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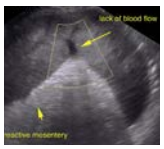
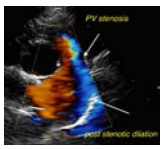
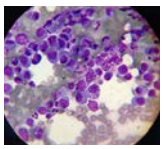
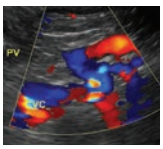

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1-800-838-4268 info@sonopath.com

PATIENT
Stanley Lenz

SPECIES
Canine

BREED
Boxer

SEX
Neutered Male

AGE
7 Years 6 Months

WEIGHT
70.6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Raul Casas

HOSPITAL NAME
State Ave Vet Clinic

REFERRING VET
Dr. Raul Casas

INVOICE
46796

DATE
4/20/23

PRESENTING CLINICAL SIGNS

Acting as if in a lot of pain Won't lay down Started earlier this week P got into a bunch of chicken grain Monday V+ a bunch Monday, some Tuesday that still had some grain Has been pretty lethargic Last night V+ a dark brown liquid a few times Did eat yesterday morning but V+ after Has not eaten since Has been drinking a little bit Did V+ about an hr ago, dark brown again with some foam Meds- thyro-tabs and another O is unsure of name but for bladder mass O unsure of stools currently Food- science diet sensitive stomach pending rad

Abnormal PE/Chem/CBC/UA Results: HGB- 21.4 g/dl HCT- 58.86% GLU- 128 mg/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. A 2.0 cm in diameter cystolith is noted within the lumen of the urinary bladder as well as a 2nd 0.60 cm cystolith suspected to be within the proximal urethra. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be definitively fully visualized in these images.

The right kidney is normal in size (7.39 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.

The left kidney is normal in size (7.66 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.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

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.

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.

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.

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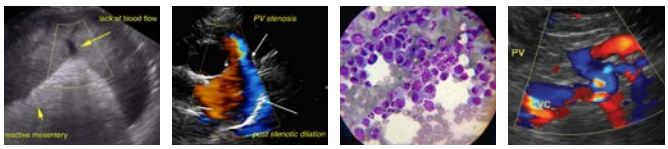

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.

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 contractions per min). There are multiple bowel loops throughout the abdomen that are distended with fluid and echogenic contents. The dilated loops include some small bowel as well as some large bowel. Additionally, there are some empty small bowel loops.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The descending colon has similar appearing progressively shadowing contents as the stomach.

Pancreas

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.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The gastric contents are concerning for a soft cloth/hair/potentially the grain density fluid absorbing foreign material with gastric distention and fluid to suggest at least partial gastric outflow obstruction or potentially delayed gastric outflow/ileus. Similar appearing contents are noted in the colon, so the grain is at least partially moving through. Having said that, there are multiple fluid dilated loops of bowel throughout this study that can't be definitively traced to determine small bowel versus large bowel but are not believed to be solely colon. That combined with some empty small bowel loops is concerning for at least a partial obstruction.

- Urinary bladder cystoliths and suspect proximal urethrolith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the fact that the known foreign substance ingestion was grain, a conservative option is to provide aggressive supportive/symptomatic medical management including IV fluids to maintain hydration and lubrication of the bowel, antiemetics, gastroprotectants, and prolonged fasting, with recheck imaging in 12-24 hours, or sooner if vomiting persists throughout medical management. Alternatively, an exploratory laparotomy could be planned to more definitively diagnose and eliminate any obstructive clumps of the grain, etc.

If surgery is elected, a concurrent cystotomy should be considered for cystoliths removal, prior to which a urinary catheter should be placed to try to push the proximal urethrolith into the urinary bladder.

