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Clinical Sonography & Telecytology
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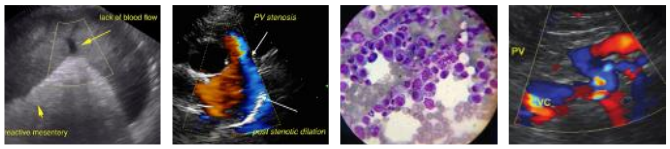


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Brigante

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

6

WEIGHT

37.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Miranda Fritz

INVOICE

12271ag

DATE

11/28/2022

PRESENTING CLINICAL SIGNS

P presented for 4 day history of vomiting, anorexia, and lethargy. According to o any time p ate something she vomited it up almost immediately. Saturday was the last time p ate any food and she vomited soon after. Able to keep some food down. No known toxin exposure of FB ingestion, but based on x-rays high concern for SI FB.

PE - 5-8% dehydration, tense abdominal palpation, QAR

CBC - polycythemia (63%), suspect band neutrophils, mild monocytosis

Chem - mild hyperglycemia (158 mg/dL), BUN 29, hypochloremia (89 mmol/L)

X-rays - High concern for small intestinal mechanical obstruction based on several fluid/gas-dilated ventral mid-abdominal SI segments; no visible radiopaque FB or wadded foreign material but likely a non-radiopaque FB.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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. The left kidney measured 5.3 cm in length. The right kidney measured 0.63 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.52 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

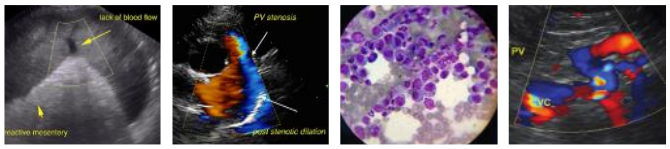
Spleen

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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented segmental variable retained fluid exhibiting mild oral/aboral fluid movement. A strongly shadowing intestinal luminal echo in suspected jejunal location measuring 2.5 cm – 3 cm in diameter was present. Concurrent empty segments of intestine likely distal to the echo were present.

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

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

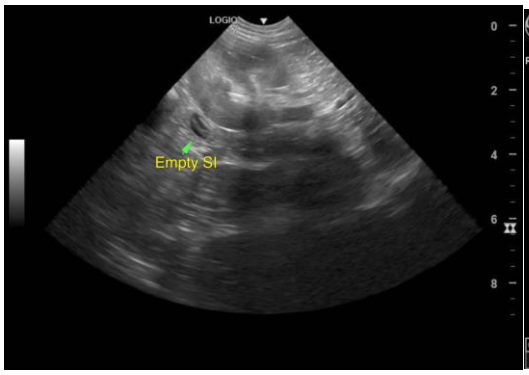
- Small intestinal likely jejunal foreign body with proximal obstructive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Exploratory laparotomy with enterotomy is recommended. No overt evidence of multiple small intestinal foreign bodies although the possibility of multiple enterotomies cannot be definitively excluded. Subjectively intact wall layering was noted throughout the intestinal tract without evidence of perforation, peritonitis or overt neoplastic criteria.

Intestinal biopsies may be considered to assess for underlying intestinal disease despite exploratory findings.



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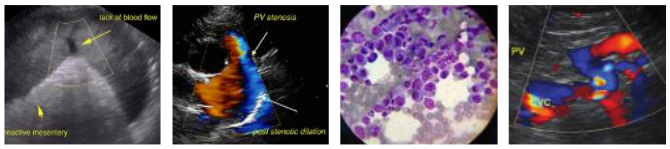

