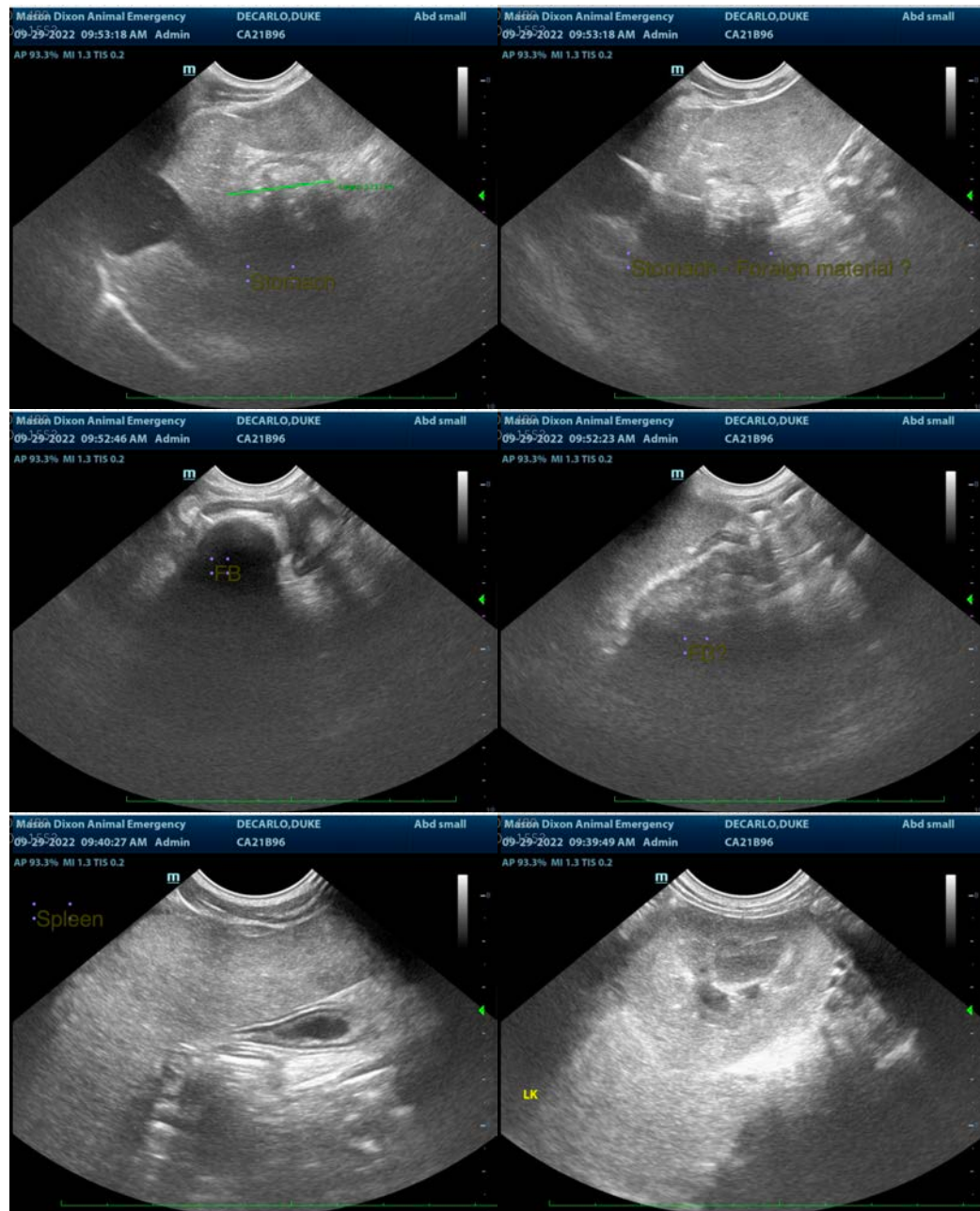
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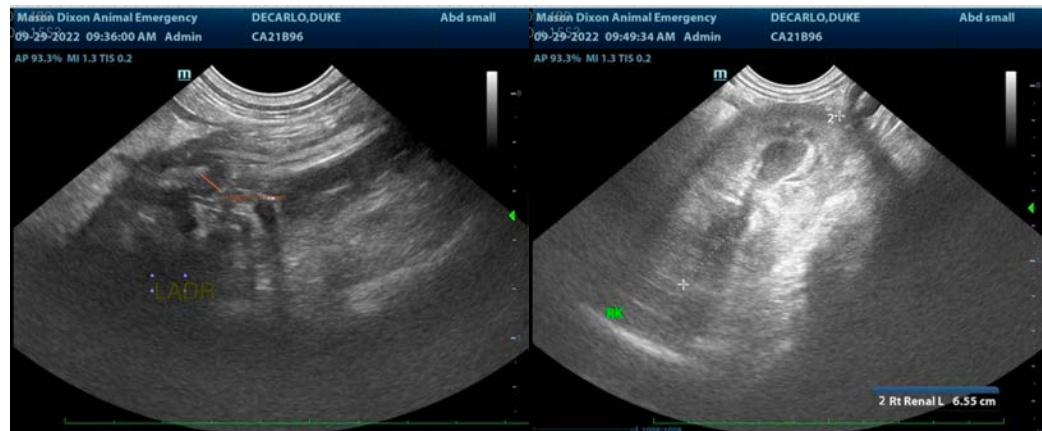
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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