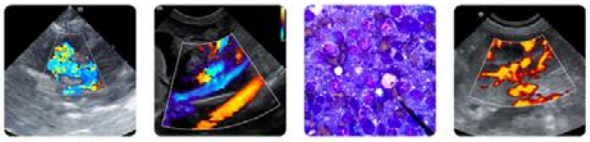


PATIENT

Sullivan Zerbe

SPECIES

Canine

BREED

Samoyed

SEX

Intact Male

AGE

1 Year

WEIGHT

25.6 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

74873

DATE

5/2/26

PRESENTING CLINICAL SIGNS

Presented 5/1 around 4pm for acute onset vomiting, anorexia and discomfort. PE: Abdominal pain, aggressive with handling.

Abnormal PE/Chem/CBC/UA Results: Admitting diagnostics 5/1: CBC: WBC 23.51 (H), Neu 20.09 (H) xrays: The mineral opacity foreign bodies in the gastrointestinal tract are likely too small to cause an obstruction individually, but a mild impaction cannot be totally excluded in the pylorus. The heterogeneous material in the stomach and small intestines is nonspecific. This could represent dry ingesta but some foreign bodies could also have this appearance. A nonspecific gastro-enteritis or pancreatitis should still be considered as potential differential diagnosis. 5/2 Repeat xrays The evolution of the gastrointestinal tract is compatible with ongoing gastrointestinal transit, particularly as the patient has not vomited since the previous study. There is now a mild peritoneal effusion.

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 is a mild amount of suspended echogenic debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The prostate appears normal.

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 kidney measures 7.0 cm. Right kidney measures 7.1 cm.

Adrenal Glands

The right adrenal gland is visualized and has 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. Right measures 0.61 cm x 2.7 cm.

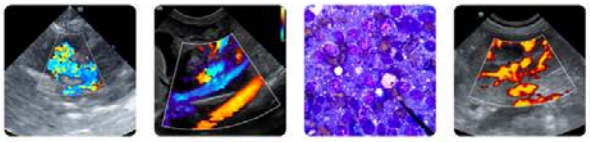
The left adrenal gland is not visualized.

Spleen

The spleen measures 1.8 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



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documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is mildly distended with echogenic luminal contents. The pylorus and pyloroduodenal junction appear patent. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The small intestine has multifocal regions that are distended with echogenic luminal contents. There are several loops with echogenic shadowing contents with a somewhat angular nature. There is one particular loop that is of concern for potential mechanical obstruction, although this region is not traced aborad to confirm that it is truly small intestinal in location. The colon otherwise 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

There are several prominent mesenteric lymph nodes with normal length to width ratio and isoechoic parenchyma, consistent with this patient's age.

There is a mild to moderate volume of slightly echogenic free peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- There appears to be shadowing material within what is suspected to be small intestine. While there is no overt small intestinal obstructive pattern noted, the location and appearance of several of these loops are concerning for potential gastrointestinal foreign material. The presence of a moderate volume of echogenic free peritoneal effusion is concerning for potential gastrointestinal perforation or other source of moderate peritonitis.
- The slightly prominent mesenteric lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider an exploratory laparotomy to further evaluate the gastrointestinal tract and remove or repair any potential obstruction lesion or gastrointestinal defect. Alternatively, continued supportive care can be considered. However, close clinical monitoring should be performed, as a gastrointestinal perforation could ultimately prove fatal.

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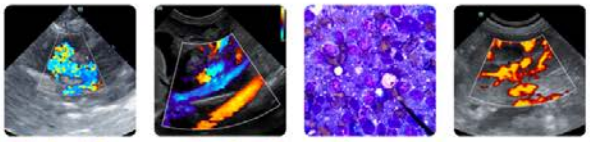

