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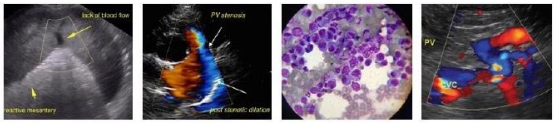


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Bentley Spence

SPECIES

Canine

BREED

Husky X

SEX

MN

AGE

3 years

WEIGHT

75 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods AH

REFERRING VET

Dr. Petrowski

INVOICE

13735

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Has stopped eating not eating treats no diarrhea, owner thinks foreign body- fabric Suspect foreign body
Abnormal PE/Chem/CBC/UA Results: CBC/Chem-WNL Rads: no appreciable FB

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 7.1 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.50 cm width at the caudal pole.

Spleen

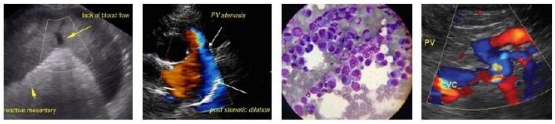
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

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 moderate to significant distention with retained fluid along with multifocal, nonspecific linear-like hyperechoic echoes.



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The small intestine exhibited segmental moderate retained fluid which appeared to be static and without overt evidence of peristalsis. Strongly shadowing Intestinal echo present in the mid to cranial abdomen measured approximately 2.0-3.0 cm in diameter. Concurrent segments of empty small intestine exhibiting intact wall layering and maintaining a 1:3 muscularis/ mucosa ratio without evidence of mechanical / metabolic ileus, 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 were evident.

Free Abdomen

No overt lymphadenopathy or free fluid was present.

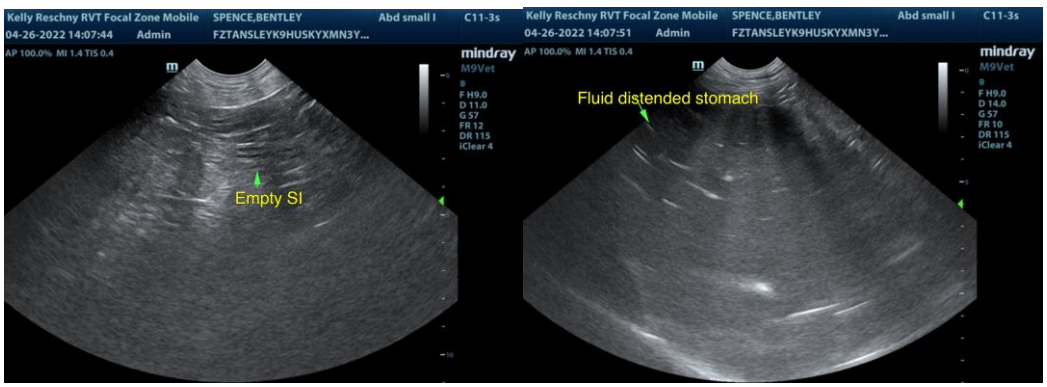
ULTRASONOGRAPHIC FINDINGS

- Moderate to significant gastric fluid distention
- Strongly shadowing intestinal luminal echo with concurrent segmental, likely proximal obstructive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy is recommended with expectation toward enterotomy. The potential for a small linear-like foreign material present in the stomach or pyloric outflow obstruction cannot be definitively excluded. A thorough investigation of the entire gastrointestinal tract +/- gastrointestinal biopsies if clinically indicated, are recommended at the time of surgery. No overt evidence of intestinal perforation or peritonitis was noted.

Given the timeframe between performed study and interpretation, brief sonograph re-assessment prior to surgery to make sure that the shadowing intestinal echo has not moved would be ideal. However, given this presentation, exploratory laparotomy without sonographic reassessment Is recommended.



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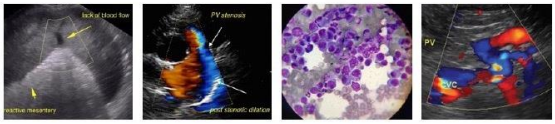

