

PATIENT PRESENTING CLINICAL SIGNS

Iñaki Planas
History: Pt was referred by the Animal Emergency Clinic for an urgent abdominal ultrasound with a history of vomiting. Pt presented to EC due to presenting on 03/31/23 with clinical signs of anorexia, and subacute vomiting (3-14 days). The last meal is unknown. Current tx: Metronidazole IV BID Unasyn IV BID Pantoprazole IV SID Cerenia IV SID

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

6 years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dra. Fonseca

INVOICE

12612

DATE

4.1.23

Abnormal PE/Chem/CBC/UA Results: PE: QAR; resp: WNL; MM/CRT: pink/ >2 seg; abdominal palpation - moderate tense/ painful abdomen; T (100F/37.8 C). RADIOGRAPHS 3/31/23: SOFT TISSUE OPACITY AT T 11-L1. NO OBSTRUCTIVE PATTERN. Blood work 3/31/23 cPL= abnormal 4 dx = negative to erlichia, hw, lyme and anaplasma CBC: BASO: 0.03 K/uL (0.00-0.10) EOS: 0.01 K/uL (0.06-1.23) HTC: 68.7% (37.3-61.7) LYMPHS: 1.16 g/dL (1.05-5.10) MONOS: 0.50 K/uL (0.16-1.12) nRBC= SUSPECTED WBC= 16.16 K/uL (5.05-16.76) NEUT= 14.46 K/uL (2.95-11.64) CHEM: GLU: 148 mg/dL (74-143) RADIOGRAPHS 4/1/23: SOFT TISSUE LIKE CONTENT VISIBLE ON LATERAL VIEWS (JUST VENTRAL TO THE L2-3)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

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 (normal). The left kidney is 5.0 cm in length. The right kidney is 5.0 cm in length.

Adrenal Glands

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 4.7 mm at the cranial pole and 4.1mm at the caudal pole. The right adrenal gland height is 4.7 mm at the cranial pole and 3.4 mm at the caudal pole.

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.

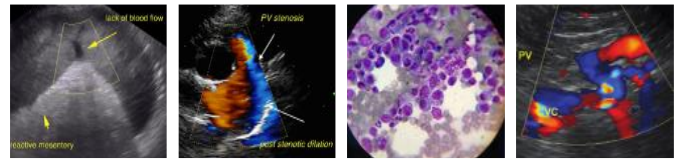
Liver

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.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 3.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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There is a 1.6 mm wide linear foreign body visible within the small intestines. The intestinal tract appears plicated around this object. The omental fat in the region is hyperechoic. The visualized portions of the intestinal wall are of normal thickness, with intact wall that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 3.7 mm. The jejunal wall measures up to 2.6 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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Pancreas

The entirety of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

SEX

Neutered Male

Free Abdomen

The omental fat in the regions of the pancreas and small intestines are hyperechoic. However, there is no free fluid noted and no evidence of intestinal perforation. The intra-abdominal lymph nodes are within normal limits of size. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

Findings

- Linear intestinal foreign body
- Regional peritonitis
- Acute pancreatitis

WEIGHT

26 lbs

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's ultrasound is consistent with a linear foreign body obstruction in the small intestines. Once the patient is anesthetized, thorough inspection of the area under the tongue is recommended to rule out the possibility that the foreign body is anchored there. Abdominal exploratory is then recommended to remove the foreign material. Supportive care will likely be needed afterwards, to manage the pancreatitis, to include fluid therapy, analgesics, antiemetics, and possibly feeding support.

