**PATIENT**

Oliver VandeZande

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

6 Months

WEIGHT

27.4 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Vet
Specialists - Dr.
Marroquin**INVOICE**

37562

DATE

5/10/22

PRESENTING CLINICAL SIGNS

On Sunday, Oliver began acting extremely lethargic, vomiting, and stopped eating. These symptoms continued and he eventually vomited up an entire toy on Monday. Owners suspect he ingested a toy last Wednesday. His symptoms have continued and the lethargy has gotten significantly worse. He has not had a bowel movement since yesterday, but urinating normally.

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.

The prostate was of expected size and presentation for a young intact male canine without overt pathology, measuring 1.8 cm diameter.

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 7.2 cm. The right kidney measured 7.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 0.58 cm at the cranial pole and 0.52 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.

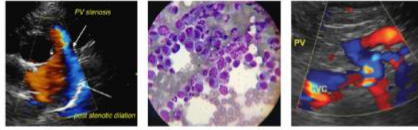
Gastrointestinal

The stomach exhibited moderate distention with retained, primarily anechoic fluid and sonographically unremarkable wall layering.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Retained duodenal fluid to obstructive pattern extending caudally to strongly shadowing jejunal luminal echo measuring approximately 4-5 cm in length x 2.6 cm diameter. Concurrent segments of retained jejunal fluid adjacent to the shadowing echo was present, although segments of empty, normal appearing jejunum exhibiting intact wall layering, maintained 1:3 muscularis/mucosa ratio and empty lumen

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PATIENT

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without evidence of mechanical/metabolic ileus were present, likely to the level of the colon. Normal appearing jejunum wall measured 0.22 cm. Subtle evidence of minor inflammatory changes in segments of jejunum containing retained fluid. Example of mildly prominent jejunal wall exhibiting intact wall layering measured 0.44 cm. Minor reactive peri intestinal mesentery.

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

Pancreas

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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

SEX

Intact Male

Focal to several, mildly prominent to enlarged medial iliac lymph nodes were present. Example measured 2.5 cm x 0.80 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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Intermittent, mildly prominent to mildly non-homogeneous mid abdominal mesenteric lymph nodes noted. Example measured 3.6 cm x 1.3 cm. No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

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- Jejunal foreign body with secondary proximal gastrointestinal obstructive pattern – empty small intestine, subjectively distal.
- Associated prominent to non-homogeneous mesenteric lymphadenopathy – hyperplasia, reactive lymphadenitis or immunologic immaturity possible. No overt evidence of lymphatic neoplastic criteria.
- Mild peri intestinal reactive mesentery – no overt peritonitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

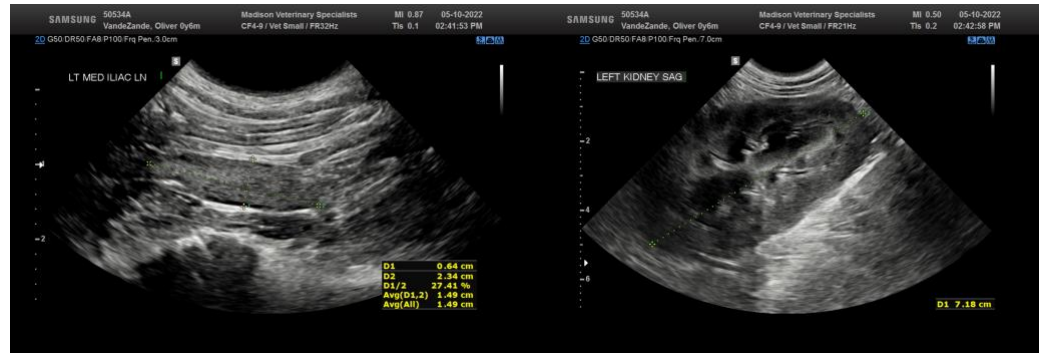
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Exploratory laparotomy with expectation toward enterotomy recommended. Obvious evidence of additional areas of shadowing echoes or gastrointestinal foreign material were not definitively evident, yet gross inspection of the general gastrointestinal tract +/- biopsies suggested at the time of surgery.

