

**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: P is a referral for possible foreign body. Xrays show material present in the stomach. P has been vomiting, soft serve stool, and decrease appetite. Bw: unremarkable. Presented to rdvm 5/10- decreased appetite since 5/6, only willing to eat chicken/rice, only ate a little chicken prior to visit 5/10. Very lethargic, still eating/drinking. Only vomited once on 5/9. Not typically known to eat FB/dietary indiscretion. One xray taken, started omeprazole. Presented to rdvm again 5/12- no improvement in lethargy, had not eaten since 5 pm 5/11, was not drinking water as of 5/12. Repeat xrays showed potential ingesta/material in stomach at ~ 18 h since last eaten. Fed a/d and induced emesis with Clevor, only vomited up the a/d and some bile and grass. Stomach still appeared distended on repeat xray. *Previous history 2020 of nasal spindle cell tumor, incompletely excised. *

PATIENT

Max Green

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

3/10/13

WEIGHT

85 Pounds

Current Medications: Metoclopramide, Unasyn, Buprenorphine, Protonix. RX by rdvm: omeprazole 20 mg PO SID for a few days, not given 5/12.

Lab Results: Unremarkable.

Radiographs: gastric distention, intestines NSF, potentially widened mediastinum? Stomach dilated, full of ingesta

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralizations were noted. The left kidney measured 6.86 cm. The right kidney measured 6.86 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 left adrenal gland measured 2.83 cm x 0.59 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 3.16 cm x 0.86 cm at the caudal pole and 1.0 cm at the cranial pole.

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 congestion or

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Greenbrier VC

REFERRING VET

Dr. O'Conner

INVOICE

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

The gallbladder was mildly over distended with mild suspended and dependent debris, consistent with emerging mucocele, measuring 5.0 cm x 4.0 cm. No adjunctive inflammation was noted.

Gastrointestinal

A minor amount of ingesta was noted in the **stomach**, nonobstructive. A large amount of GI gas was noted.

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.

Free Abdomen

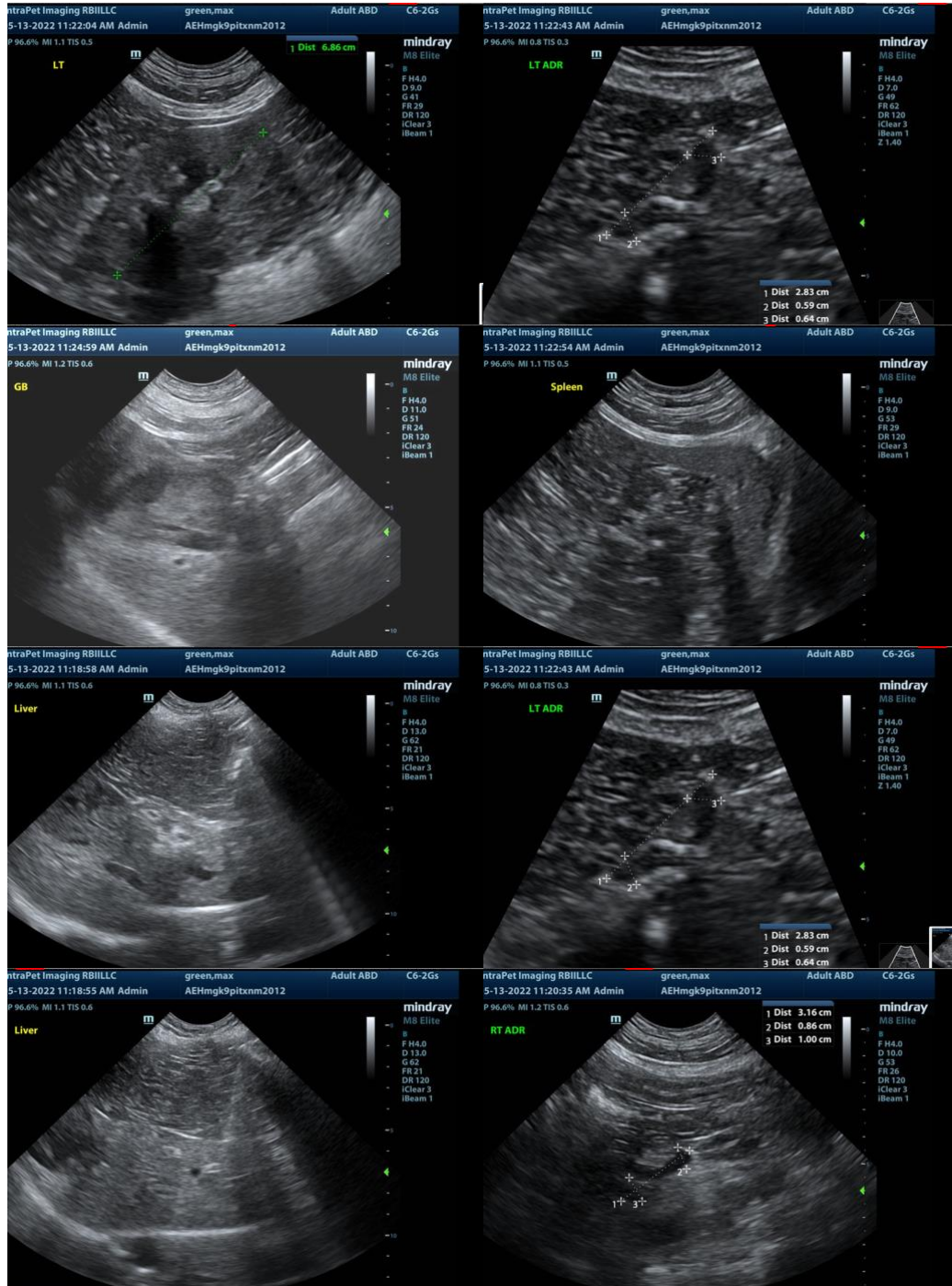
A large amount of **abdominal fat** was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Hepatic and renal remodeling
- Emerging gallbladder mucocele
- Stomach ingesta and a large amount of GI gas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. No evidence of No evidence of foreign body. The gallbladder may be contributing to the hyporexia in this patient. Ursodiol therapy over the next 6 weeks and recheck sonogram indicated.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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