

**DATE PRESENTING CLINICAL SIGNS**

6/16/23

Referral vomiting--Ate flip flop a few days ago , continued to vomit after passing in stool. Rads out to synergy-- no mechanical obstruction. Severe hemoconcentration-- hct 77 and BUN elevated (41) QAR, Nervous, Abdomen tense, ambulatory, mm pk, hydration improving, NI in eating.

PATIENT

Katana Garza

Current Medications: Protonix, Buprenorphine, Ondansetron.
Lab Results: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Pit Bull X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

1/21/22

The left kidney has a normal shape and size (6.32 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.

WEIGHT

51.1 Pounds

The right kidney has a normal shape and size (7.3 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.

INTERPRETED BY

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

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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.84 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.

REFERRING VET

Dr. Nacke-Horney

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.

INVOICE

43238

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is significantly distended with mildly echogenic fluid. There is hyperechoic focal shadowing material visualized in the stomach, which can be followed passing into the pylorus, where it is creating a hard shadow. This material is further visualized extending into the proximal duodenum. In the region of the proximal SI (jejunum) there is the appearance of a double lumen/intussusception with bowel wall thickening measuring at 0.50 cm with intact wall layering. The gastric wall in general appears of normal thickness with intact wall layering. No focal gastric lesions were visualized. This has the appearance of a pyloric outflow tract obstruction.

The shadowing material visualized within the stomach and pylorus can be followed into the proximal duodenum. There is the appearance of an intussusception in the cranial GI tract, which is suspected to occur after the duodenum. More distally, there is the appearance of severely plicated bowel around a hyperechoic linear structure. These findings are suggestive of a pyloric outflow tract obstruction extending into a linear foreign body with an intussusception and plication. In general, bowel wall thickening is mild/moderate and most consistent with focal enteritis. The more distal aspect of the GI tract appears normal.

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 area of 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 scant amount of free abdominal fluid. There is a significant lymphadenopathy at the mesenteric root. Example of an enlarged lymph node measures 1.85 cm x 5.26 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

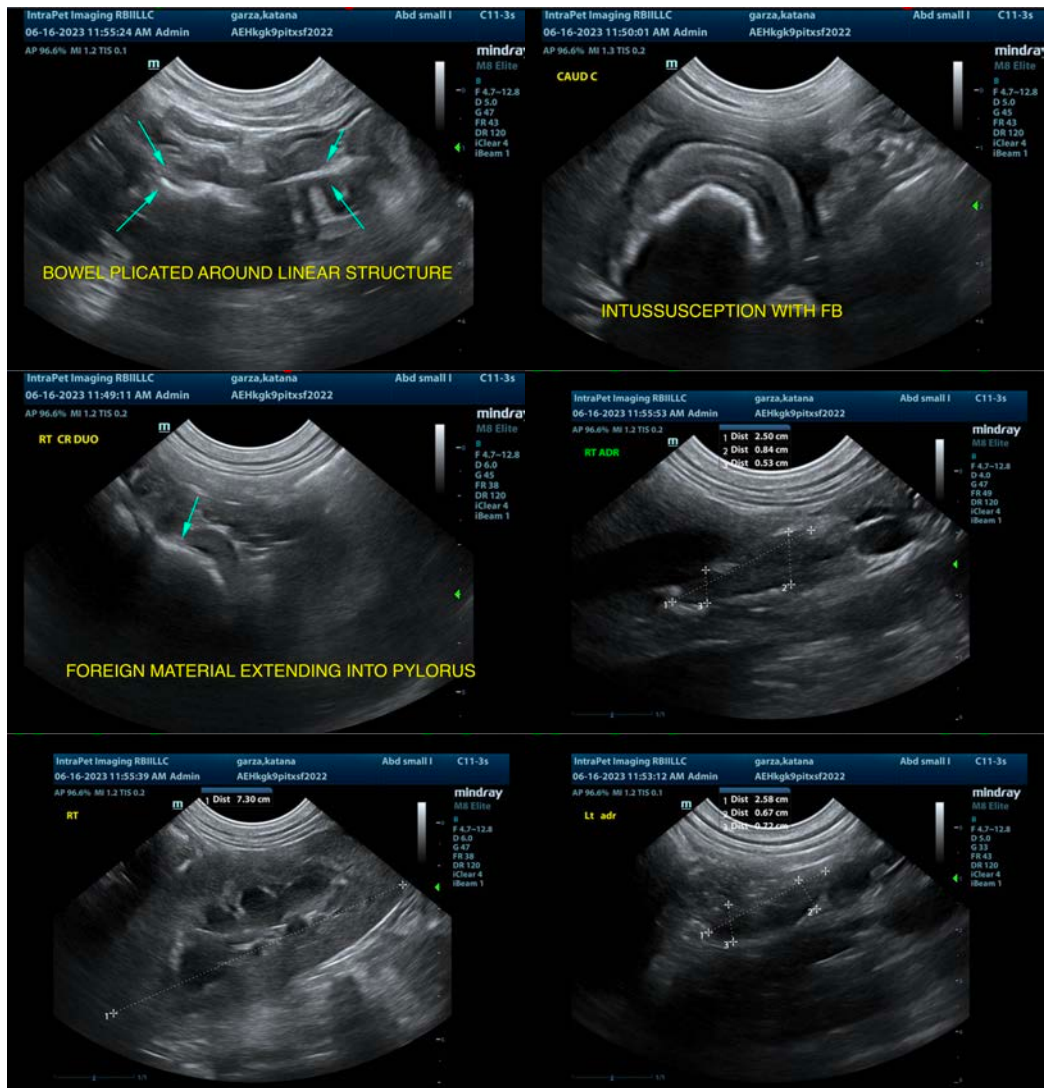
- Severely fluid distended stomach with shadowing foreign material and shadowing foreign material visualized within the pylorus – consistent with a pyloric outflow tract obstruction.
- Shadowing material visualized in the pylorus extending into the duodenum. There is a double lumen effect in this region, consistent with an intussusception (suspect proximal jejunum)
- Severe bowel plication around a linear portion of foreign material – consistent with a linear foreign body.
- Small volume abdominal fluid and diffusely hyperechoic mesentery – findings are most consistent with focal peritonitis (sterile or bacterial).
- Moderately enlarged mesenteric lymph nodes – these are likely reactive, but a neoplastic process cannot be ruled out.

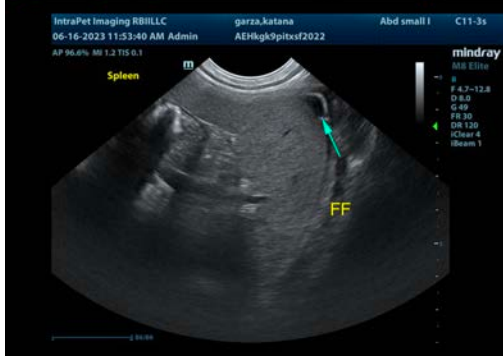
SECONDARY FINDINGS

- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is severely distended with fluid. There is shadowing hyperechoic material, which is visualized in the stomach extending into the pylorus and proximal duodenum. In what appears to be the proximal jejunum there is the appearance of a double lumen section of bowel, most consistent with an intussusception that has some mild to moderate wall thickening. More distally, there is a significant area of plication around a linear structure, most consistent with a linear foreign body. Recommend surgical exploration for further diagnostic and therapeutic purposes.





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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