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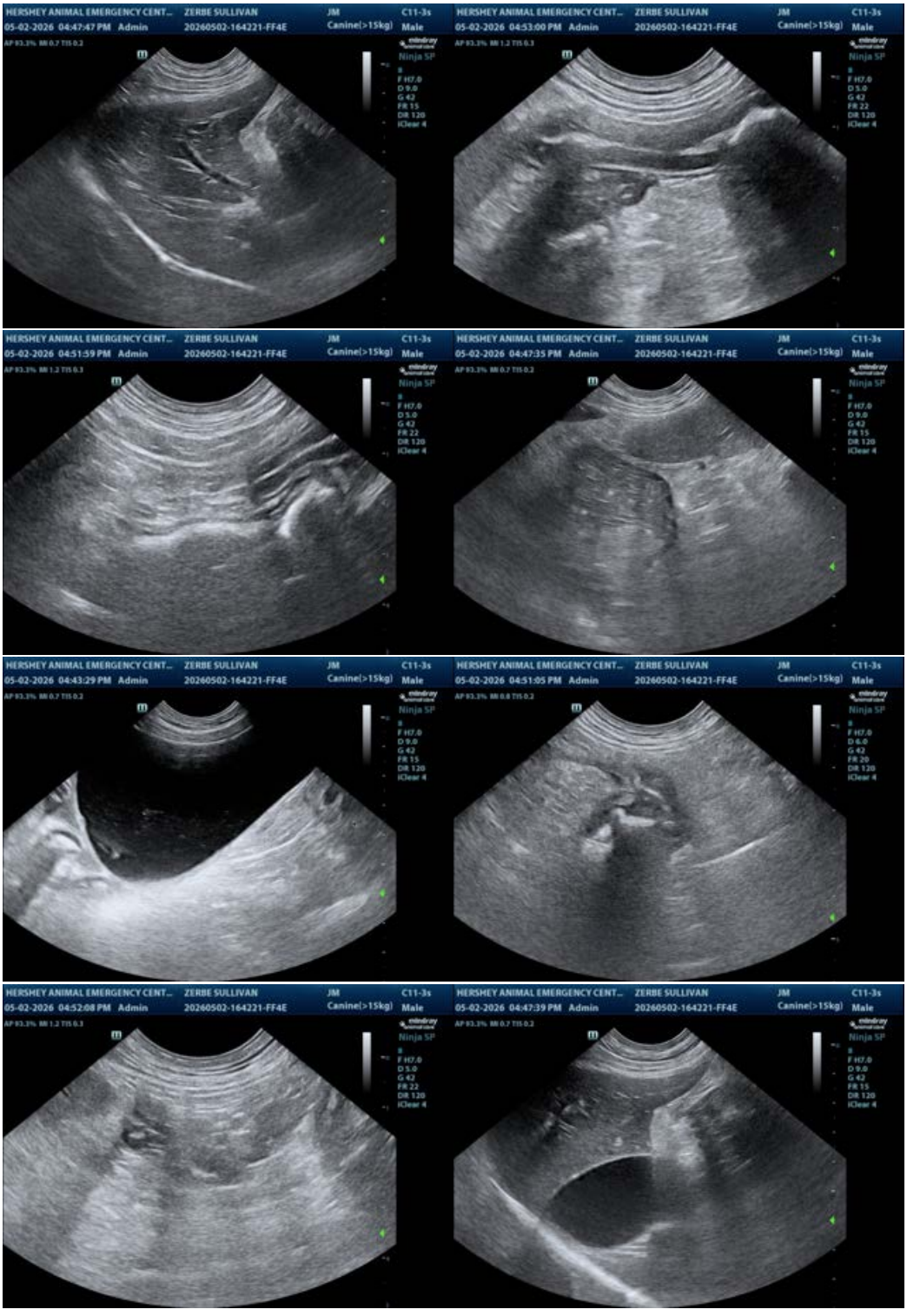

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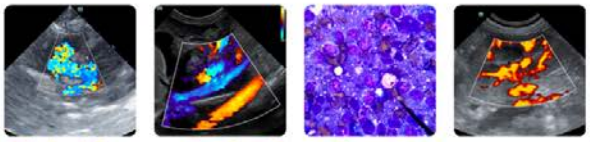

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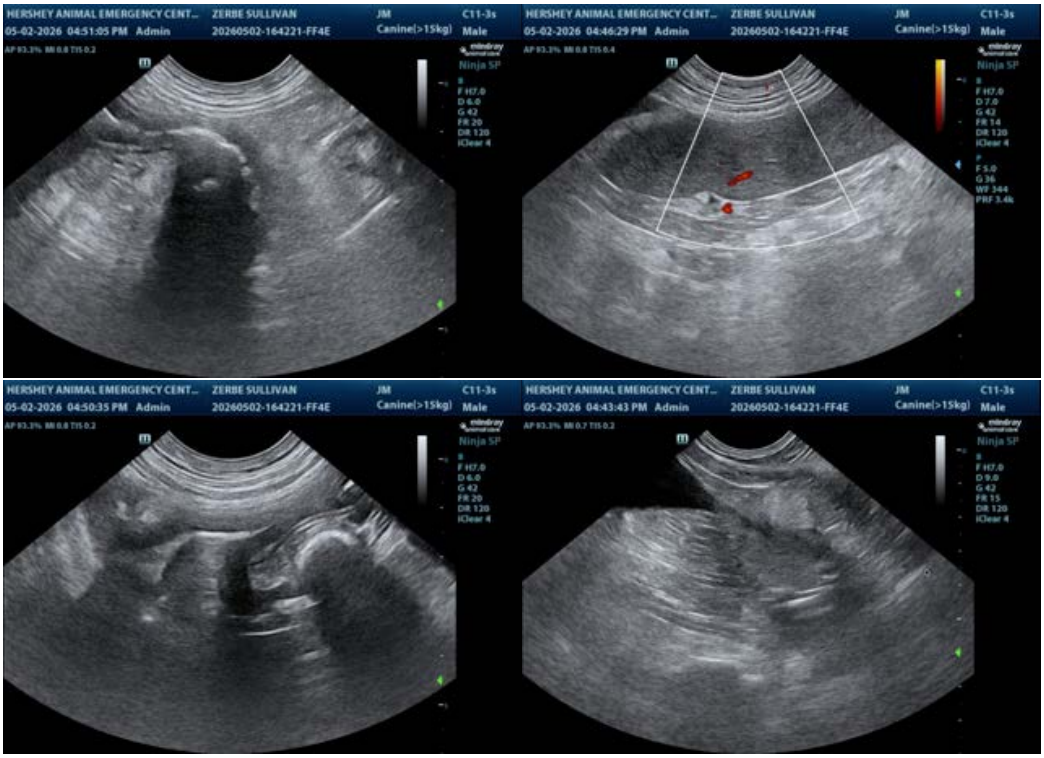

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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