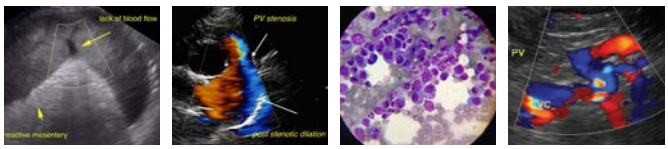
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Clark Gilder

SPECIES
Canine

BREED
Boston Terrier

SEX
Neutered Male

AGE
1.5 Years

WEIGHT
15.8 Pounds

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

IMAGING PERFORMED BY
Amanda Lacey-Crook – SDEP Certified

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Travis Gibson

INVOICE
43199

DATE
12/5/22

PRESENTING CLINICAL SIGNS

P got into garbage within the last 48 hours and O. believes P ate a tampon due to what is in vomit (stringy cotton). O did not see P in act but by P's signs she believes this is a close guess, P has been shaking and uncomfortable and lethargic, P has had foreign object sx previously. No BM day of admit, presented anorexic, 5-6% dehydrated, tense painful abdomen - admitted for overnight hosp with IVF - recheck films done this a.m. and are abnormal. P on IV Cerenia and buprenorphine overnight
Abnormal PE/Chem/CBC/UA Results: See attached - chem normal No cbc performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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. The left kidney measured 4.6 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 0.41 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, overtly normal to mildly prominent wall layering. The stomach contained a moderate amount of retained fluid along with strongly shadowing echo occupying the majority of the gastric lumen, measuring approximately 3.0 cm in diameter. The shadowing echo extended into the area of the pyloric outflow.

The small intestine exhibited segmental partial obstructive pattern with concurrent probable strongly shadowing echo, suspected to be in the area of the jejunum. Segmental duodenojejunal linear foreign body with associated plication was present. Overall, intact intestinal wall layering was maintained.

Normal visible colon wall layers were present. The colon was primarily empty with focal strongly shadowing to hyperechoic fecal matter.

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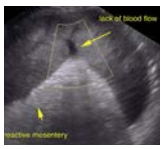
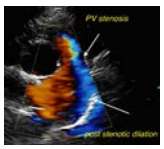
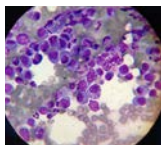
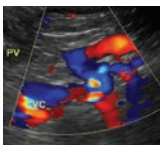

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Pancreas

The left limb of the pancreas exhibited subtle prominent size and capsule asymmetry with mild non-homogeneous to hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

Free Abdomen

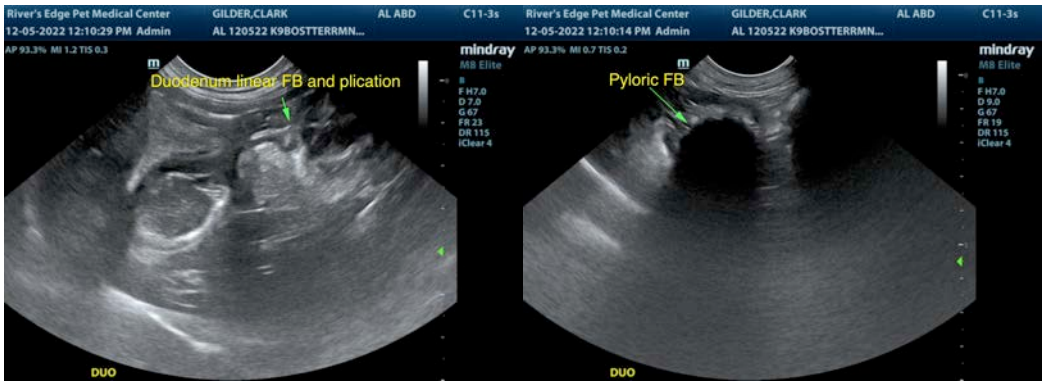
No overt or significant lymphadenopathy. Subtle evidence of peri intestinal hyperechoic mesentery around the areas of intestinal plication and fluid retention. No evidence of peritoneal effusion or peritonitis.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric foreign body – potentially anchored.
- Concurrent segmental duodenojejunal linear foreign body with concurrent segmental duodenojejunal plication – suspect concurrent strongly shadowing, partially obstructive jejunal foreign body.
- Sonographically unremarkable colon with strongly shadowing fecal matter
- Mild heterogeneous to hypoechoic pancreas – non-specific. Potential secondary reactive pancreatic changes or low-grade inflammation possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward gastrotomy, enterotomy to suspected multiple enterotomies and gross inspection of the colon recommend. Potential for passed foreign material in the colon, although not definitive. No obvious evidence of intestinal perforation or secondary peritonitis. Guarded prognosis indicated, as potential for resection and anastomosis cannot be definitively excluded, and likely based on gross inspection of the intestine at time of surgery.



