

IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE PRESENTING CLINICAL SIGNS

10/14/22 Around 1-2 a.m. P got into Gorilla Glue bottle, was ~1/2 full P is eating drinking normally O has Pet Poison Case #: 3407362. "Original" Gorilla Glue Ingestion - possible gastric FB

PATIENT

Greta Eacho Current Medications: Gabapentin, Sucralfate, Metoclopramide.
Lab Results: See attached.

SPECIES

Canine Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Geat Dane

SEX

Intact Female

AGE

1/10/21

WEIGHT

120.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Hicks

INVOICE

42102

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 left kidney has a normal shape and size (9.19 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (8.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.31 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 0.91 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at an increased thickness in some regions up to 1.96 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is intact but diminished. There is no impression of reduced peristaltic activity. No masses or focal lesions were observed. There is questionable shadowing material, but I am unable to definitively identify a glue foreign body.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 prominent mesenteric lymph node visualized measuring 1.26 cm x 3.66 cm. The omentum is of normal echogenicity.

Other

The uterine stump is visualized and appears within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Thickened gastric wall with intact layering and questionable shadowing intraluminal material – Findings are most consistent with gastritis +/- a small amount of foreign material.
- Prominent mesenteric lymph node – This is likely normal for large breed, young dog. Possible differentials include reactivity, infection, or neoplasia.

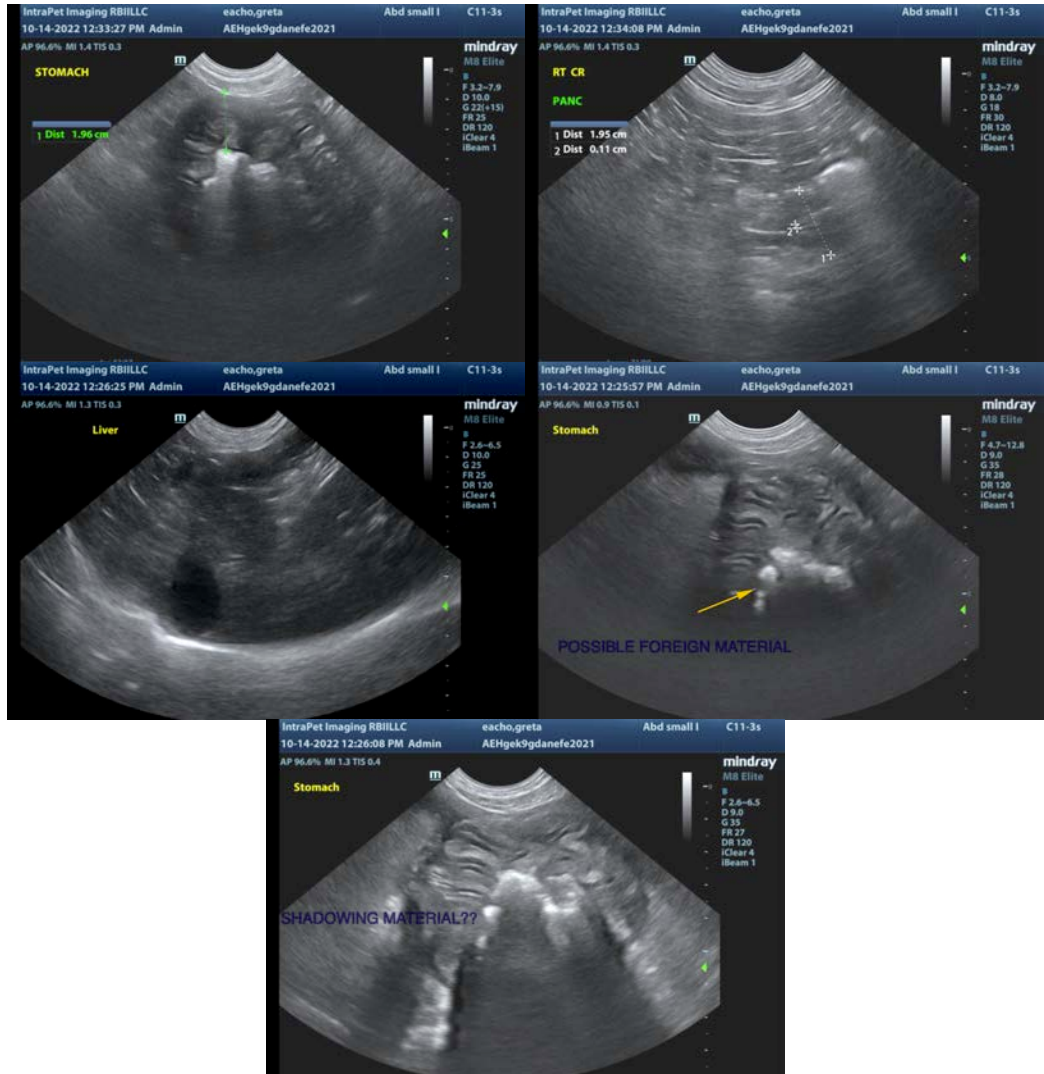
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall is thickened with a reduced detail of wall layering. I suspect this may be gastritis secondary to the foreign material ingestion. There is questionable shadowing material in the gastric lumen, but no definitive foreign material is visualized. Small irregular foreign bodies can be difficult to differentiate from normal rugal folding, etc. Options moving forward would include upper GI endoscopy to evaluate the esophagus and stomach. It is likely that surgical intervention would be needed for removal of the foreign material, or close continued monitoring with serial radiographs looking for evidence of obstruction, etc. You could even consider giving a small amount of barium to see if it outlines a foreign object, or you could consider an exploratory gastrotomy.

There is a prominent mesenteric lymph node visualized. This is likely within normal limits for this individual.

This patient is listed as intact, but there is a spay scar visualized (per sonographer), and a suspected normal uterine stump.





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.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
 kathleen.sennello@sonopath.com