



PATIENT

Bella Torres

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

40668

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Presented 08/22/22 for vomiting, painful abdomen, lethargy, and anorexia Owner unsure if patient ingested FB Patient on IV fluids and GI protectants with some improvement but still no appetite Abnormal PE/Chem/CBC/UA Results: PE: painful abdomen on palpation, QAR CBC: mild leukocytosis/neutrophilia Chem: BUN 33, ALB 4.6, Na 126, K 3.0 USG: 1.035 Radiographs: single staple in stomach lumen, diffuse areas gas in SI, small pieces of bone in LI

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 (4.14 cm). 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 right kidney has a normal shape and size (3.73 cm). 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the



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presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Much of the visualized areas of small intestine has a relatively uniform diameter with minimal fluid distension. In these areas, wall thickness is normal with jejunum at approximately 0.23 cm. Bowel loops appear to follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There is a focal area of small intestine where there appears to be some bunching of the small intestine, possibly consistent with plication, and there is the suggestion of a possible linear foreign body. In this region, the small bowel is taking sharp turns, and there are small areas of shadowing intraluminally, possibly consistent with foreign material, ingesta, etc.

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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.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- No mass lesions or evidence of pancreatitis visualized. There is some shadowing material visualized within the gastric lumen. Correlate this finding with abdominal radiographs and feeding history (including pills, medication, etc.). If this patient is truly fasted, then this could represent ingested foreign material.
- Additionally, there is the suggestion of some bowel plication in the abdomen with a hyperechoic structure that could represent a linear foreign body. In this area, the bowel takes sharp turns and appears “bunched” upon itself. Additionally, there is intraluminal shadowing material, which could represent foreign material, ingesta, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This is not a classic linear foreign body, but concern is high based on the abdominal pain, metallic foreign material visualized, and the owner’s concern for foreign body ingestion. If surgery is pursued, recommend obtaining GI biopsies, regardless of if a foreign object is identified or not.

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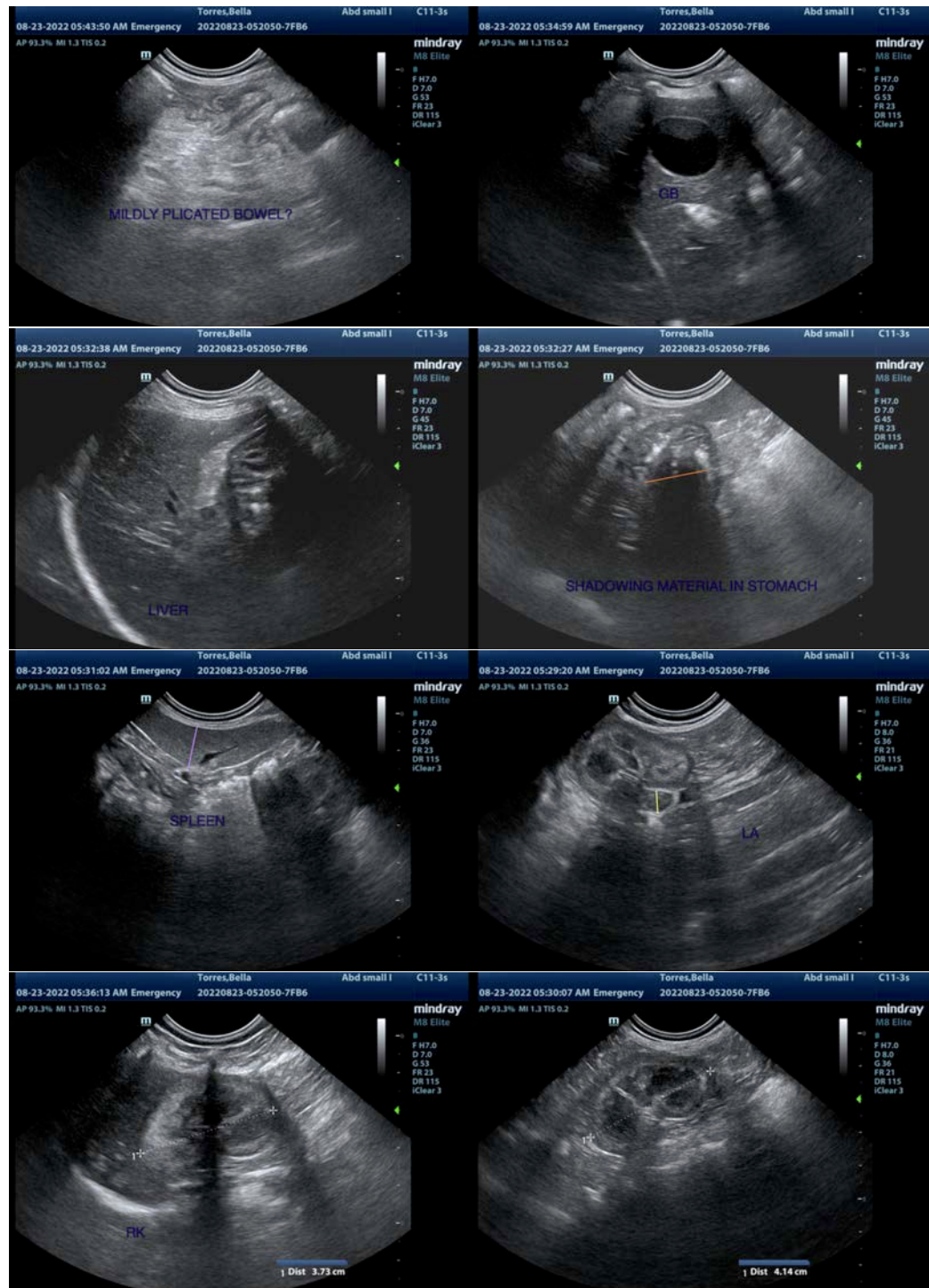
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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