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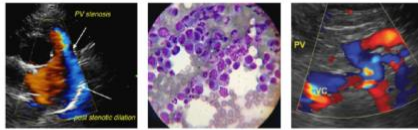
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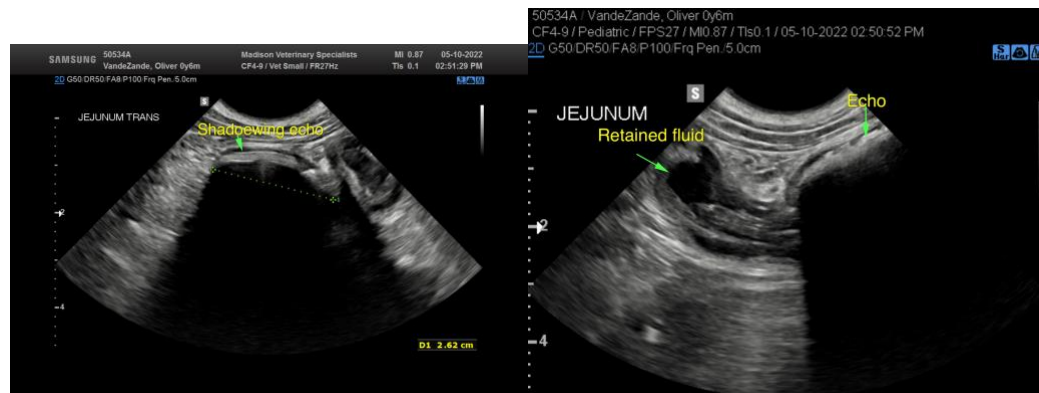
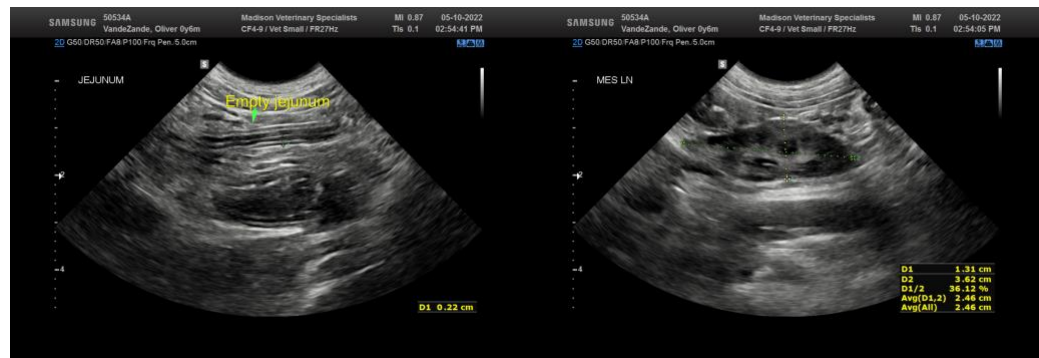
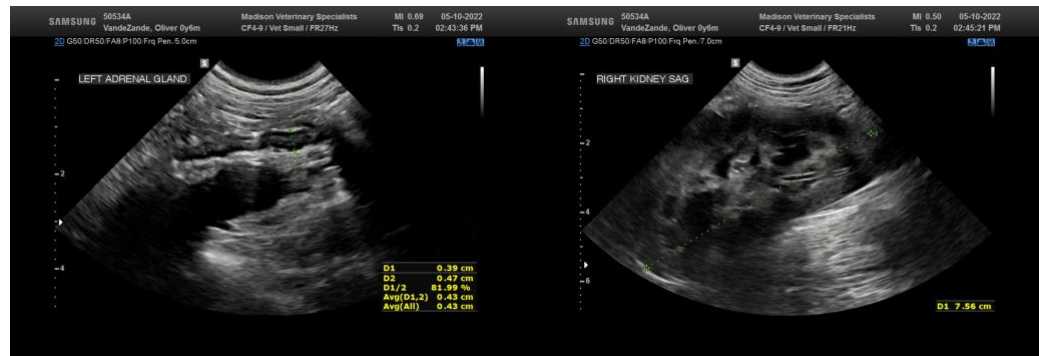
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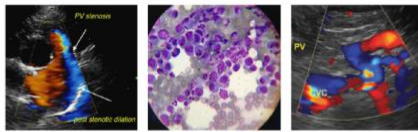
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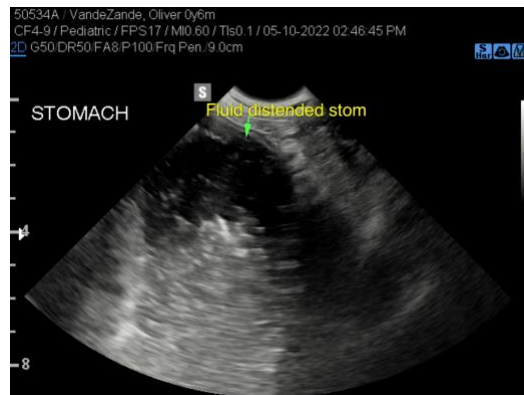
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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