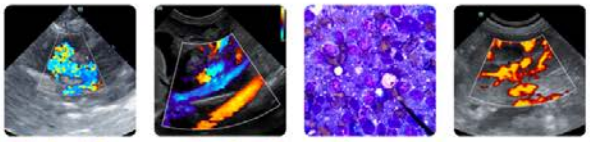

PATIENT

Charlie Melhorn

SPECIES

Canine

BREED

Golden

SEX

Intact Male

AGE

4 Months

WEIGHT

12.3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

72555

DATE

12/14/25

PRESENTING CLINICAL SIGNS

Potential ingestion of plastic cap from shaker bottle on 12/12/25. Intermittent gagging/reflux and vomiting. Serial radiographs over 24 hours of fasting still show potential material within stomach and small intestine. Recently treated for coccidia per owner. History of wax/wane vomiting/diarrhea per owner.
Abnormal PE/Chem/CBC/UA Results: Mild discomfort on cranial abdominal palpation CBC: RBC 5.21 (L), Hct 33 (L), Hg 11.8 (L), Retics 9.9 (L), Neutrophils 2.54 (L), Lymphocytes 7.34 (H), Eosinophils 1.65 (H) Chem: BUN 6 (L), GGT 3 (H) EPOC: Na 139 (L), iCa 1.46 (H), BUN 6 (L), HCT 30 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left measures 6.33 cm. Right measures 5.65 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.40 cm x 2.51 cm. Right measures 0.47 cm x 2.55 cm.

Spleen

The spleen measures 1.22 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is moderately distended with echogenic fluid. It has normal wall thickness with maintenance of normal wall layering. There is no overt shadowing material within the stomach. The

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pylorus and pyloroduodenal junction appear patent. However, at the very proximal aspect of the duodenum just aborad to the PDJ, there appears to be an echogenic shadowing structure within the proximal duodenum. The remainder of the small intestine is non-distended with no shadowing foreign material or evidence for a mechanical obstruction. The small intestinal wall is normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy.

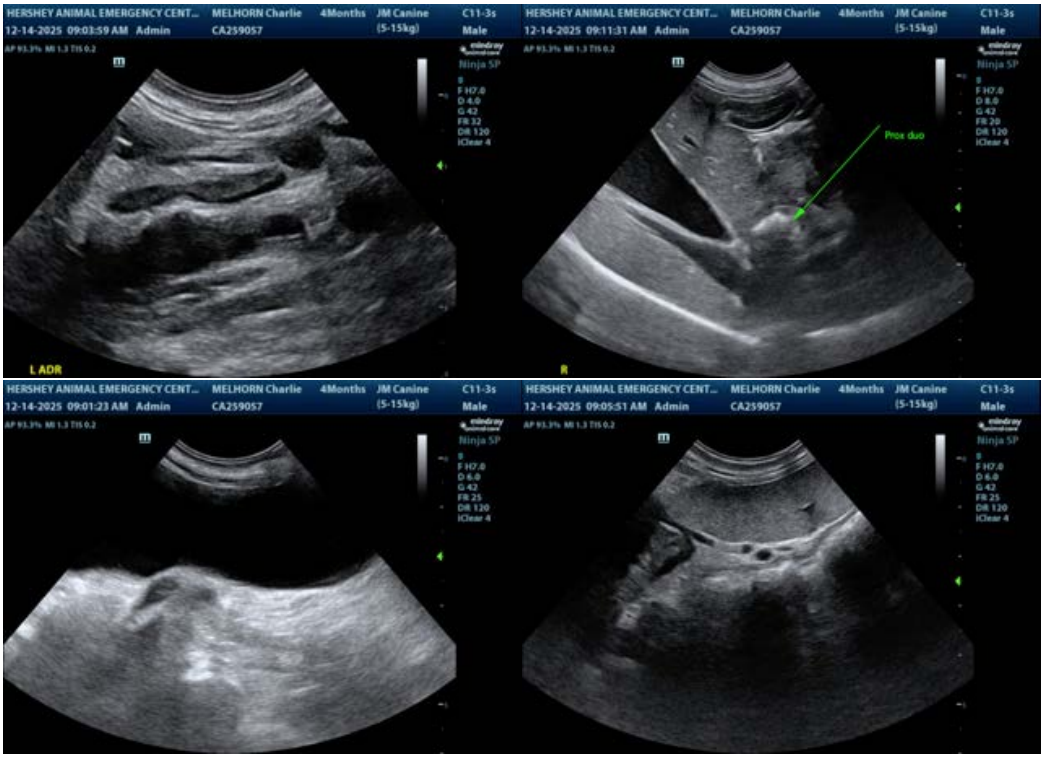
A scant volume of free peritoneal effusion is noted, consistent with the patient's age.

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention with echogenic fluid. There is shadowing foreign material within the proximal duodenum just aborad to the pyloroduodenal junction. Given the degree of gastric distention, there is concern for a potential pyloric outflow obstruction or proximal duodenal obstruction. The remainder of the small intestine is non-distended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the persistence of radiographic abnormalities and the degree of gastric distention, an exploratory laparotomy should be considered for potential enterotomy and foreign body removal.



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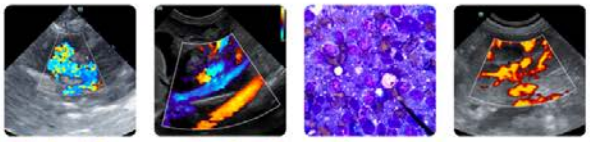

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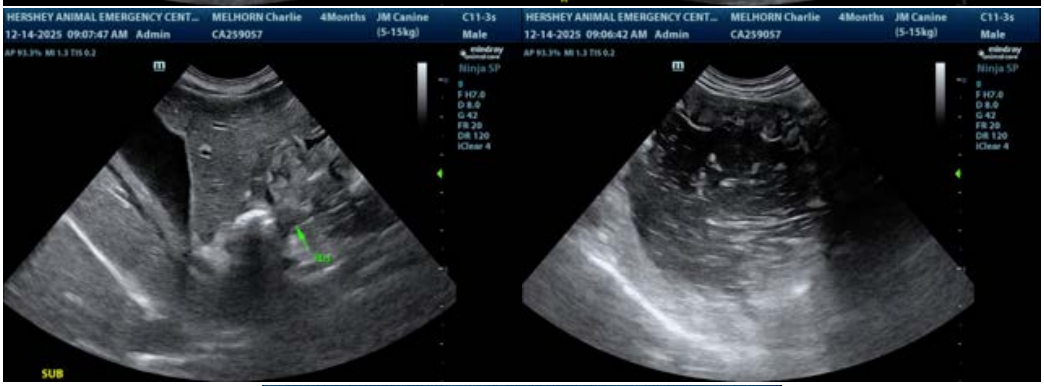

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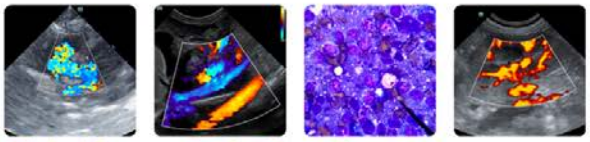

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com