

**DATE PRESENTING CLINICAL SIGNS**

4/19/22 Came in last night found as stray- not eating; drank a small amount no treatments done.

PATIENT

Current Medications: Entyce, Omeprazole, Amoxicillin, Ondansetron, Fenbendazole, Doxycycline.
Lab Results: See attached.

Crouton HCHS

Radiographs: Decreased soft tissue effect in the cranial abdomen. Difficult seeing the intestines.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Pit Bull X

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.

SEX

Male

The prostate is large in size (4.46 cm x 4.28 cm) 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.

AGE

4/15/20

The left kidney has a normal shape and size (8.19 cm) with pyelectasia at 0.30 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

50.3 Pounds

The right kidney has a normal shape and size (8.16 cm) with mild pyelectasia at 0.50 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
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Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.81 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.53 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.

HOSPITAL NAME

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Willer

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.

INVOICE

36965

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 severely fluid dilated. 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.

Almost all of the visualized areas of duodenum, jejunum and ileum appear severely fluid distended. The wall appears normal with normal layering. There is occasional shadowing material floating within the intraluminal fluid, and there is a very large, hard shadowing object visualized within the small intestinal lumen, most consistent with an obstructive foreign body.

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

There is a small amount of free abdominal fluid present. There are prominent mesenteric lymph nodes. One near the mesenteric root measures 2.36 cm x 1.78 cm. The mesentery is hyperechoic.

Other

Both testicles are visualized and appear within normal limits.

A brief view of the heart was submitted. No significant pericardial effusion was seen.

Ringdown artifact is visible at the level of the diaphragm. Additionally, there is evident pulmonary consolidation on the right side of the thorax, most consistent with aspiration pneumonia.

ULTRASONOGRAPHIC FINDINGS

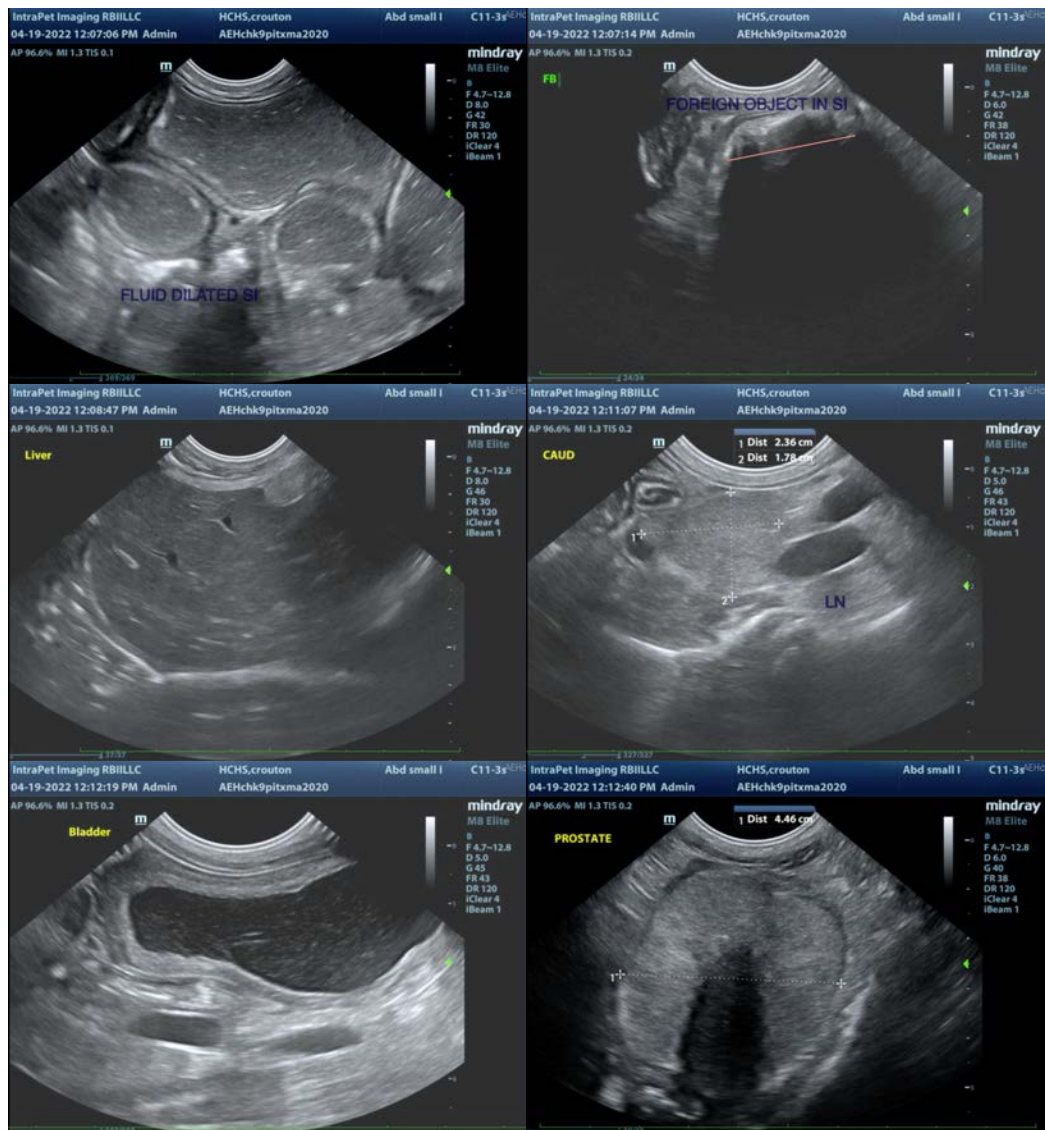
- Diffusely fluid dilated stomach and small intestine with a hard shadowing object visualized within the small intestinal lumen – most consistent with an obstructive pattern and a small intestinal foreign body.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, hyperechoic 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.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