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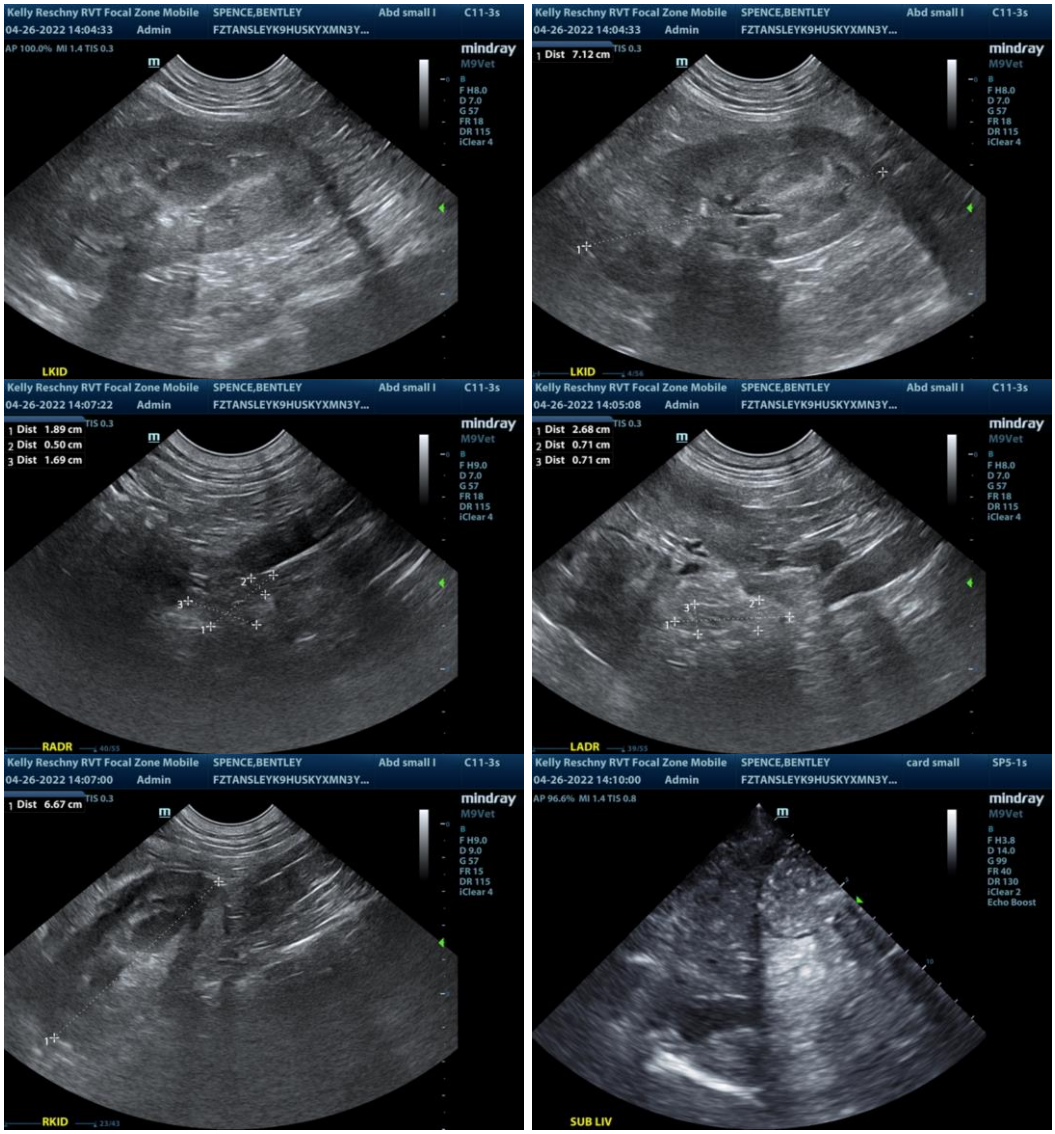

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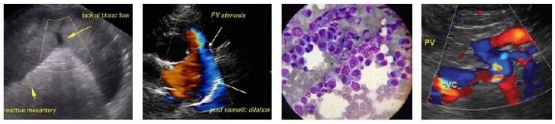

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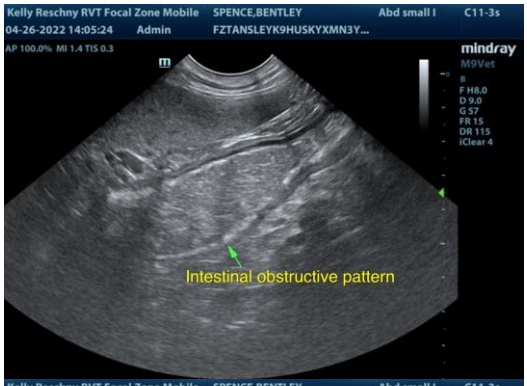

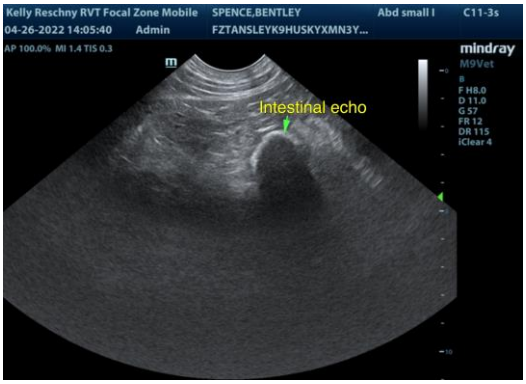

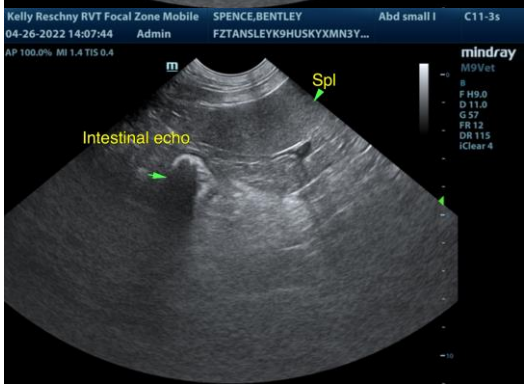

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com