

PATIENT

George Farrance

PRESENTING CLINICAL SIGNS

History: George presented to emergency this AM for vomiting despite Cerenia treatment at rDVM yesterday. He is vomiting every time he eats.

SPECIES

Canine

Full CBC/Chem/cPLI yesterday was unremarkable.

BREED

Boston Terrier

George has a history of chronic diarrhea. He was diagnosed with IBD by an internist and successfully treated. He is now on fish based, grain-free diet with supplements and gets weekly cobalamin injections. He has no diarrhea. He is not taking any other medications.

SEX

Neutered Male

George does have a history of eating non-food items, including some foam from the sofa recently. On PE, he was slightly uncomfortable on abdominal palpation, but otherwise unremarkable. George was sedated with Dexdomitor and butorphanol for this study. He has been admitted and started on IV fluids.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

2 years, 3 mos

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible. No masses, calculi or mucosal irregularities are noted.

WEIGHT

10.65 kg

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible. The left kidney is 4.3 cm in length. The right kidney is 4.6 cm in length.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Adrenal Glands

IMAGING PERFORMED BY

Donna Markland
DVM

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.5 mm at the cranial pole and 3.6 mm at the caudal pole. The right adrenal gland height is 5.0 mm at the cranial pole and 4.1 mm at the caudal pole.

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

REFERRING VET

Central Island Vet
Emerg Hosp

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

INVOICE

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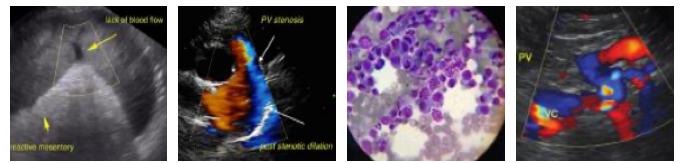
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is partially distended with normal ingesta and shadowing foreign material. The gastric wall is diffusely thickened, up to 6.7 medical mm, with disproportionate thickening of the submucosal layer. The region of the pylorus contains foreign material that appears to be obstruction.

DATE

2.5.23



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.0 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

SPECIES

Canine

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

BREED

Boston Terrier

Pancreas

The right limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SEX

Neutered Male

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A diffusely thickened gastric wall with evidence of chronicity
- Foreign material in the stomach that appears to be obstruction at the level of the pylorus

AGE

2 years, 3 mos

WEIGHT

10.65 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for an obstruction gastric foreign body in this patient, which correlates with the history of potentially eating foam from the couch. There is also evidence of chronic inflammation in the stomach, which may be attributable to the reported history of inflammatory bowel disease.

Endoscopy or exploratory surgery are recommended to retrieve foreign body, and if not already performed, gastric biopsies would also be recommended.