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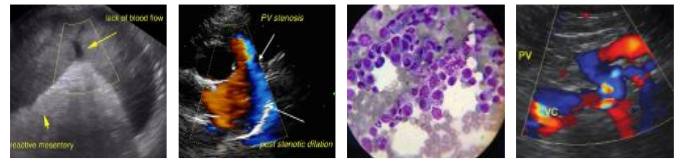
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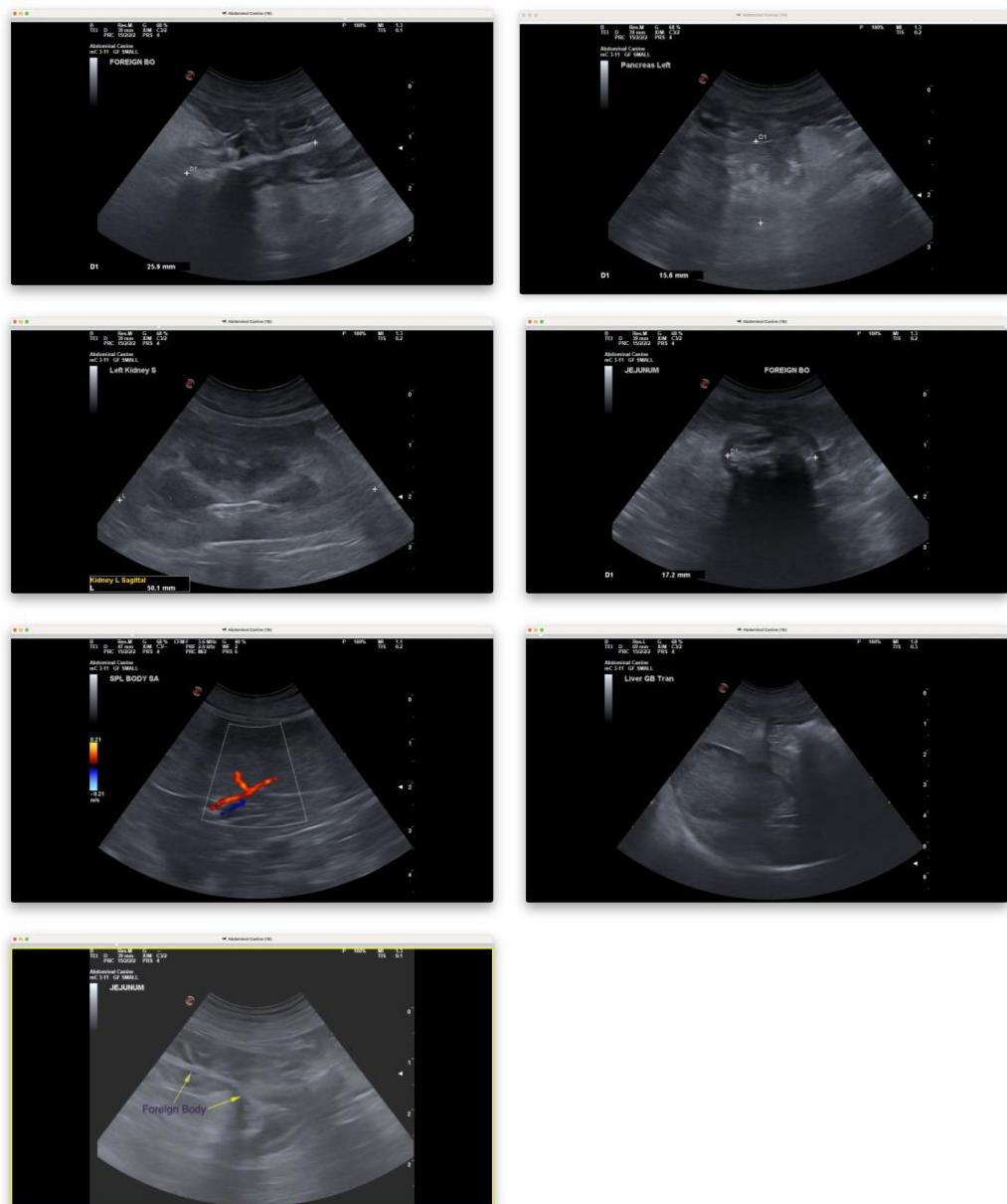
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com