

**DATE**

10/12/21

**PRESENTING CLINICAL SIGNS**

**History:** Presenting Complaint: Referral for Continued Care; Foreign Body; Vomiting with Blood. **Date:** 10-11-2021 **Notes:** Started vomiting bile last night - noted streaks of blood in the bile this AM. Was not interested in eating or drinking today. Appears to be more lethargic. Ate owners' hair clip last week, ate some of rope toy yesterday. Gets pig ears, trachea, or antler 1x/day. Presented to rdvm for vomiting and inappetence - abdomen was gassy on palpation - rads: 2 population of bowel with artifacts - known eater of things, suspicious for a foreign body. **Assessment:** Referral for vomiting and suspicious radiographs. **Plan:** Reviewed history and physical exam. Discussed ddx: obstruction vs gastroenteritis vs pancreatitis vs kidney disease vs liver disease. Recommended hospitalization, baseline bw, repeat rads, supportive care as needed - owner agreed to plan.

**PATIENT**

Rusty Farley

Current Medications: Buprenex, Acepromazine, Pantoprazole in hospital.

**SPECIES**

Canine

Lab Results: Attached separately.

**BREED**

Goldendoodle

Radiographs: 2 population of bowel with artifacts - known eater of things, suspicious for a foreign body.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Acepromazine in hospital.

Stat Report: not requested

**SEX**

Neutered male

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

10/11/20

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.

**WEIGHT**

62.5 lbs

The prostate is normal in size (1.0 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**INTERPRETED BY**

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DVM, MS, Diplomate  
ACVIM (Small Animal  
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The left kidney has a normal shape and size (7.07 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. A 0.51 cm cortical cyst was noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Animal Emergency  
Hospital

The right kidney has a normal shape and size (6.11 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.

**REFERRING VET**

Dr. Nacke-Horney

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.67 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.

**INVOICE**

92344

The right adrenal gland is normal in size measuring 0.58 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 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 contains minimal luminal contents. 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 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 (0.4 cm) and the jejunum measured as normal (0.37 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a 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 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 is a mild lymphadenomegaly present. The mesenteric lymph nodes measured 0.83 cm, 0.74 cm and 1.7 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This can be a normal finding in young dogs.

### **SECONDARY FINDINGS:**

Small cortical cysts in the left kidney. This is likely an incidental finding.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

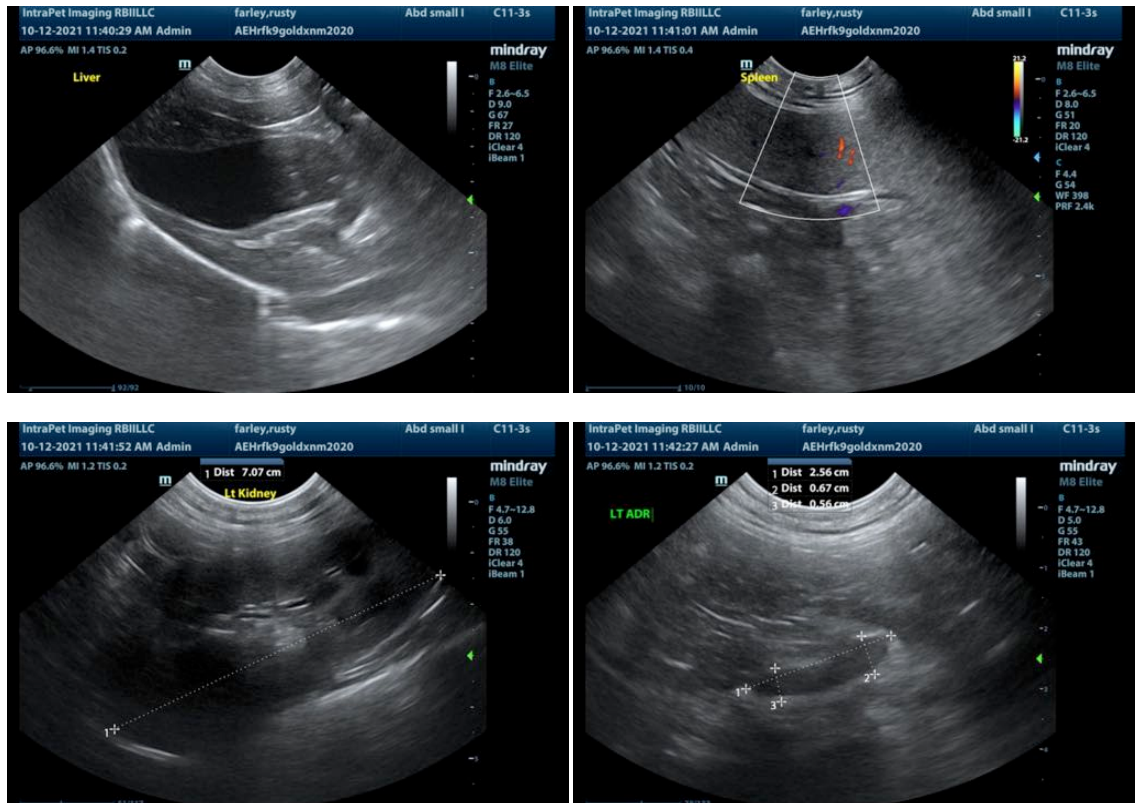
No obvious bowel dilation was observed that would be consistent with foreign material or obstruction/partial obstruction. Additionally there was no evidence of pancreatic inflammation. If symptoms are not responding to supportive care, then I recommend serial radiographs as ultrasound can sometimes be insensitive in picking up some types of foreign material or early pancreatitis.

