

**DATE PRESENTING CLINICAL SIGNS**

11/30/22

Referral for anemia and low tp. Was fine, then did not eat breakfast this am, lethargic. Seen at RDVM hct/ts 17 /3.7 albumin 1.7 Globs 2.0 Ca 7.4 BUN 43 Not regenerative anemia Plt 125,000 4dx negative K 3.1 Rads- stomach is full of ingesta/and some fine particles. rest wnl. Ate since. No known ingestions but multiple dogs/toys ect Hx of sensitive stomach. no rodenticide no v/d, no melena

PATIENT

Hailey Abraham

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

4/2/15

WEIGHT

60.6 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. King

INVOICE

43057

Current Medications: Sucralfate, Protonix, Metoclopramide.

Lab Results: See attached.

Radiographs: Lateral and VD abdomen - stomach smaller and ingesta moving through. Stomach has not completely emptied

Date of Previous IntraPet Ultrasound: No previous.

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 mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (6.67 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 (7.54 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 0.57 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 0.81 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 is moderately dilated with fluid and irregular shadowing material. There is a focal area of hard shadowing material that could be consistent with an ingested focal object, although ingesta is still possible. This material measures approximately 3.69 cm in length. The gastric wall appears normal and measures at a normal thickness of <0.70 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. An obstruction is not evident.

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, 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

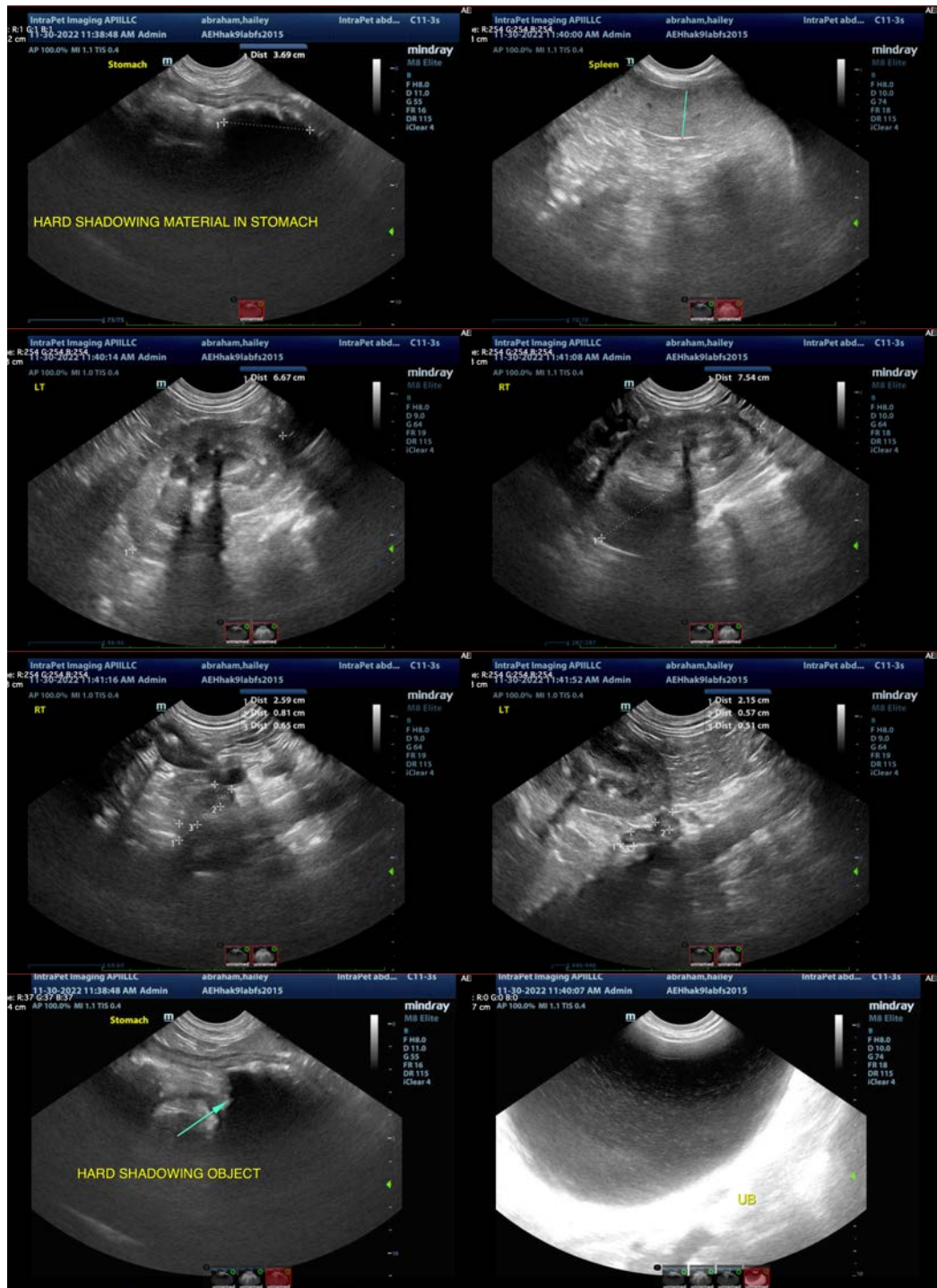
- Hard shadowing object visualized within the gastric lumen – This could represent focal ingesta or ingested foreign material.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal hard shadowing object visualized within the gastric lumen. This could represent ingesta (a chunk of bone, rawhide, etc.), or could represent ingested foreign material. Based on the information provided, there is concern for GI bleeding based on the elevation in BUN, low albumin, and low red blood cell count. While this object does not appear to be causing an obstruction, there is the possibility of irritation and trauma secondary to a chronic gastric foreign body.

Recommend fasting and reevaluation with radiographs, looking for a persistent focal object. If this object persists in the gastric lumen, you could consider upper GI endoscopy or surgical evaluation. Additionally, recommend obtaining biopsies of the stomach and small bowel, as there could be ulcerations in areas that cannot be easily evaluated by ultrasound. No focal mass lesions were identified.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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.

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