



PATIENT

Blue Fox

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Intact male

AGE

4 months

WEIGHT

41 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Cattiny

INVOICE

42083

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Patient presents for 4 days of anorexia and diarrhea. Barium study done, suspicious for possible FB vs. other. admitted, in-hospital on IVFs with Vit B Complex, Cerenia, Famotadine, Zofran, Carafate, Endurosyn, Endosorb, and Unasyn.
Abnormal PE/Chem/CBC/UA Results: Fecal PCR negative.

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 right kidney measured 7.45 cm. The left kidney measured 6.41 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 2.74 x 0.52 cm at the caudal pole and 0.41 cm at the cranial pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.



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Gastrointestinal

The upper **gastrointestinal tract** revealed moderate to severely dilated bowel that measured up to 2.08 cm in width with corrugated mucosal changes. There was anechoic luminal fluid. The stomach was over distended with anechoic fluid. Variable spastic bowel was noted throughout the small intestine. The distal small intestine revealed linear material without plication. This may be passive artifact or possible worm burden or similar and measured approximately 3.0 cm. Dilated bowel was followed by empty small bowel. The colon was empty in this patient. Reactive mesenteric lymph nodes and reactive mesentery was also 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

Slight areas of free fluid noted, suggestive for peritonitis.

ULTRASONOGRAPHIC FINDINGS

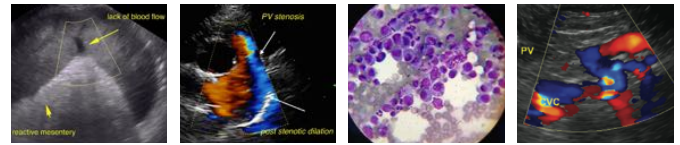
Aggressive gastroenteritis.

Reactive mesenteric lymph nodes and reactive mesentery.

Free fluid, suggestive for peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Partial obstructive pattern was noted. The exact cause of obstruction cannot be ascertained even though there was linear material with hyperechoic artifact noted in the distal jejunum. This may be a hard linear structure such as wood or plastic. This combined with the empty colon I would suggest exploratory surgery with the objective of discovering the exact cause of the obstructive pattern along with obtaining intestinal biopsies and mesenteric lymph node biopsies and culture. An aggressive enteritis can also present in this fashion especially if a worm burden is an issue. However, I am more suspicious for linear or sharp foreign body in the distal jejunum. Therefore, exploratory surgery is indicated. Regional dysfunctional bowel and adhesions may also be playing a role in the GI pattern.



