**DATE PRESENTING CLINICAL SIGNS**

8/25/22

P was referral for possible foreign body obstruction. The abdominal xrays showed a possible foreign body on the right aspect of the abdomen on the lateral view. P has been vomiting, not eating and lethargic. O adopted P from Florida a couple of weeks ago. P had DHLPP, Rabies, and Bordetella vaccine. Fecal float negative. O said that P has not been a big eater since she got him. He is not food motivated and does not eat a lot. P sleeps a lot throughout the day and is very lethargic. Today P did not want to eat at all and vomited 7x. P did not have an interest in food.

PATIENT

Captain Fowler

SPECIES

Canine

BREED

English Labrador

Current Medications: ampicillin, protonix, buprenorphine.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Male

Urinary System

The urinary bladder is mildly 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

5/31/22

The prostate is large in size (1.2 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.

WEIGHT

23 Pounds

The left kidney has a normal shape and size (6.09 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (7.14 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 0.46 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. Roper

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

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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 contains a large amount of fluid and shadowing ingesta, possibly consistended with ingesta or ingested foreign material. 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.

Much of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid distension. Wall thickness largely appears normal. Bowel loops follow a curvilinear path with distinct wall layering. The duodenum measures as normal between 0.3-0.5 cm in thickness, and the jejunum measures as normal between 0.2-0.47 cm. Visualized peristalsis appears slightly reduced. There is diffuse fluid distention with areas of shadowing material. Bowel dilation is not 100% consistent with an obstructive pattern, as I suspect the material is causing partial obstructions/irritation. No focal obstruction is visualized, but intestinal foreign material is evident.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-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 prominent and mottled compared to the surrounding isoechoic 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 significant mesenteric lymphadenopathy present, as would be typical for this young of a dog. A mesenteric lymph node is visualized measuring 0.77 cm, 0.86 cm, and 0.88 cm. The omentum is normal.

Other

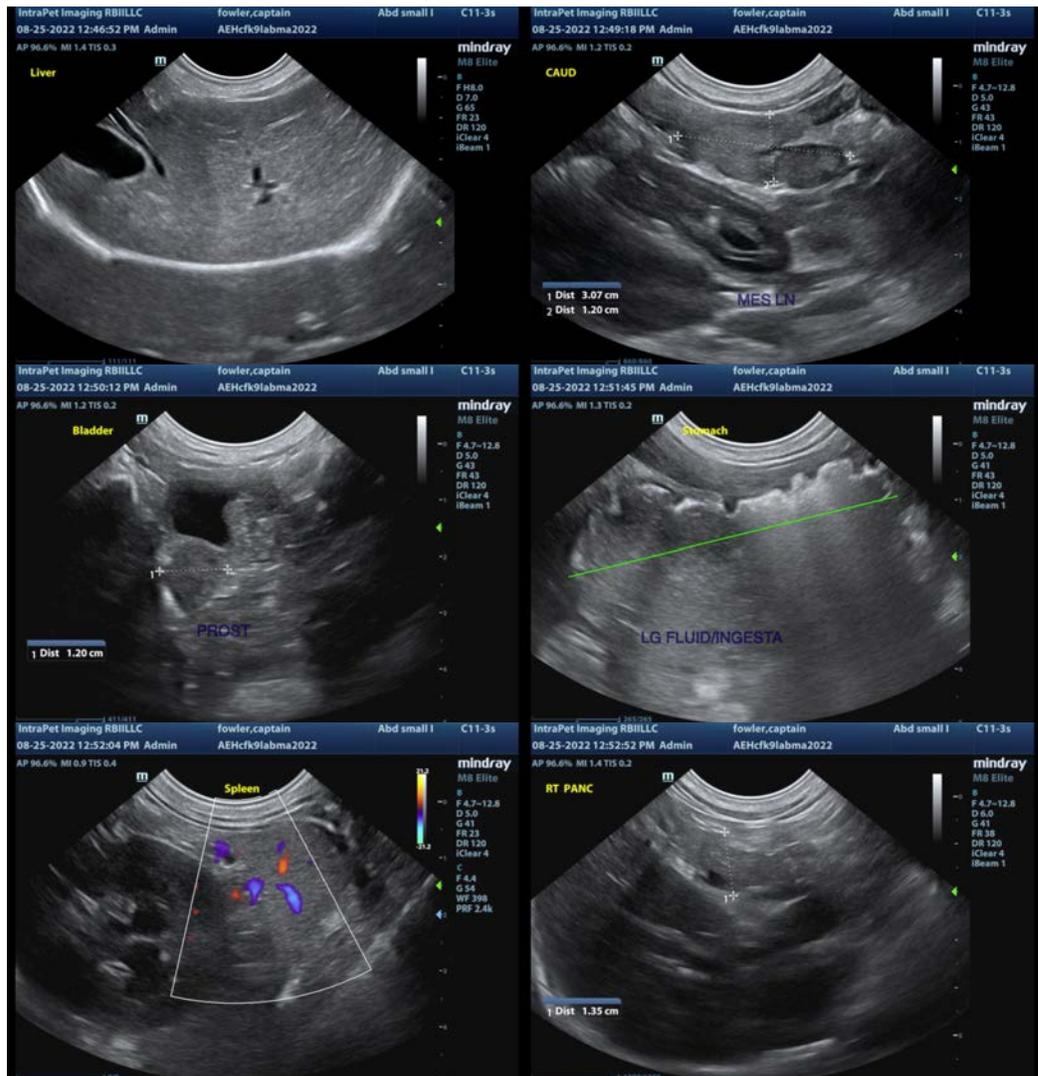
Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large stomach dilated with fluid and shadowing ingesta – Correlate with feeding history and abdominal radiographs. If this patient was adequately fasted, consider such differentials as delayed gastric emptying or pyloric outflow tract obstruction (none clearly seen).
- Diffuse small intestinal fluid dilation with intraluminal shadowing material – Suggestive of ingested foreign material. A focal obstruction is not observed but could develop.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is likely typical for a 3-month-old puppy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the large fluid distended stomach and the fluid distended bowel with shadowing material is concerning for dietary indiscretion. While a focal obstruction is not observed, there is concern that this could develop. Correlate these findings with abdominal radiographs and clinical evaluation. If medical management is chosen, recommend supportive therapy and serial imaging to look for the possibility of an obstructive pattern and the need for surgery.





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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