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Clinical Sonography & Telecytology
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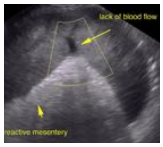
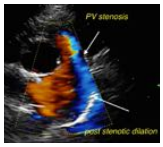
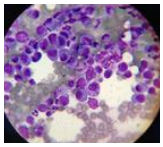
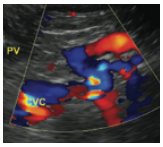

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1-800-838-4268 info@sonopath.com

PATIENT
Oreo Sanders

SPECIES
Canine

BREED
French Bulldog

SEX
Spayed female

AGE
6 years

WEIGHT
11.59 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dallas Reynolds, LVT

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Munoz

INVOICE
42181

DATE
10/27/22

PRESENTING CLINICAL SIGNS

History: P was seen on 10/24 for evaluation of vomiting since Saturday. Xrays were normal during that visit. Since then, p hasn't been wanting to eat anything and has been lethargic. No more vomiting. O reports possibility of p eating a tampon.
Abnormal PE/Chem/CBC/UA Results: Abdominal discomfort on R cranial abdomen cbc - nsf chem - Na 132 (138-160), nsf Xrays: Abdomen: Compared to the previous examination, there is subtly reduced peritoneal serosal detail, although there is a contribution from overcrowding, due to markedly increased filling of the urinary bladder. Liver, spleen within normal limits. No evidence of mass-effect identified. As before, the stomach is mostly empty, filled with a small amount of gas. On the VD radiograph, the duodenum is identified, and certainly contains a small amount of radiopaque linear material. However there is no evidence of plication identified. The remainder of the small intestine has a uniform population, variably filled with gas and fluid, but is not distended, and is considered within normal limits. Colon is moderately filled with faecal material and is considered normal. Kidneys, urinary bladder are considered within normal limits. There is no evidence of mineralisation identified along the urinary tract. Osseous structures of the thoracolumbar spine, pelvis, coxofemoral joints and stifles are considered to be normal. Assessment: As identified in the diagnostic request, there is suspicion for abnormal linear material within the proximal duodenum, that is currently not causing plication or obstruction. Additional foreign material is not identified within the stomach or small bowel, however. There is no evidence of small intestinal plication or obstruction. There is reduced peritoneal serosal detail, which would be consistent with small volume of peritoneal fluid identified at ultrasound. Transitional anatomy at T13

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

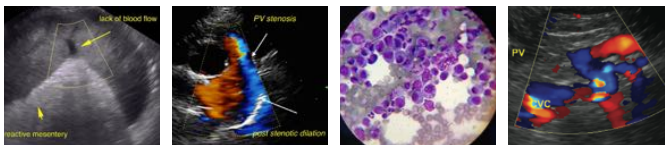
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The stomach was empty. Variable portions of bowel were thickened. A tubular structure was noted in the mid jejunum just medial tot eh spleen. Plastic or similar is suspected and measured 2.0 cm. The structure appeared to be irritative, yet not overtly obstructive. Adjacent spastic bowel was also present. Reactive mesentery was noted associated with that portion bowel that appeared to be unhealthy. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The bowel was spastic. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis with focal jejunal thickening and 2-3 cm x 0.5 cm tubular foreign structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The structure may pass. However, the bowel is unhealthy and reactive mesentery and emerging peritonitis is present. I recommend surgical exploratory, but ultrasound should be performed just prior to surgery ensure that the structure has not moved distally and also assess the level of peritonitis as to whether it has progressed into free fluid or only reactive mesentery. Intestinal biopsies +/- resection may be necessary depending on surgical findings. The structure appears to be in the jejunum even though it is reported to be duodenum. It appears to be medial to the spleen. However, the structure may move distally.

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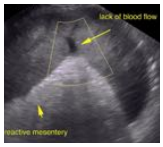

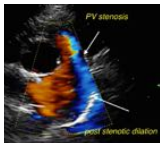

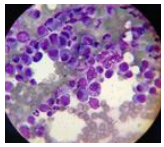
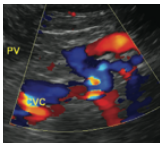

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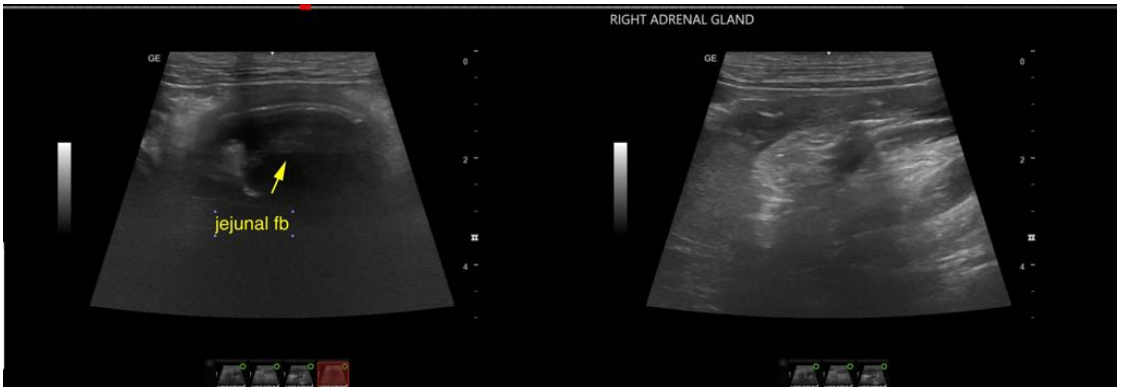

