

PATIENT

Bella Rios

PRESENTING CLINICAL SIGNS

History: Ingested a bag of small rubber bands

SPECIES

Canine

Notes to the Specialist: Vomited in the office a bunch of them - but stomach appears to have some more band and a small amt of fluid. - (Add'l images at end are best.) Intestines - Mid abdomen there is segment with ingesta + /- rubber band pieces-- peristalsis noted.? seems to been moving UB - empty +/- thickened wall Uterus - appears to have cysts --no babies seen :) - they were unsure about Heat cycle. Ovaries shows cyst(s).

BREED

Poodle

SEX

Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

AGE

Nov. 2021

WEIGHT

10.8 lbs.

The right kidney is normal in size (4.12 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (3.53 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

IMAGING

PERFORMED BY

Denise Bruno, LVT,
RDMS

Adrenal Glands

The right adrenal gland is normal in size (1.75 cm long, cranial 0.34 cm, caudal 0.44 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.02 cm long, cranial 0.35 cm, caudal 0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Mansour

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

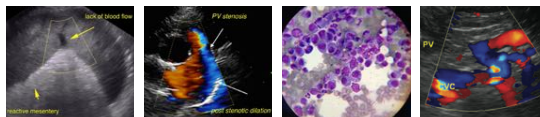
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DATE

3/21/2023

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal



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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with fluid, as well as, echogenic non shadowing luminal contents and gas, consistent with normal ingesta/chyme. As well as echogenic curvilinear densities that knowing this patient's history are consistent potentially with the ingested rubber bands. There is no evidence of obstruction, or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3

BREED

Poodle

contractions per min). The lumen of the small intestine is diffusely empty with no evidence of obstruction or foreign material. In the mid abdomen there is a focal loop of bowel that is mildly distended with fluid and echogenic contents. Again, consistent with normal chyme as well as similar appearing echogenic linear type densities consistent with the rubber bands. There is no evidence of an obstructive pattern and no evidence of plication visible in these images at this time.

SEX

Female

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

10.8 lbs.

Other

There is no evidence of free peritoneal effusion noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent lymphadenopathy noted in these images.

Both ovaries are visible and contain cystic areas. Interpretation of that is dependent on last heat cycle. The uterus is also visible and appears cystic with some concerns for cystic endometrial hyperplasia.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

ULTRASONOGRAPHIC FINDINGS

- Both the stomach and small bowel appear to potentially contain some of the ingested foreign material. However, it appears to be moving without an evident obstructive pattern, plication, etc. to indicate otherwise.
- Some concern in these images is present for cystic endometrial hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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At this time very close continued monitoring of the patient for the development of clinical signs is recommended, as is close monitoring of the stool for passage of the ingested rubber bands. If patient begins vomiting and/or straining to defecate and/or experiencing any other concerning clinical signs recheck imaging is recommended, at that time, to help determine whether or not surgery is warranted for an obstruction, again an obstruction is not visibly apparent in these images at this time.

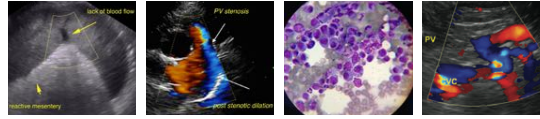
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Spaying this patient is recommended if intentions are not breeding.

