

**DATE PRESENTING CLINICAL SIGNS**

4/19/22

P is a referral for possible foreign body. On Saturday the dog sitter noticed P threw up a soft plush toy. On Sunday P was given chicken and rice but was not able to hold that down. Sunday night was the last time P ate. P has been not herself. P has been vomiting consistently. The rDVM did xrays and it showed a gas pattern in the small intestines

PATIENT

Pearl Price

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedation.

Stat Report: Not requested.

SPECIES

Canine

BREED

Catahoula

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was not visualized.

SEX

Spayed Female

The left kidney has a normal shape and size. 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.

AGE

3/19/18

The right kidney has a normal shape and size. 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. The left kidney measures 5.3 cm. The right kidney measured 4.45 cm.

WEIGHT

40.3 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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.

INTERPRETED BY

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The right adrenal gland is normal in size measuring 0.61 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Roper

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.

INVOICE

36962

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.

Most of 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 is a section in the mid to caudal jejunum where there is some focal bowel dilation and a shadowing object visualized within the lumen, most consistent with a fabric foreign body. There is no surrounding free fluid and minimal surrounding inflammation.

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

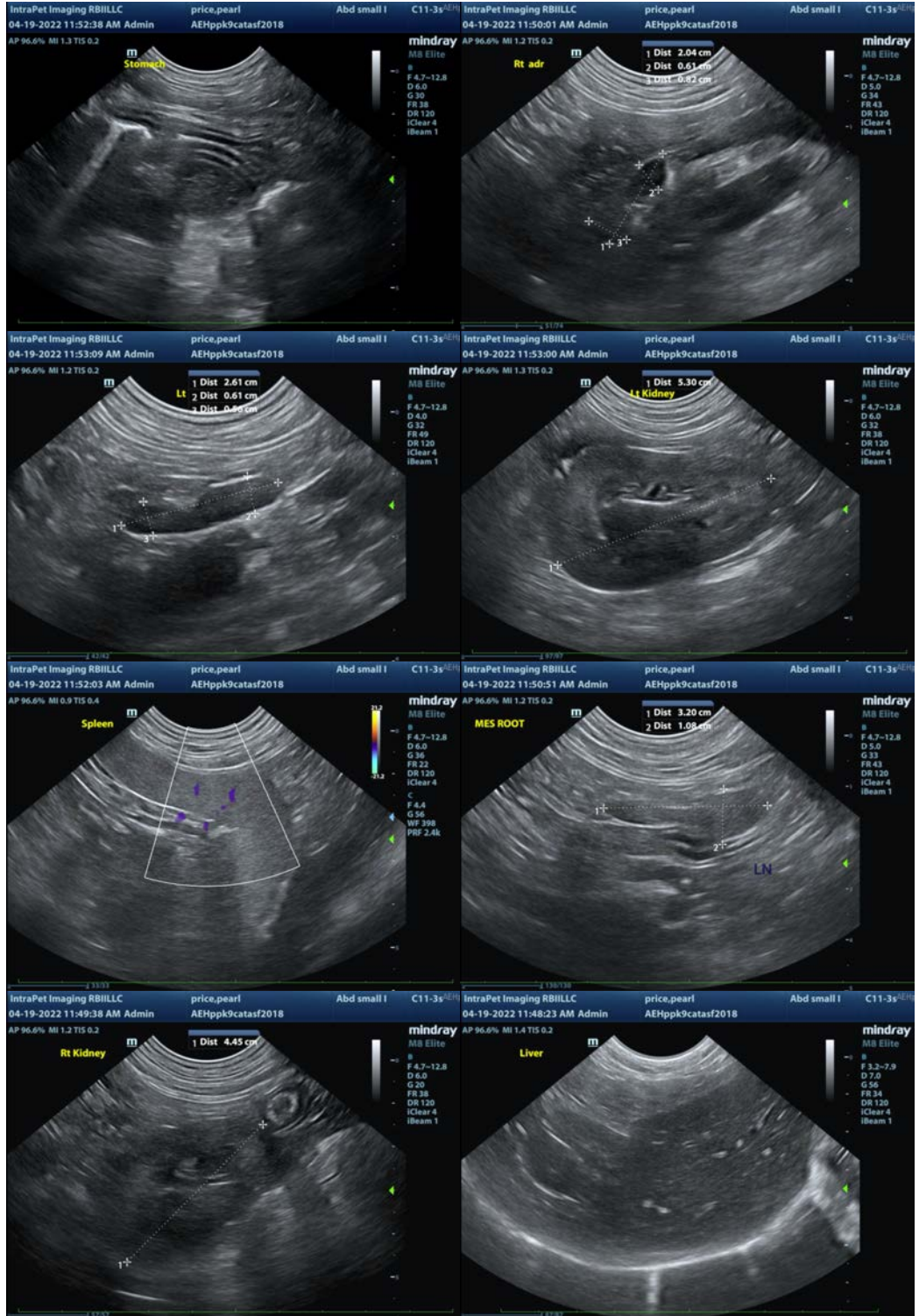
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent lymph node visualized at the root of the mesentery measuring 1.08 cm x 3.2 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Dilated distal jejunum with a shadowing intraluminal structure – most consistent with a small intestinal foreign body.
- Prominent lymph node at the mesenteric root – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. A reactive lymph node is thought most likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the abdomen appears relatively quiet. There is a focal area of distal jejunum that has some mild fluid dilation, and a focal area of shadowing material that is concerning for a possible fabric foreign body. If the patient is significantly dehydrated, etc., you could consider rehydration and close monitoring with radiographs +/- ultrasound. Otherwise, surgical evaluation is recommended. If foreign material is not identified, recommend obtaining GI biopsies.





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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