

**DATE**

1/13/22

PRESENTING CLINICAL SIGNS

History: painful mid abd, quiet to mildly depressed, no obvious foreign material on rectal. BAR; BCS 4/9; wt- 59.0 lbs / 26.76 kg; mm-pink/slightly tacky; crt<2sec; eent- over shot jaw, 1/4 dental calculus; h/l- no murmur or abn sounds, pulses strong and steady; abd- painful mid abdomen s/c- nsf; pln- wnl; rectal - small amount of stool, a little soft. 6 pounds weight loss.

PATIENT

Stach Gontasz

Current Medications: not currently on any meds, previously Cerenia.

Lab Results: cbc/chem - 12/21. 12/21/21 + for pancreatitis

Radiographs: rads taken 12/2/21 indicated slightly dilated bowel loop cranial abd.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: not requested.

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Boxer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

9/1/18

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

59 lbs

The left kidney has a normal shape and size (6.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)

The right kidney has a normal shape and size (5.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Banfield Pet Hospital
of Towson

Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

REFERRING VET

Dr. Mike

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

INVOICE

95214

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the

gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is severely dilated with fluid/ingesta with irregular shadowing material. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

A moderate portion of the small intestine appears dilated and fluid distended. This is consistent with an obstructive pattern. Shadowing material is present in the jejunum with proximal bowel dilation. This is consistent with a foreign body obstruction. In general bowel thickness is normal and maintains normal layering. There were no lesions consistent with mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The region of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A prominent mesenteric lymph node is visualized and measured 1.39 cm in diameter and the omentum is of increased echogenicity around the inflamed bowel.

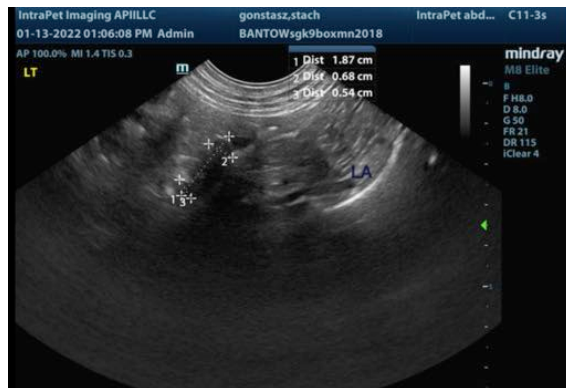
ULTRASONOGRAPHIC FINDINGS

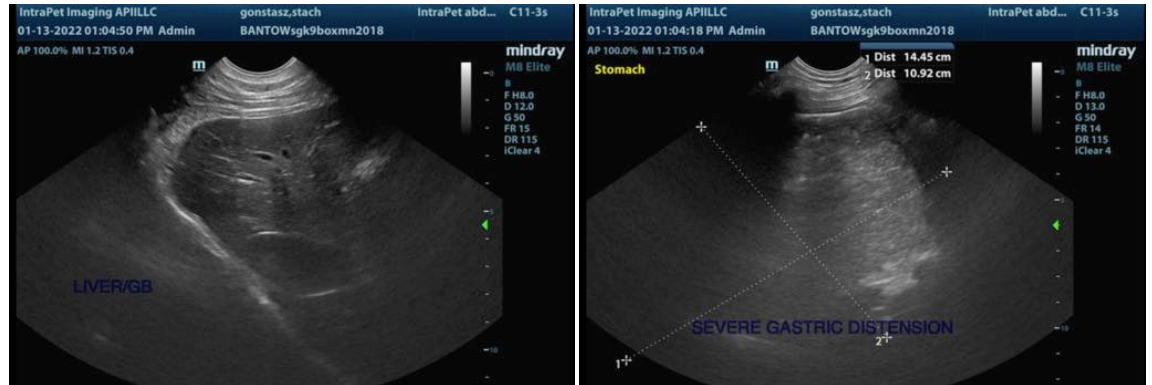
PRIMARY FINDINGS:

- Obstructive pattern with shadowing intraluminal material within the bowel. This is most consistent with a foreign body obstruction.
- Severe gastric fluid dilation. The findings are most likely consistent with ileus and an obstruction.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is likely reactive secondary to the bowel inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large area of fluid distended bowel within the abdomen. This area abuts shadowing material within the small intestine. This is most consistent with a gastric foreign body. Additionally this could be passing foreign material, etc., but based on the history I would consider surgical exploratory and correlation of these findings with abdominal radiographs.





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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