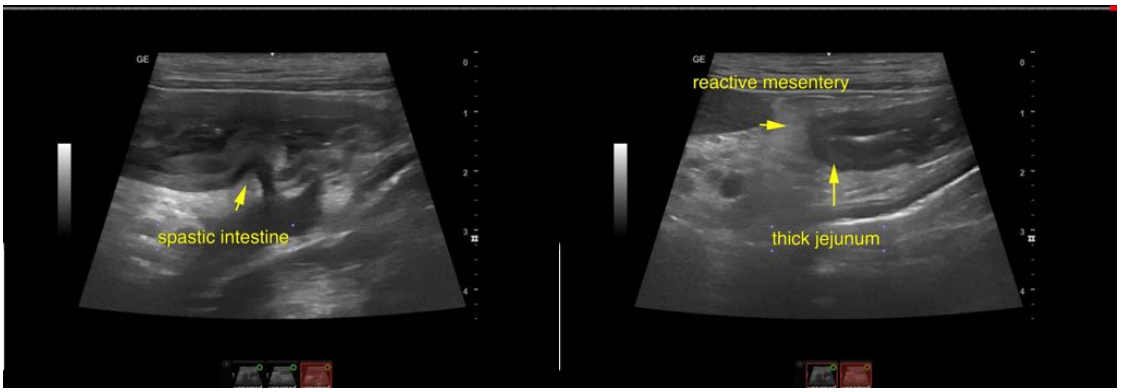

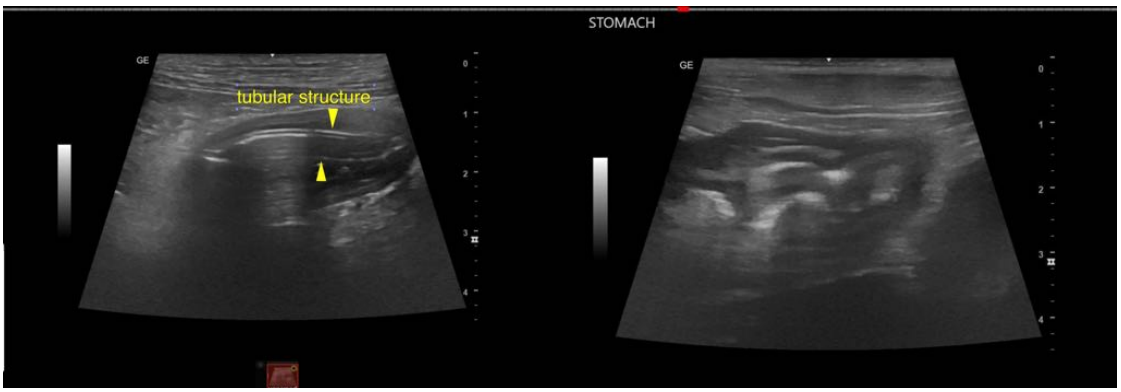

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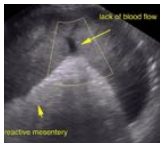
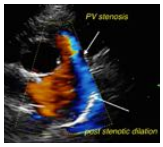
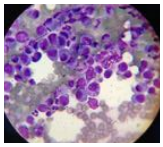
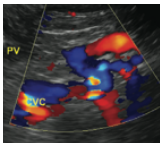

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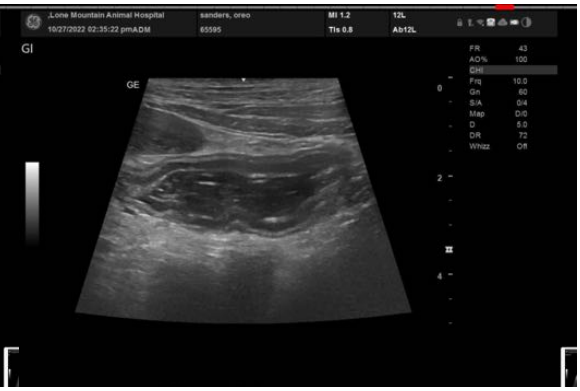

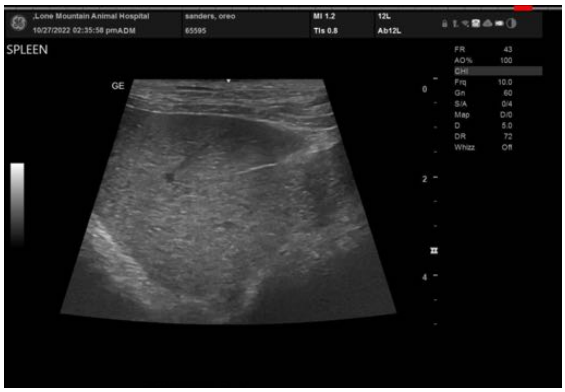

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com