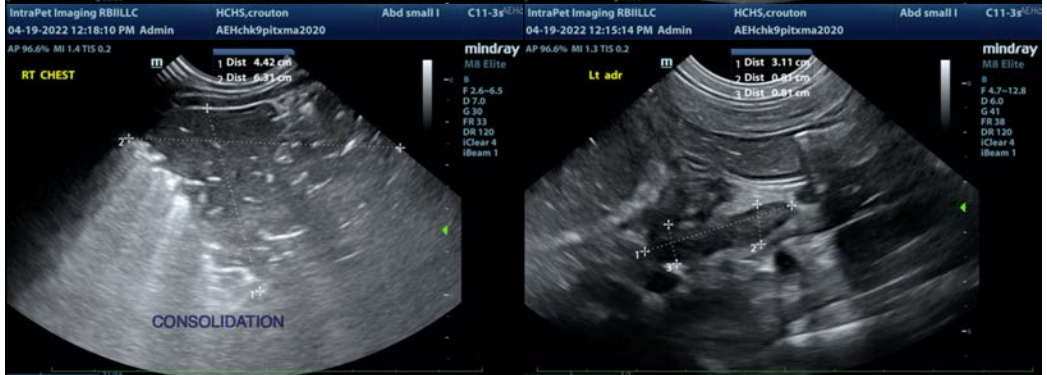
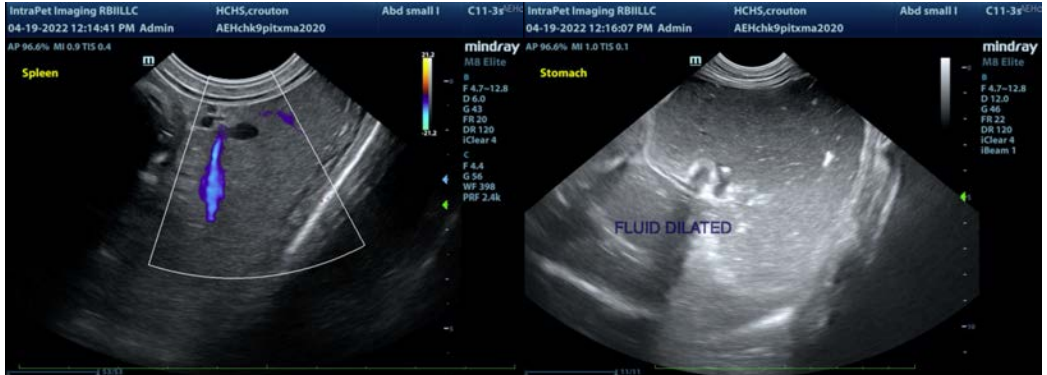
- Free abdominal fluid and mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Ringdown artifact visualized as well as soft tissue consolidation – most consistent with pulmonary parenchymal disease. Findings are suspicious for aspiration pneumonia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe fluid dilation and shadowing material within the small intestine are most consistent with a small intestinal foreign body, and there is evidence of suspected secondary aspiration pneumonia. Recommend stabilization and surgical evaluation to remove the foreign material.

The prostate is large. This is most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend castration, urinalysis and culture.





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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