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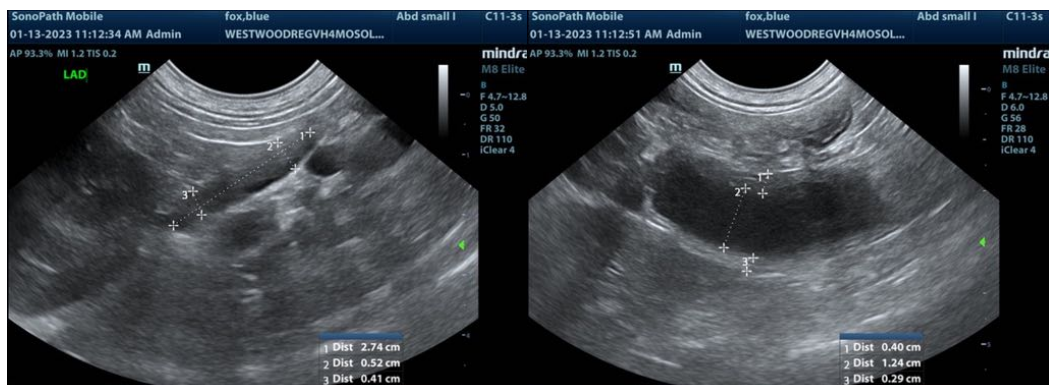
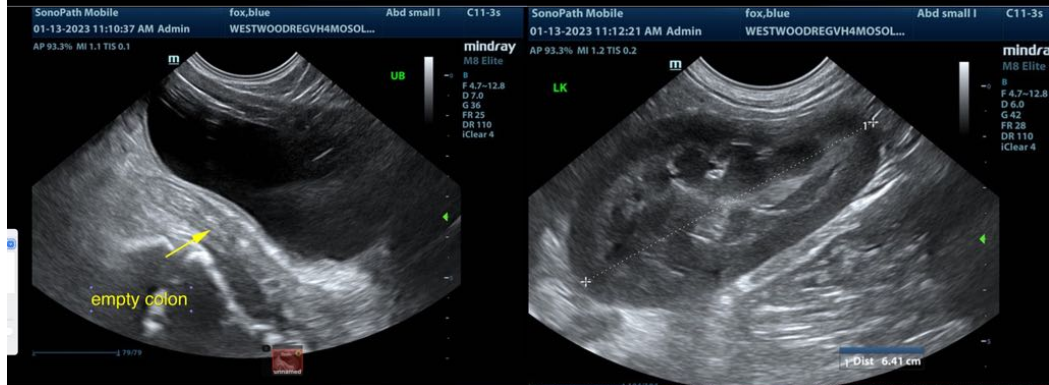
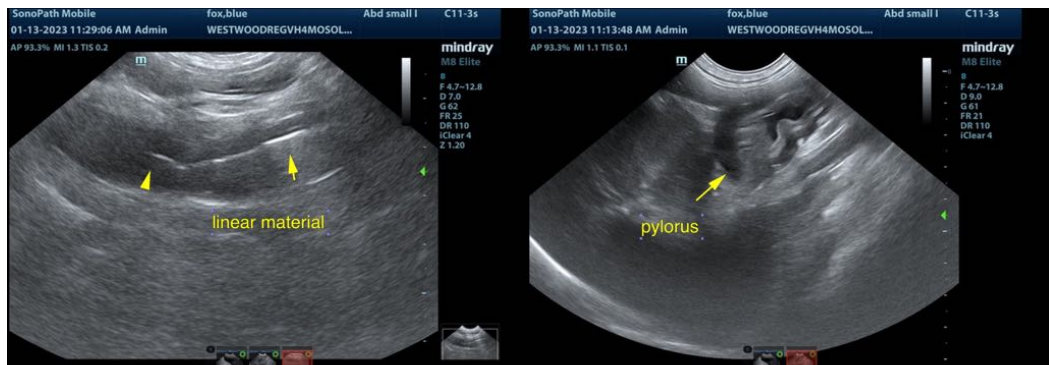
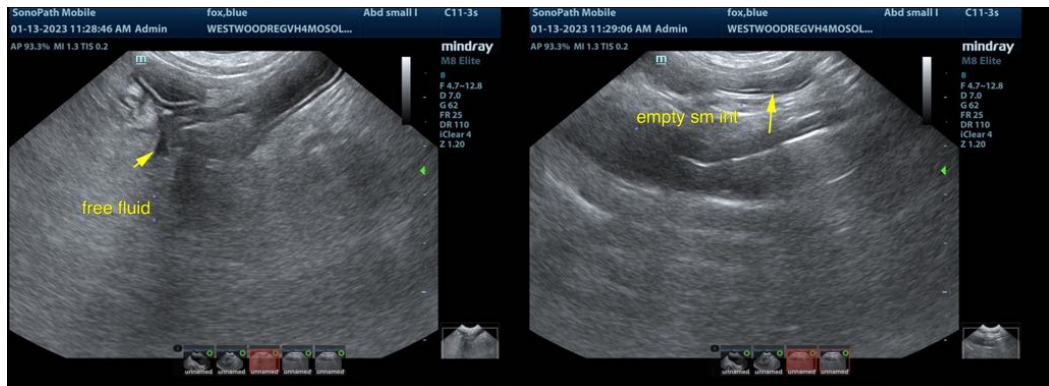
Dr. Cattiny