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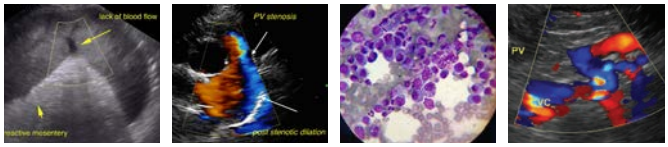

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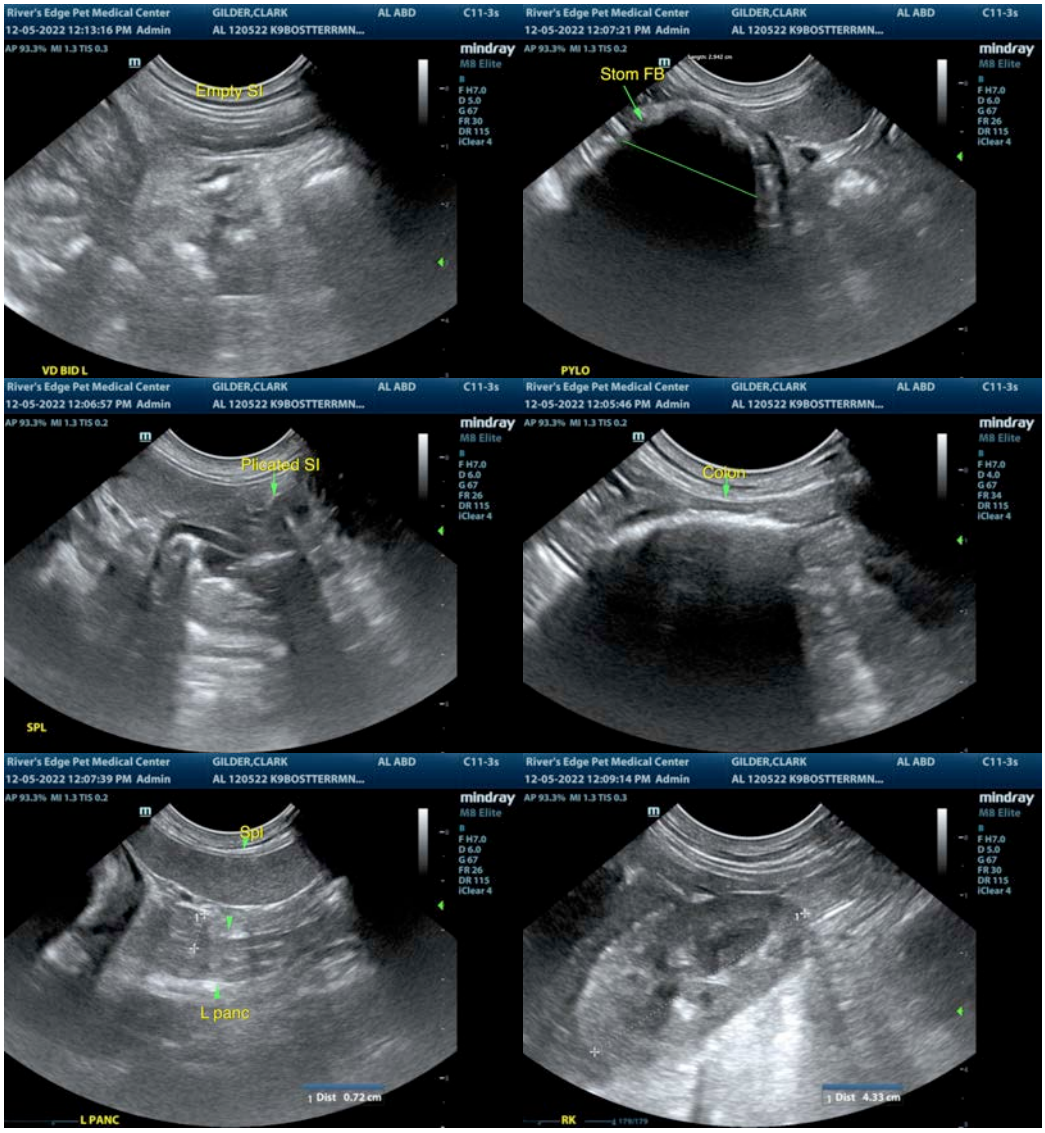

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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