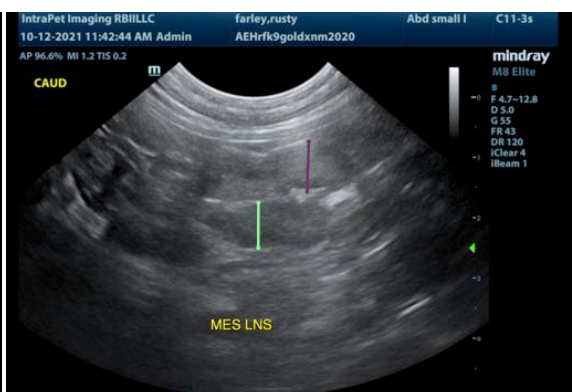
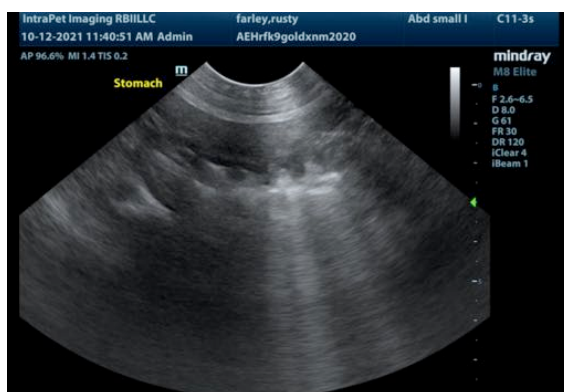
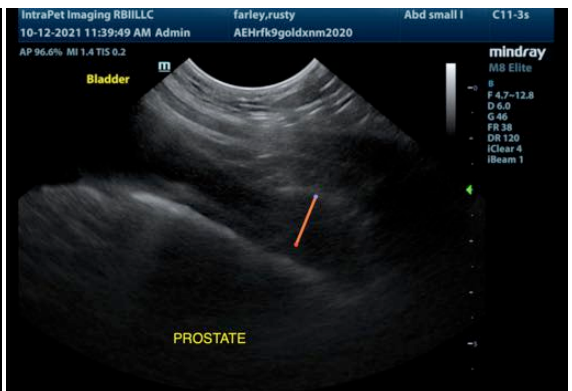
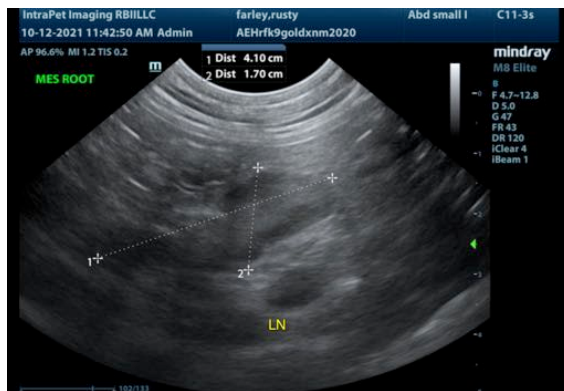
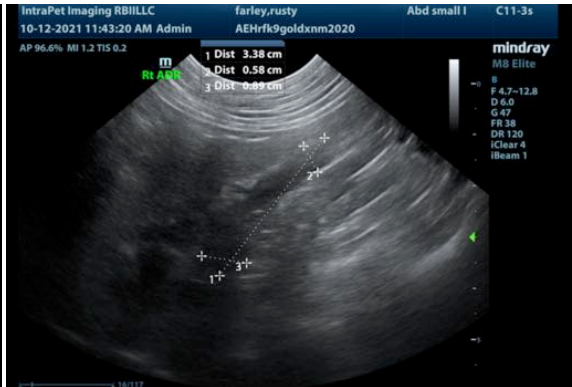
There is a mild mesenteric lymphadenopathy, which can be normal for young dogs and can be seen with gastroenteritis, GI parasites, etc.

- Consider metabolic causes for vomiting including baseline blood work (already done) and an ACTH stimulation test or liver function test if clinically indicated.
- If metabolic causes are thought to be less likely consider primary GI causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

If primary GI disease is suspected In young patients with acute signs I would most strongly consider dietary indiscretion, ingestion of foreign material, GI parasitism, Addison's disease and pancreatitis, acute colitis/gastroenteritis. Serial radiographs are recommended for evaluation of progressive obstruction/partial obstruction/foreign material is warranted.

Recommend symptomatic therapy and close monitoring, if symptoms persist, re-evaluate and consider surgery/endoscopy to obtain biopsies and evaluate for 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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