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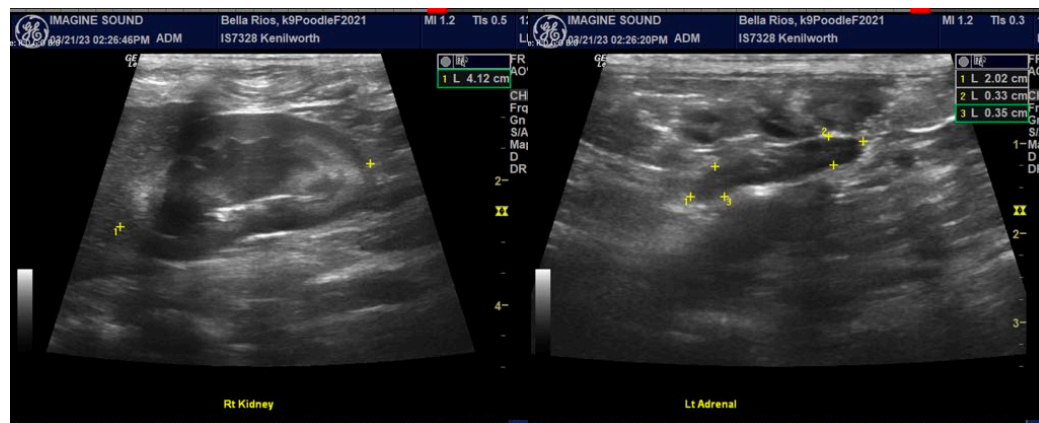
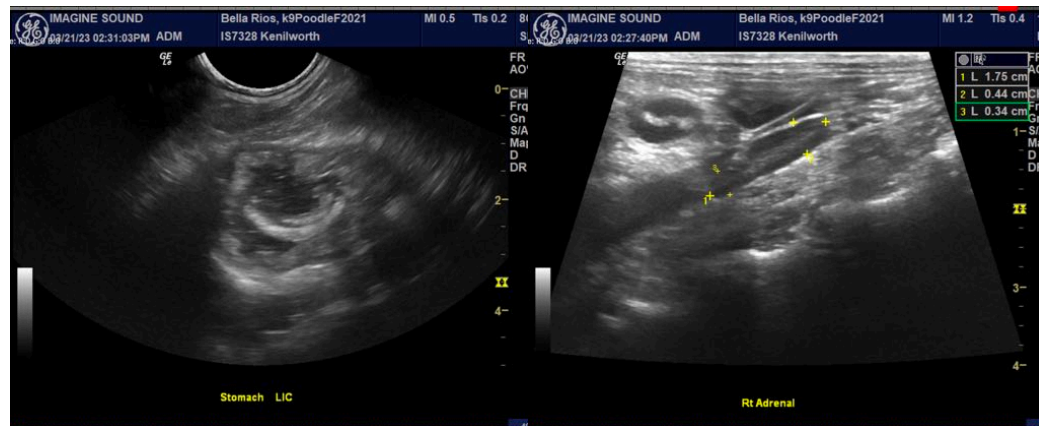
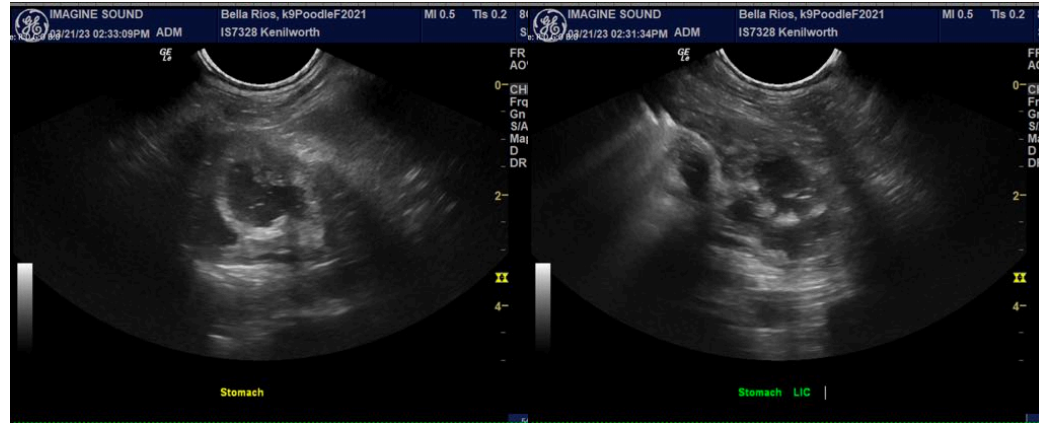
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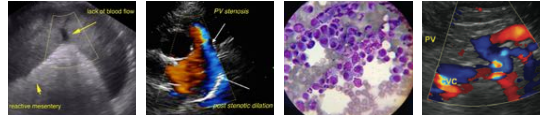
