

## PATIENT PRESENTING CLINICAL SIGNS

**Ozzie Campbell**  
**SPECIES**  
Canine  
**BREED**  
Goldendoodle  
**SEX**  
Intact Male  
**AGE**  
7 Months  
**WEIGHT**  
44 Pounds

Presented 10/15/21 with vomiting all morning ( 5 times), bile and foam, acted like had the urge to vomit for about 3 weeks prior to todays events. Gave cerenia inj and Cerenia PO home, 10/17 returned with not eating/drinking since the 14th, refusing food. Temp high normal 102F. O stated has eaten objects in past.

Abnormal PE/Chem/CBC/UA Results: Submitted radiographs revealed diffuse small and large intestinal dilation with retained barium.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall yet mildly prominent wall layering. The lumen was empty with mild luminal gas. No overt evidence of retained gastric ingesta, fluid or foreign material.

The small intestine exhibited segmental marked fluid distention with subjective oral and aboral movement of the fluid. Focal strongly shadowing intestinal luminal echo measuring 2.0-2.5 cm in diameter present, likely within the jejunum. Concurrent areas of primary empty small intestine suspected to be

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

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## REFERRING VET

Dr. Braat

## INVOICE

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## DATE

10/21/21



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distal to the fluid dilated intestine and intestinal shadowing echo. Potential segmental intestinal plication with possible linear hyperechoic echo within the central aspect of the plicated intestine noted. Concurrent non-formed to liquid feces consistent with potential diarrhea noted in the colon. Peri intestinal reactive mesentery and minor primarily intestinal free fluid noted.

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### **Free Abdomen**

Focal, mildly prominent to enlarged mid abdominal mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

## ULTRASONOGRAPHIC FINDINGS

- Segmental marked intestinal fluid dilation with focal strongly shadowing intestinal luminal echo – consistent with intestinal (likely jejunal) foreign body and secondary obstructive pattern.
- Possible concurrent segmental intestinal plication – potential concurrent segmental linear foreign body.
- Peri intestinal reactive mesentery and scant free fluid – potential regional peri intestinal peritonitis.
- Probable reactive hepatopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although barium may contribute somewhat to shadowing in the study, the strongly shadowing intestinal echo is consistent with an obstructive foreign body with secondary obstructive pattern. Exploratory laparotomy recommended for further clarification with expectation toward enterotomy to potential enterotomies. Intestinal biopsies are considered essential despite exploratory findings to assess for underlying gastrointestinal disease given the history of PICA.





