IMAGING PERFORMED BY

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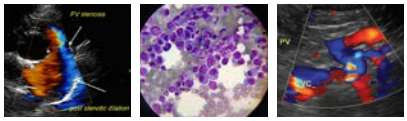

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/18/22

PATIENT

Louie Ling

SPECIES

Canine

BREED

Irish Setter X

SEX

Intact Male

AGE

5/9/21

WEIGHT

43.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Thompson

INVOICE

34349

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating; Lethargic; Foreign Body. Date: 01-17-2022 Notes: Louie is an 8 mo MI Irish Setter Mix who was referred for suspected FB - no himself this morning, did not
pass feces - did not eat or drinking from night before, appeared more lethargic - later in the morning vomiting 3-4 times bile with froth -
straining to defecate with no production - passed sock previously - previously passed socks, vomited up oven - FB ingestion nothing
specifically missing - No D/C/S - Toxin no known ingestion - acting normally yesterday evening Medications: - none - preventives monthly.

Current Medications: buprenorphine, ondansetron, metoclopramide (1 dose) , protonix.
Lab Results: Attached separately.
Radiographs: stomach is slightly bigger compared to the films taken overnight- area of concern looks to be in the same location- but no dilation of the intestines noted: not able to tell if it is in the colon or near the colon. Repeat lat abdomen- stomach empty compared to previous film, fecal material moving through colon, FB still visible, does not seem to have moved much but no obvious sign of obstruction.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

The prostate is large in size (1.58 cm in diameter) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.22 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.

The right kidney has a normal shape and size (5.64 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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 right adrenal gland is normal in size measuring 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

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 gall bladder 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 moderately dilated with hard shadowing material, most consistent with ingested foreign material. The gastric wall appears normal and measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Findings are most consistent with gastric foreign material.

The majority of the visualized areas of small intestine have a relatively uniform diameter with minimal fluid distension. There are some segments of small bowel that appear to have shadowing material within the lumen in the area of the stomach, but shadowing from foreign material precludes evaluation in multiple views. There is not a generalized obstructive pattern in the abdomen. Given the foreign material in the stomach, there is concern for possible foreign material in the small intestine.

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 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. There are occasional prominent mesenteric lymph nodes in the area of the root of the mesentery, measuring 0.47, 0.52 cm. The omentum is of normal echogenicity.

Other
The left and right testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Hard shadowing material within the gastric lumen – concerning for a gastric foreign body. Correlate with feeding history and abdominal radiographs.

- Hyperechoic, large prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

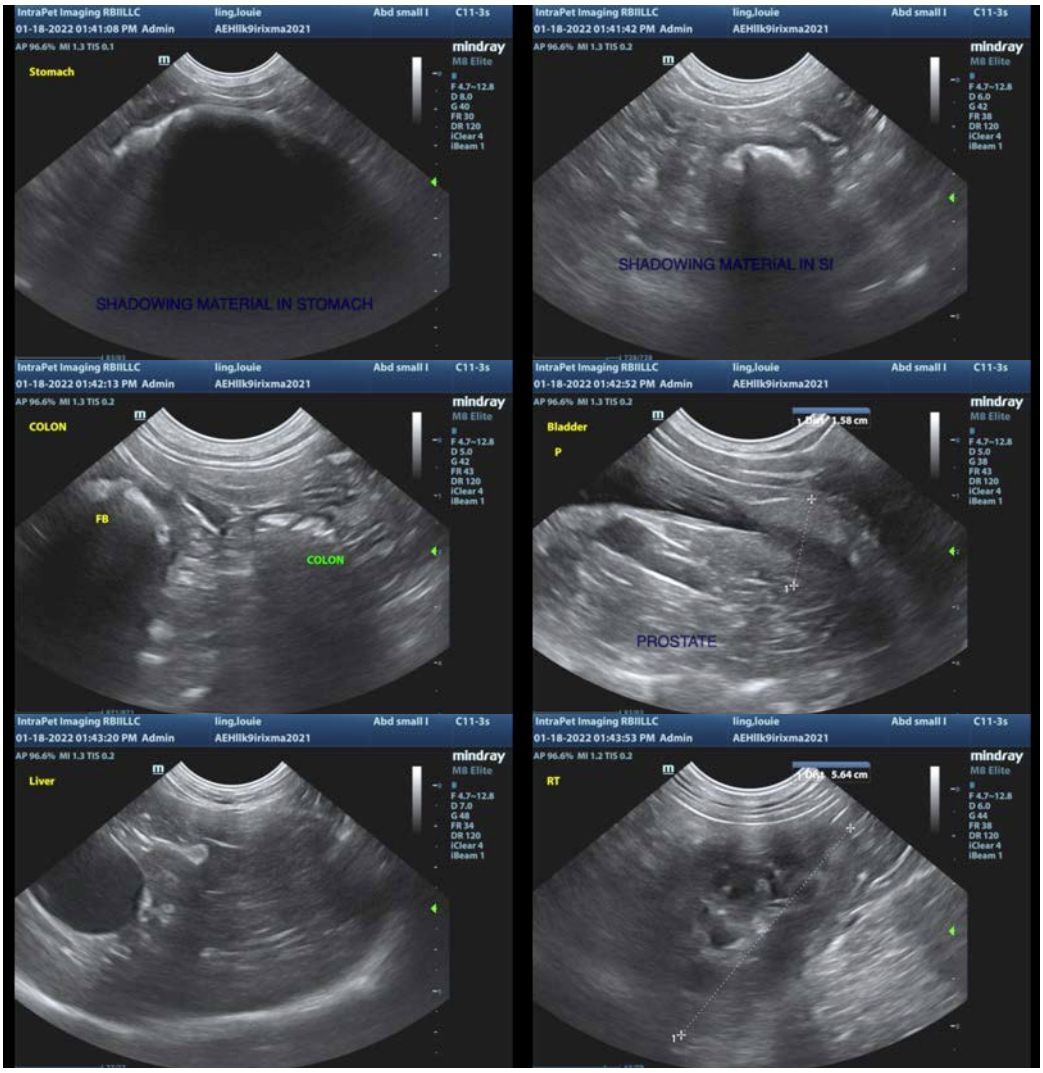
- Intraluminal shadowing material within the small bowel – While there is no obvious obstructive

