

**DATE PRESENTING CLINICAL SIGNS**

1/20/23

History: Ate mango pit several days ago. Now vomiting and not eating. BAR, mm pink and moist, heart and lungs auscultate normal. Tense on abdominal palpation, hydration normal.

PATIENT

Murphy Tarzwell

Current Medications: None.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Canine

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

7/20/15

The left kidney has a normal shape and size (5.75 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.

WEIGHT

55 Pounds

The right kidney has a normal shape and size (6.96 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**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.52 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 0.6 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.

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Lewis

INVOICE

20676

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 gall bladder 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 a small amount of fluid, a small amount of irregular shadowing material and a large amount of intraluminal gas. It measures at a normal thickness of <0.7 cm. 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.46 cm in wall thickness) and the jejunum measured as normal (0.37 cm). Visualized peristalsis appears appropriate. While no focal lesions are observed, there is a large amount of intraluminal gas, potentially making visualization difficult in some areas.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

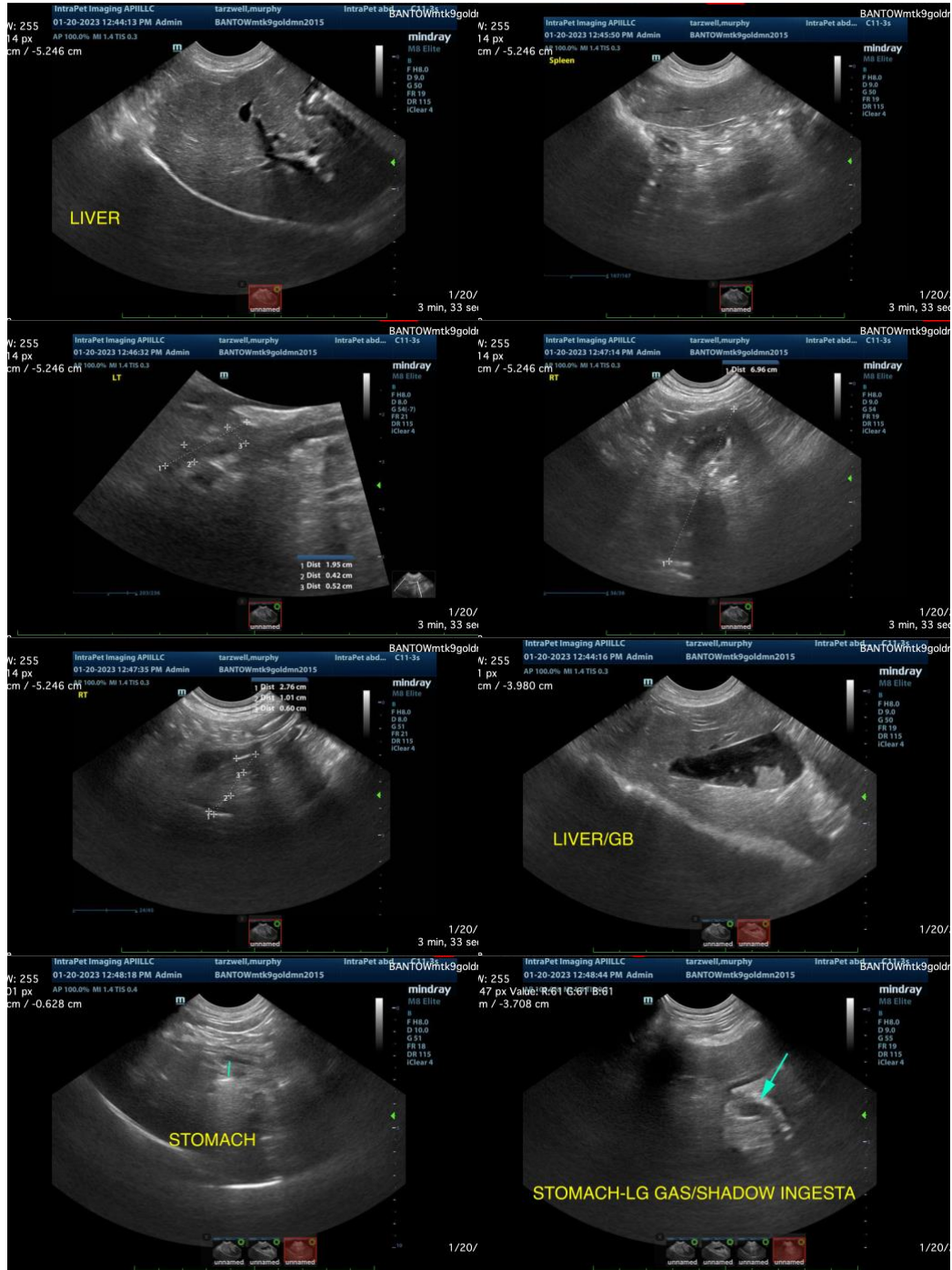
- Mild to moderate distention of the stomach with a small amount of fluid, a small amount of shadowing material and a large amount of intraluminal gas. The intraluminal gas makes full evaluation of the stomach and its contents difficult.
- Moderate shadowing gas within the small intestine. There is no evidence of a diffuse obstructive pattern and all areas of visualized bowel appear relatively normal, but the large amount of intestinal gas obscures some regions for complete evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is not the impression of a severe obstructive pattern on today's scan. The stomach appears relatively normal, but there is a large amount of intraluminal gas obscuring full evaluation. A mango pit would be a challenging foreign body to visualize, unless if it was causing a complete obstruction, as it is somewhat irregular and narrow in the longitudinal view, as well as being fairly fibrous and likely not shadowing well in some areas. There is a small shadowing structure near the pylorus, which could be a small amount of ingesta, mango pit, etc. There is no evidence of a significant obstructive pattern in the small bowel, but similarly, there is a fair amount of gas, which does not allow full evaluation of the small bowel.

Consider continued treatment for gastroenteritis with serial radiographs. If symptoms persist, consider

surgical evaluation with the intent to obtain biopsies of the stomach and small bowel and evaluate for possible foreign material.





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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