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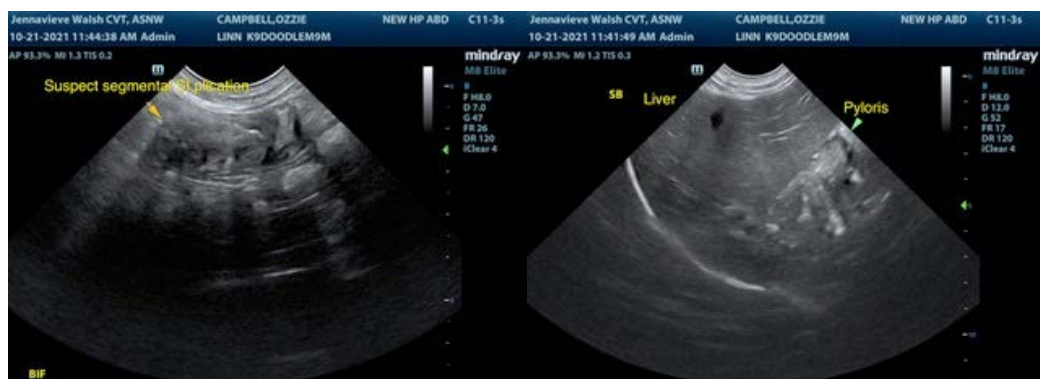
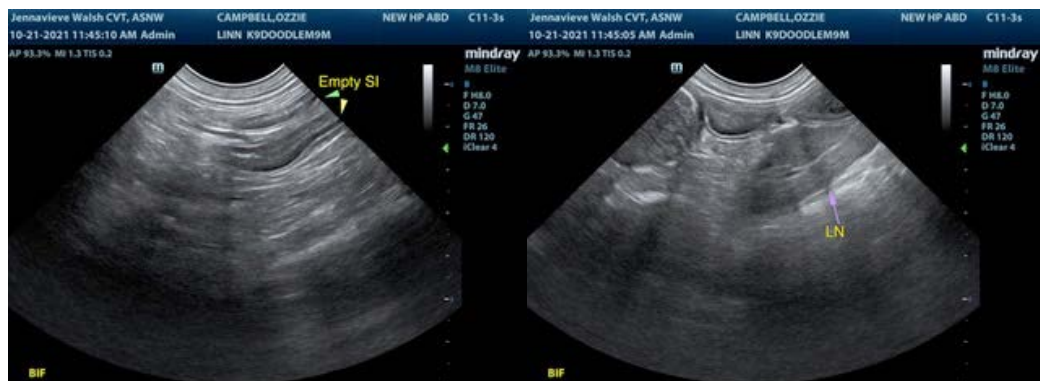
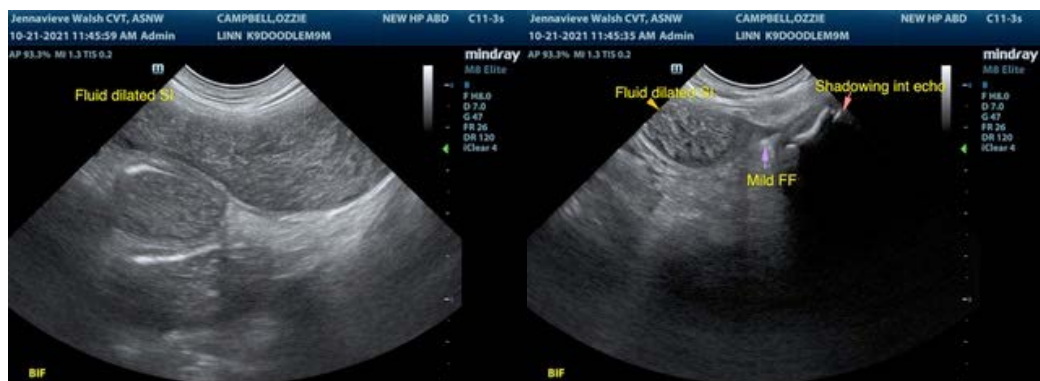
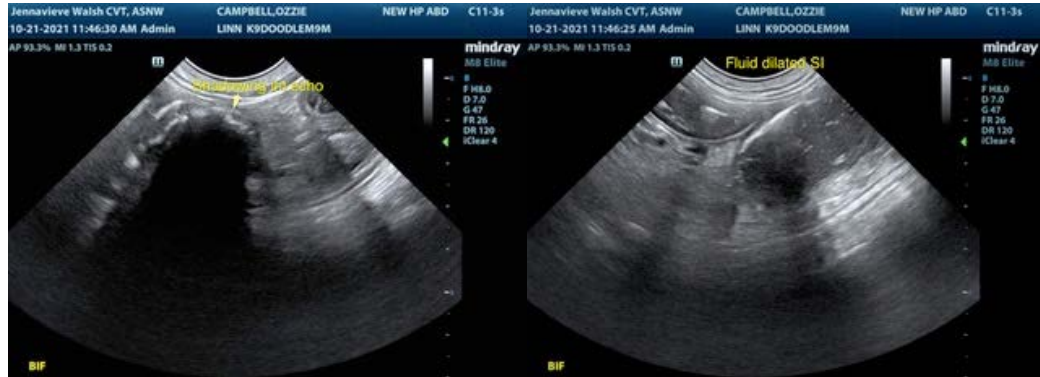
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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