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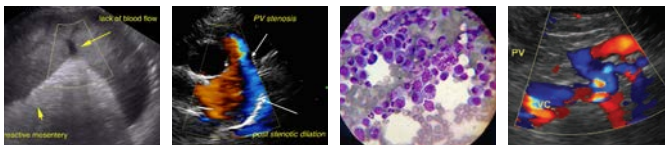

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Brooklyn Drews

SPECIES
Canine

BREED
Pit Bull

SEX
Spayed Female

AGE
4 Years

WEIGHT
52.6 Pounds

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Basking Ridge AH

REFERRING VET
Dr. Piehler

INVOICE
26774

DATE
11/3/21

PRESENTING CLINICAL SIGNS

Possible foreign body in stomach. Current meds: cytopoint, pepcid
Abnormal PE/Chem/CBC/UA Results: No CBC (sent to lab) Chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 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 6.6 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.1 cm length 0.47 cm at the caudal pole. The right adrenal gland measured 2.95 cm length x 0.72 cm at 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

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

The stomach exhibited intact and sonographically unremarkable wall layering. A moderate amount of retained, variably echogenic, primarily non-shadowing ingesta and chyme was present. Additionally, a strongly shadowing solitary, potentially mildly angular luminal echo noted, measuring approximately 2.0-2.5 cm diameter. This strongly shadowing echo did not appear to be overtly obstructive to the pyloric outflow. Pylorus wall measured 0.55 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. Duodenum wall measured 0.44 cm.

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

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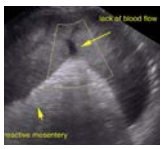
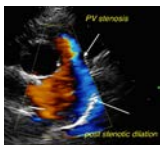
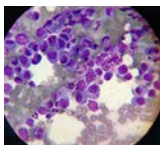
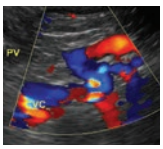

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Pancreas

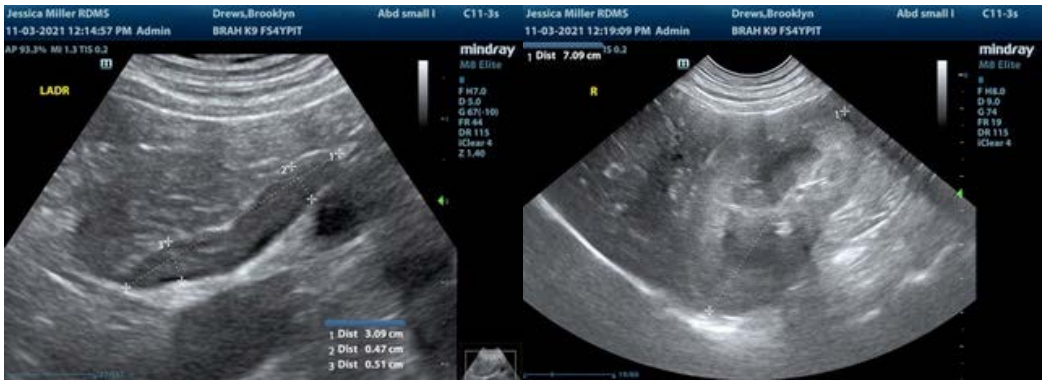
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Moderate retained, variably echogenic gastric ingesta/chyme with focal strongly shadowing luminal echo
- Sonographically unremarkable small bowel – no evidence of concurrent small bowel ileus or overt foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall presence of retained ingesta and chyme in the stomach may suggest some degree of gastric hypomotility without overt evidence of mechanical pyloric outflow obstruction. The concurrent strongly shadowing echo within the gastric lumen is suggestive of non-obstructive foreign body with potential for focally dense ingesta (treat, medication or similar) possible, yet thought less likely. Given the fact that this echo did not appear to be overtly obstruction, and that the patient is stable, sonographic or radiographic monitoring for evidence of gastric emptying over the next 12-24 hours could be considered. If the patient is clinical (i.e., vomiting, inappetence or similar), further assessment with upper gastrointestinal endoscopy and/or laparotomy with gastrotomy may be indicated.



