

PATIENT

Fiddle Mann

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Intact Male

AGE

12 years

WEIGHT

11.7 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

O. Frances Aniemeke,
 DVM

INVOICE

12444

DATE

10/25/21

PRESENTING CLINICAL SIGNS

Presented to ER for vomiting and lethargy. Treated with SQF and Crenia. Still vomiting. Previous history of tracheal collapse. On exam. QAR, 5% dehydrated. Mildly tense abdomen. Radiographs showed high suspicion of gastric foreign body with pyloric outflow obstruction.

Abnormal PE/Chem/CBC/UA Results: ALB 4.3; ALP 432; ALT 147; Chol 388; Glob 5.2, glu 156, P 10.7, TP 9.5; WBC 20.97; mono 1.65; Neut 16.62; EOS 0.03.

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Small, anechoic, thinly walled parenchyma cysts were present. The prostate measured 5.5 cm x 2.9 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

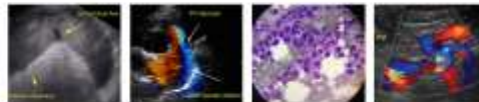
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the cranial pole and 0.47 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with mild to moderate, nondependent yet nonorganized, echogenic gallbladder debris. An anechoic to hypoechoic rim noted between the nondependent debris and inner luminal walls suggestive of mucus was present. No evidence of peripheral inflammation around the gallbladder was noted. The common bile duct was normal.

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Gastrointestinal

The stomach presented moderate to marked retained anechoic fluid noted in the gastric fundus and body with echogenic to progressively shadowing ingesta or echo noted in the area of the pylorus.

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The duodenum and segmental likely upper jejunum exhibited segmental to generalized plication with hyperechoic luminal linear echo noted within the areas of plication along with probable focal shadowing intestinal luminal echo. Segments of empty small intestine distal to the areas of duodenojejunal plication were present with intact wall layering and maintained 1:3 muscularis / mucosa ratio.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Subtle reactive peri intestinal mesentery was noted around the areas of duodenojejunal plication. No overt evidence of concurrent peritoneal effusion or significant lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Shadowing pyloric Ingesta / echo with moderate to marked retained gastric fluid
- Duodenal and segmental jejunal plication with linear foreign body
- Benign prostatic hyperplasia with parenchymal cysts- minor potential for prostatitis, yet thought unlikely Moderate gallbladder debris - potential early to emerging mucocele
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study is consistent with likely anchored foreign material in the area of the pylorus with concurrent duodenal and segmental jejunal linear foreign body and secondary plication. Exploratory laparotomy with expectation toward gastrotomy and potential multiple enterotomies is indicated as soon as possible. Gross Inspection of the area of the gallbladder with potential for manual gallbladder expression could be considered. Overt evidence of Intestinal perforation or peritonitis was not present. However, the possibility of resection anastomosis cannot be definitively excluded and would be based on gross inspection of the plicated intestine.

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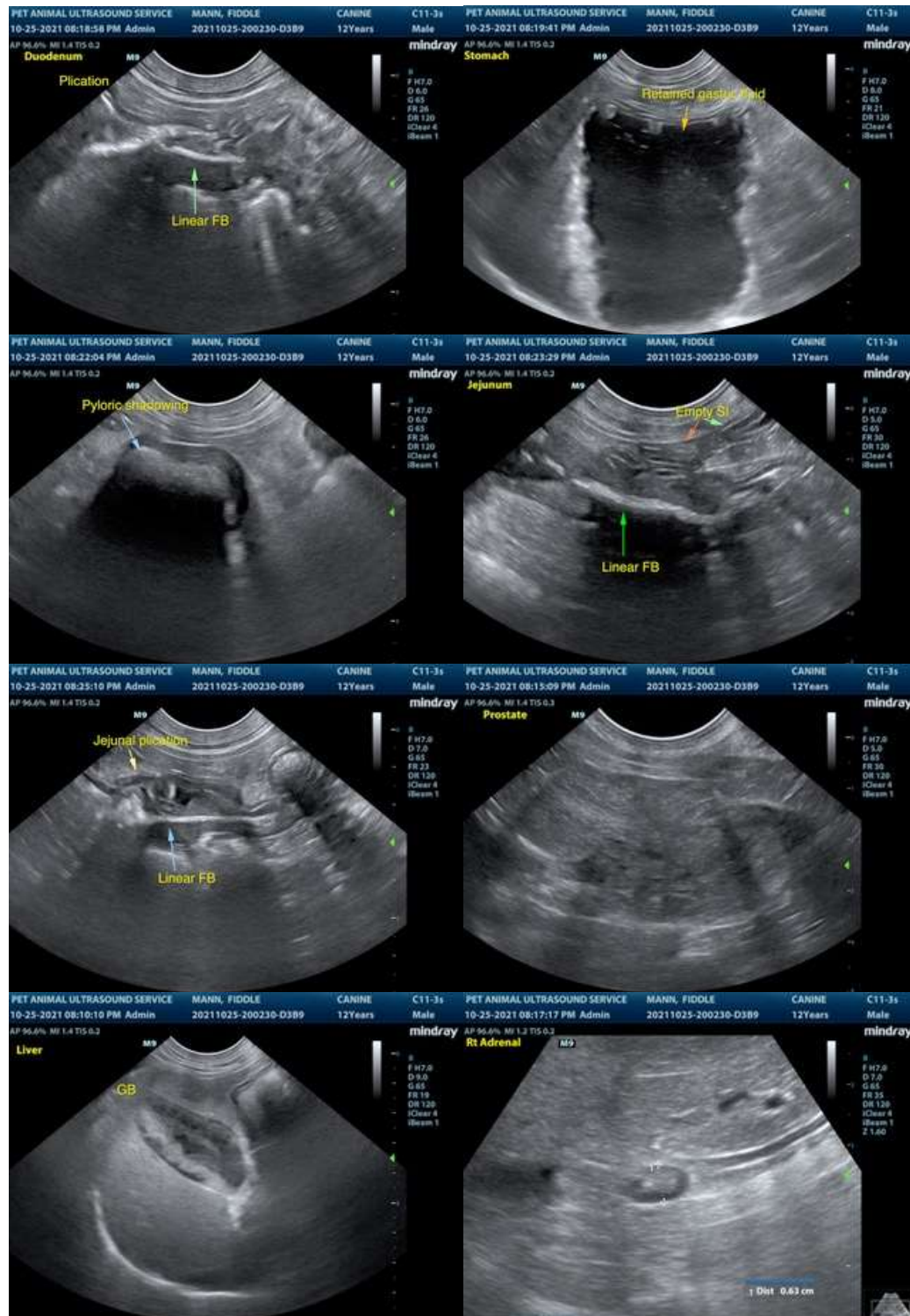
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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