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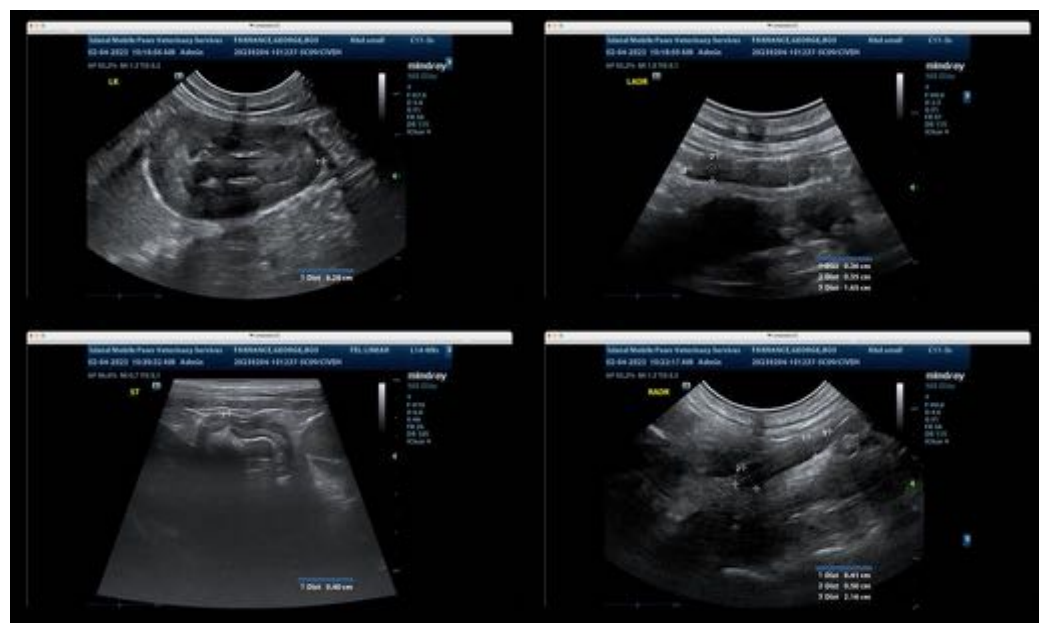
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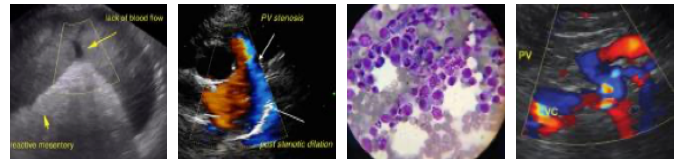
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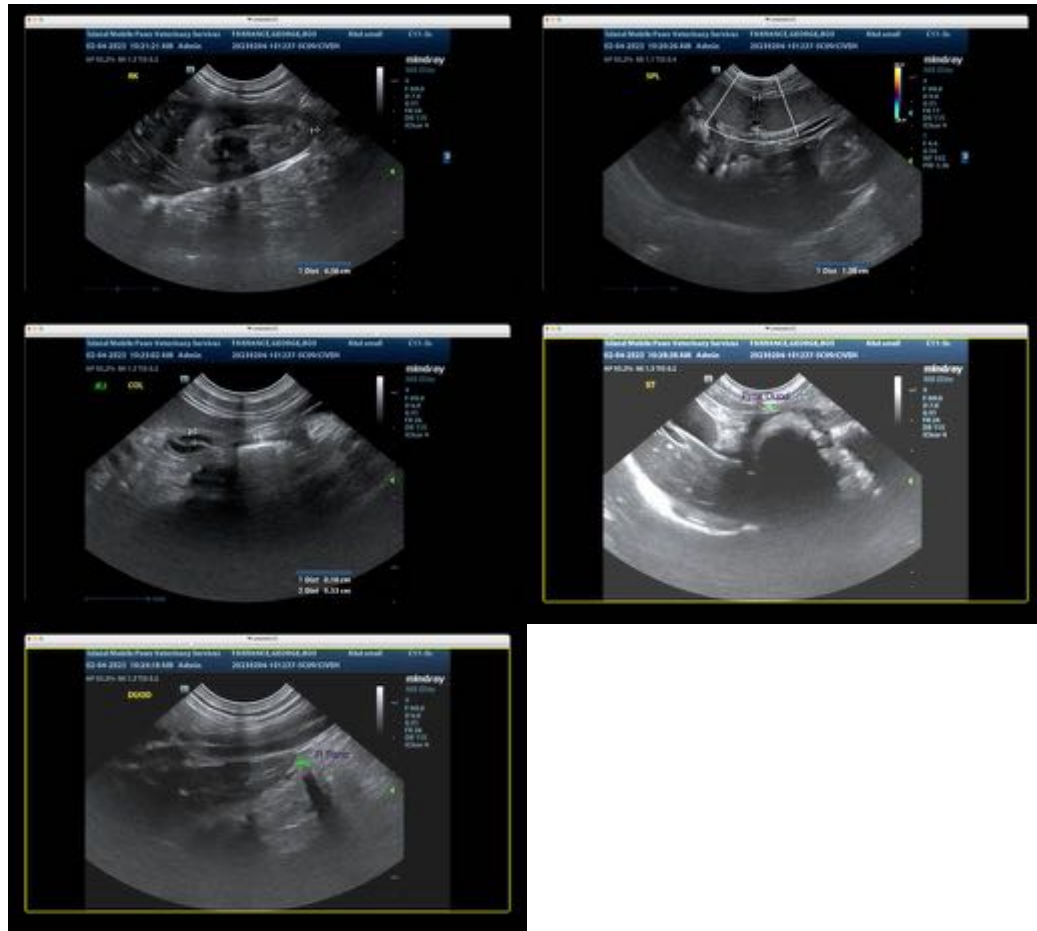
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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