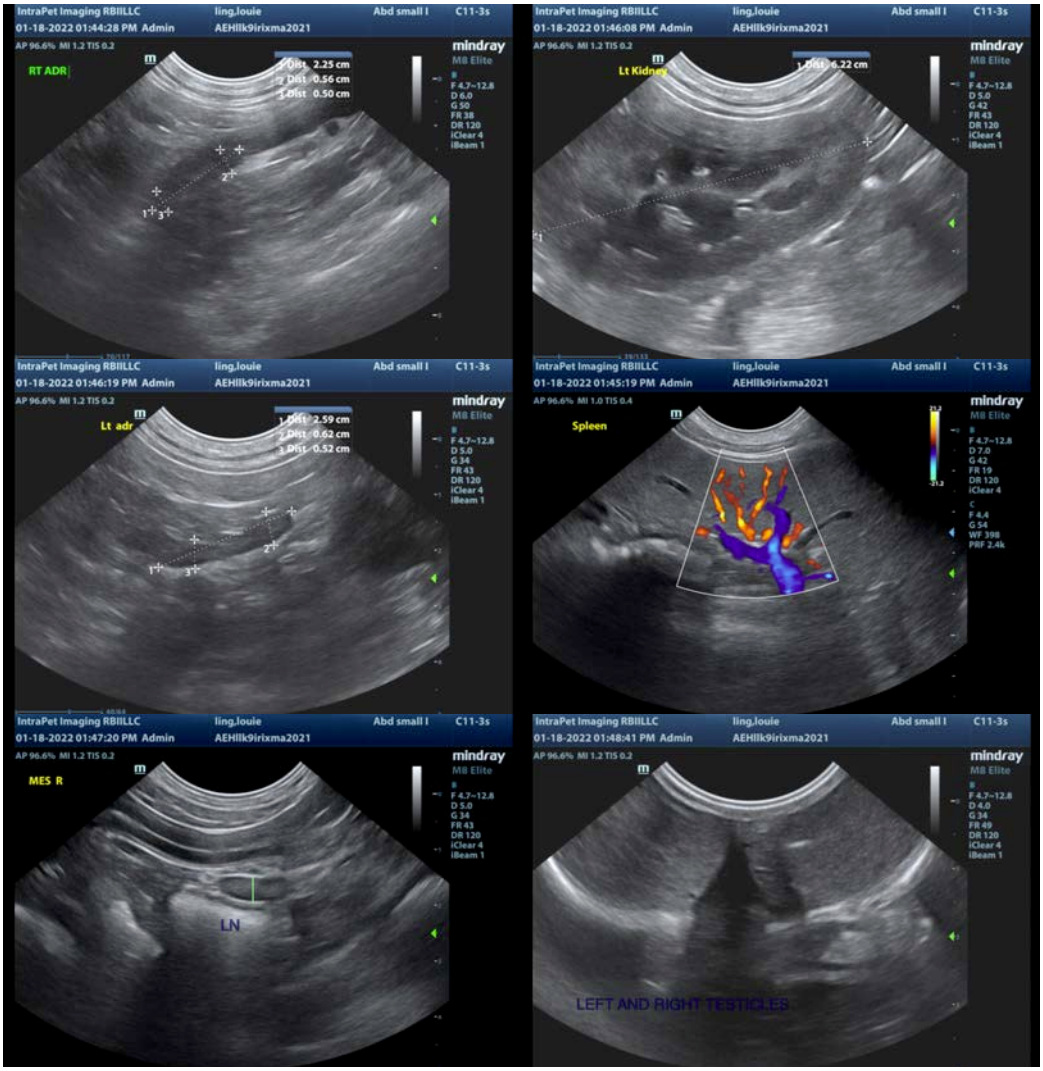
pattern, there are some areas with shadowing material within the lumen of the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the signalment and history, there is concern for gastric foreign body and possible small intestinal involvement. Correlate with abdominal radiographs. Options would be continued medical management with serial imaging or exploratory surgery. I would be inclined to consider surgical evaluation.

**Update 1/18/21: Patient went to surgery and a gastric foreign body was identified with some extension into the small intestine.





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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