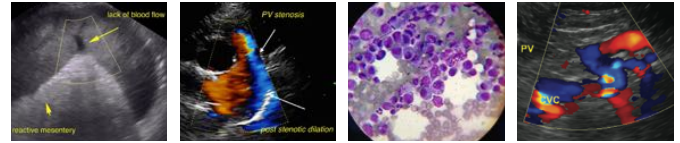
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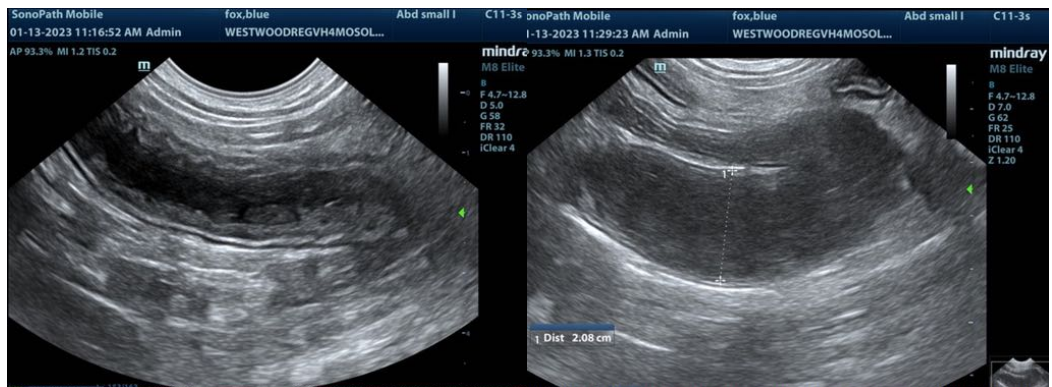
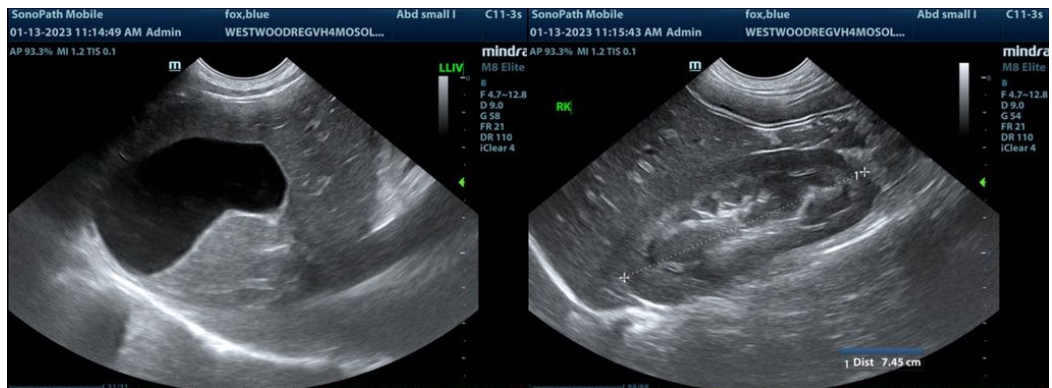
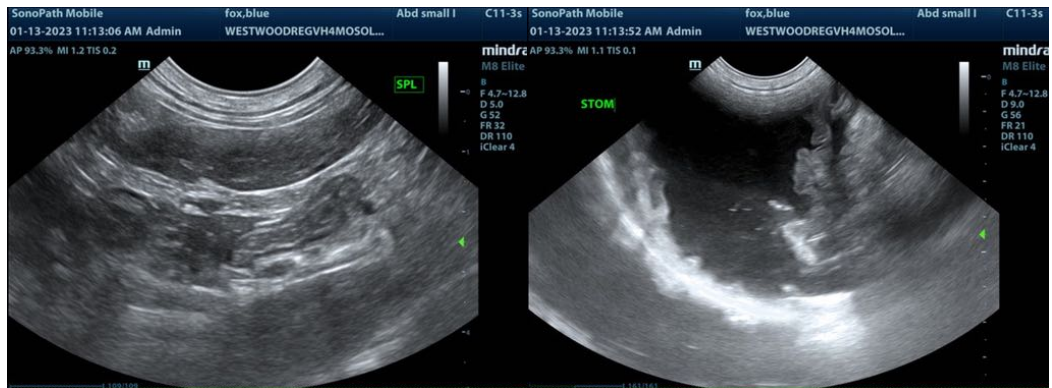
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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