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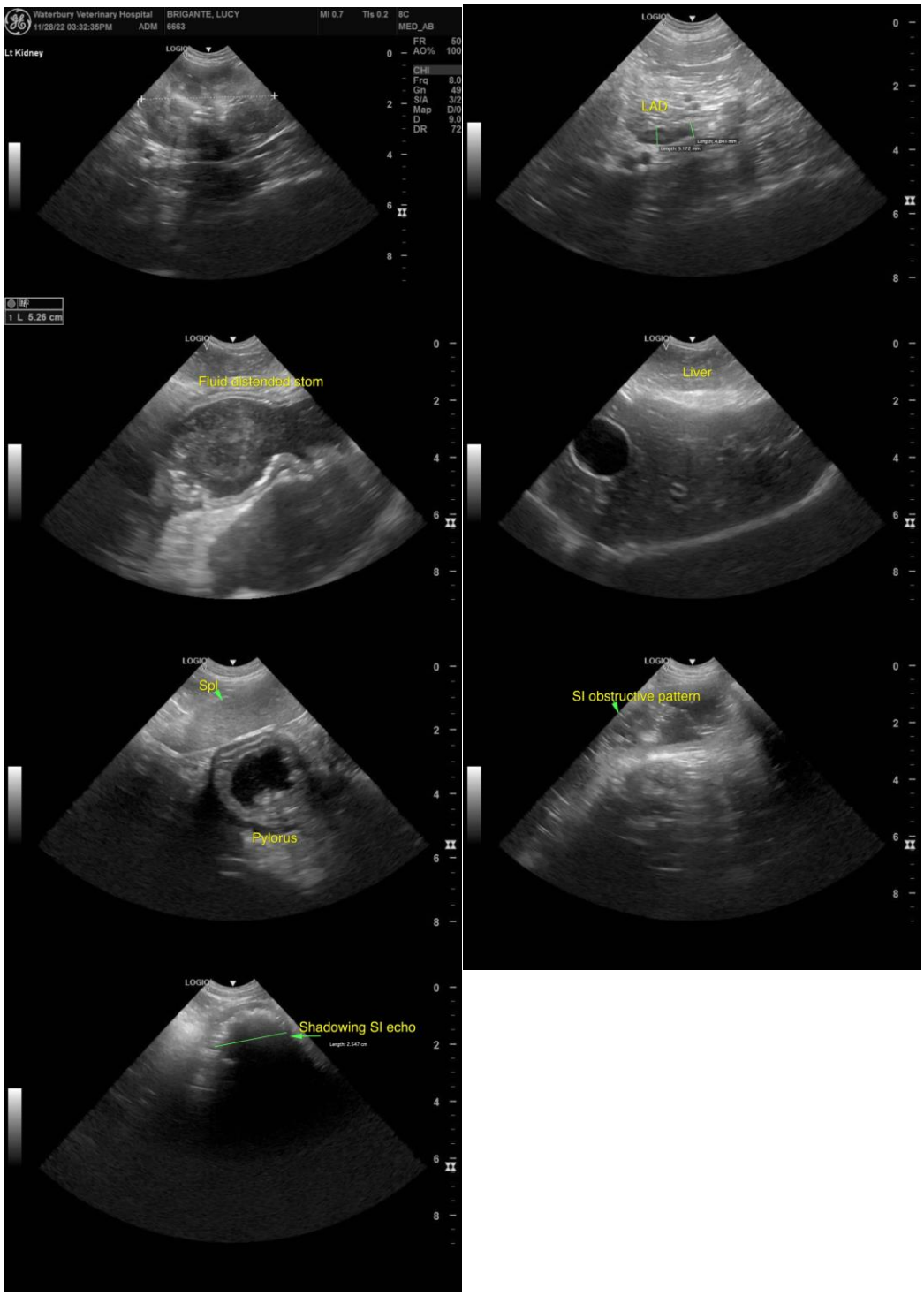
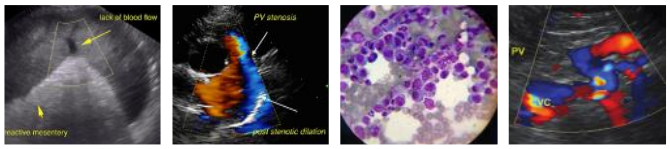


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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mac.daniel@sonopath.com