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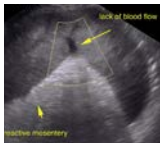
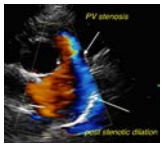
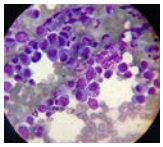
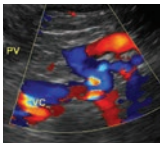

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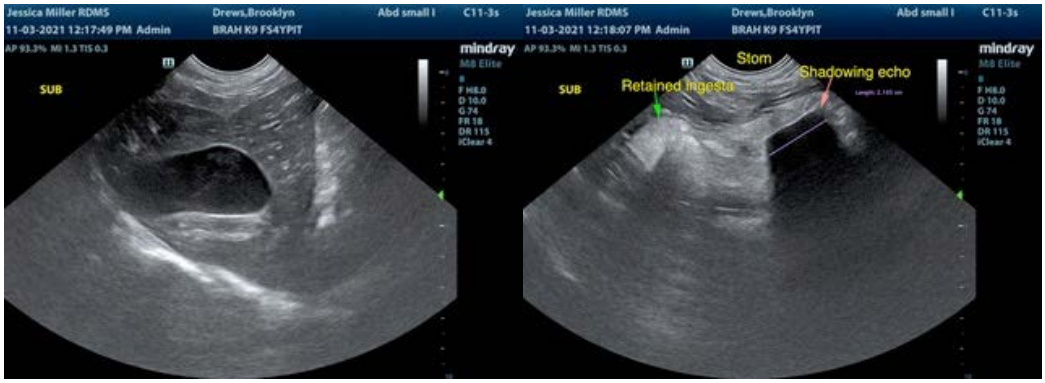

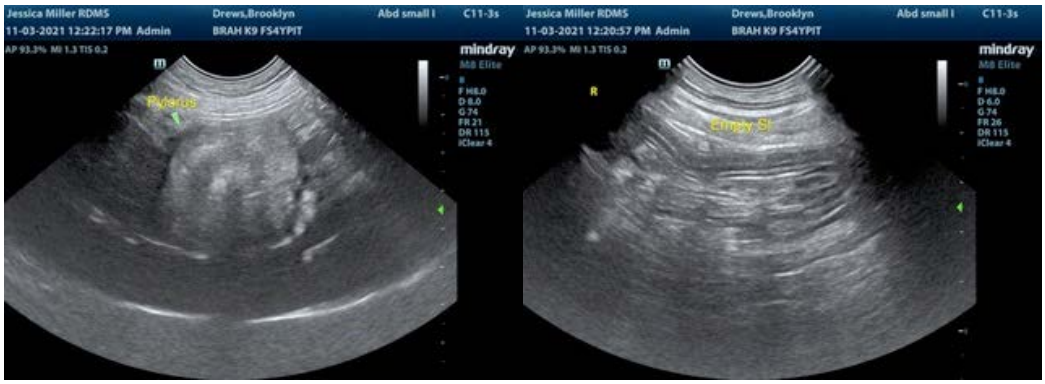

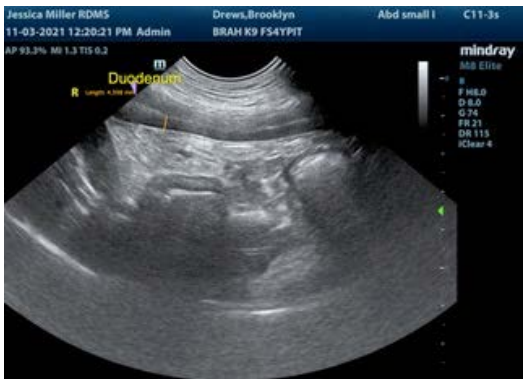

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com