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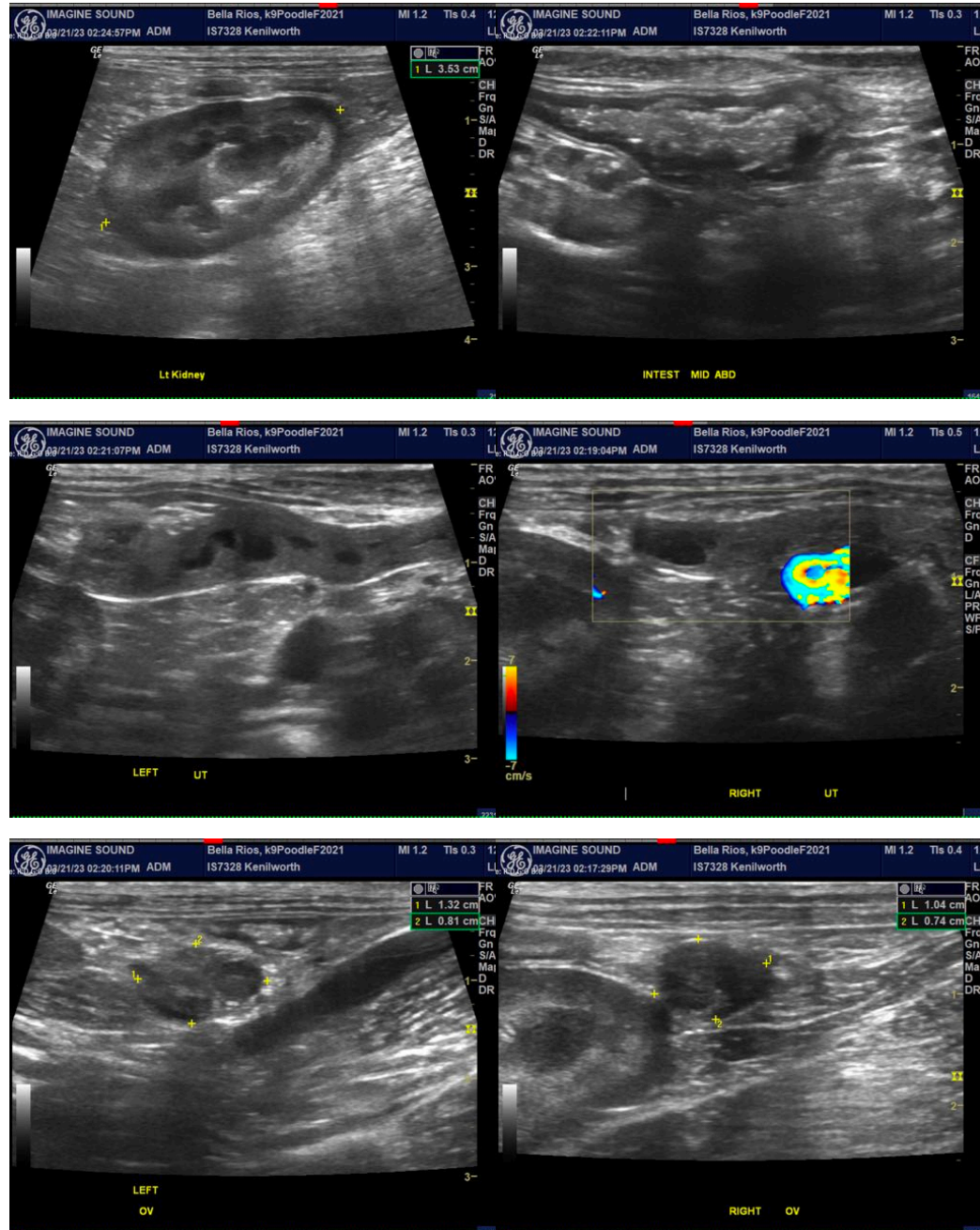
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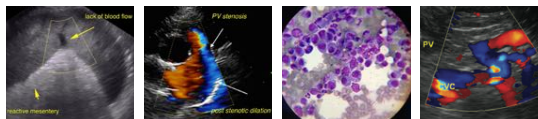
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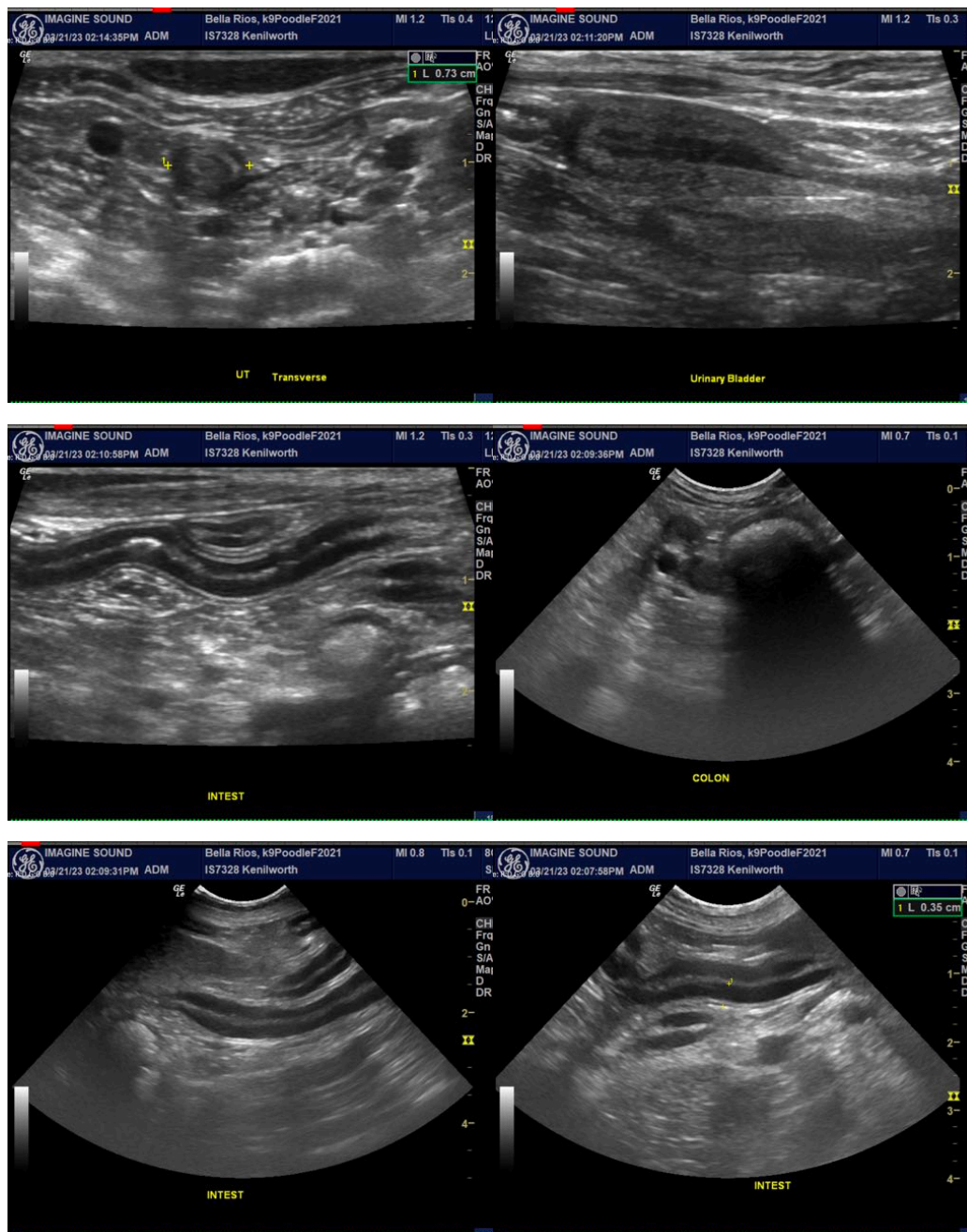
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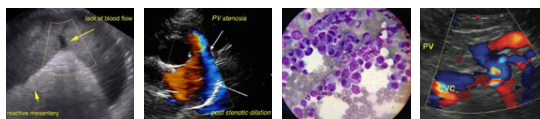
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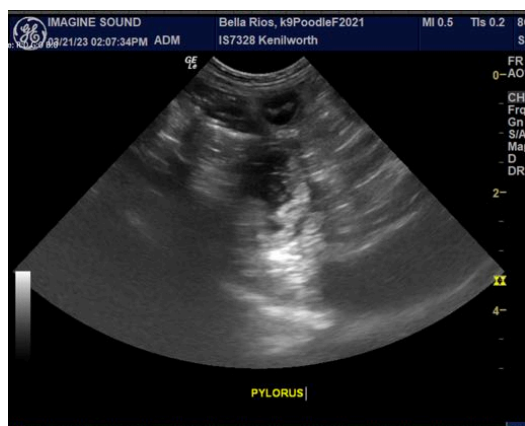
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com