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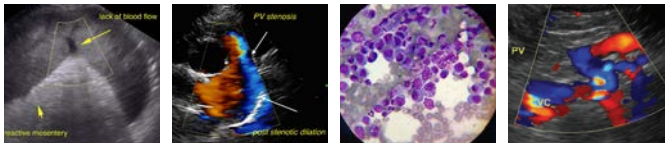

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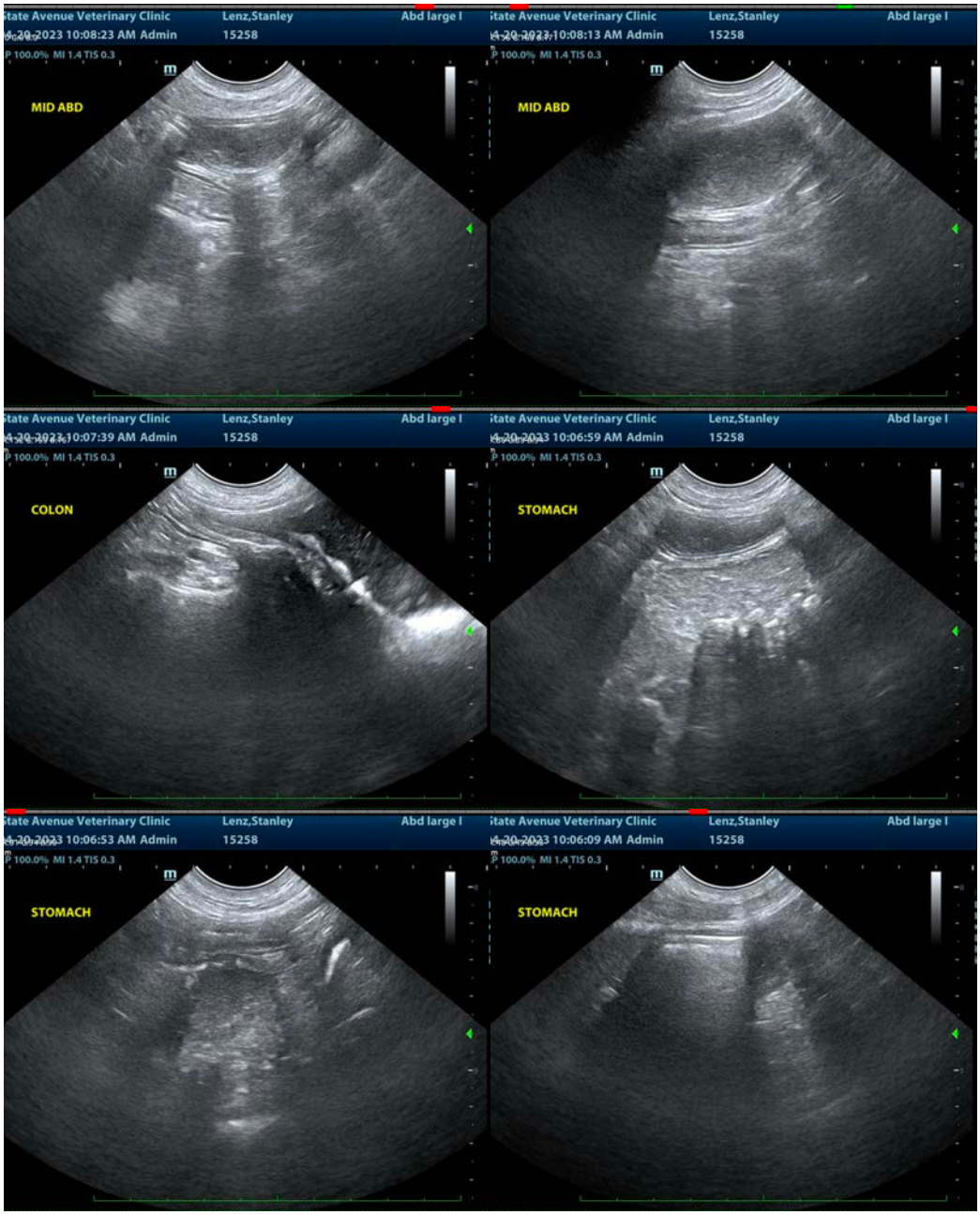

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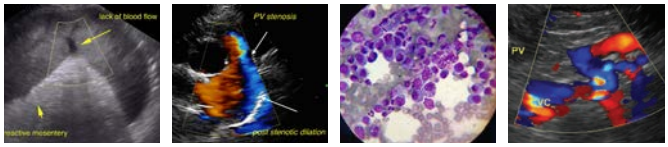

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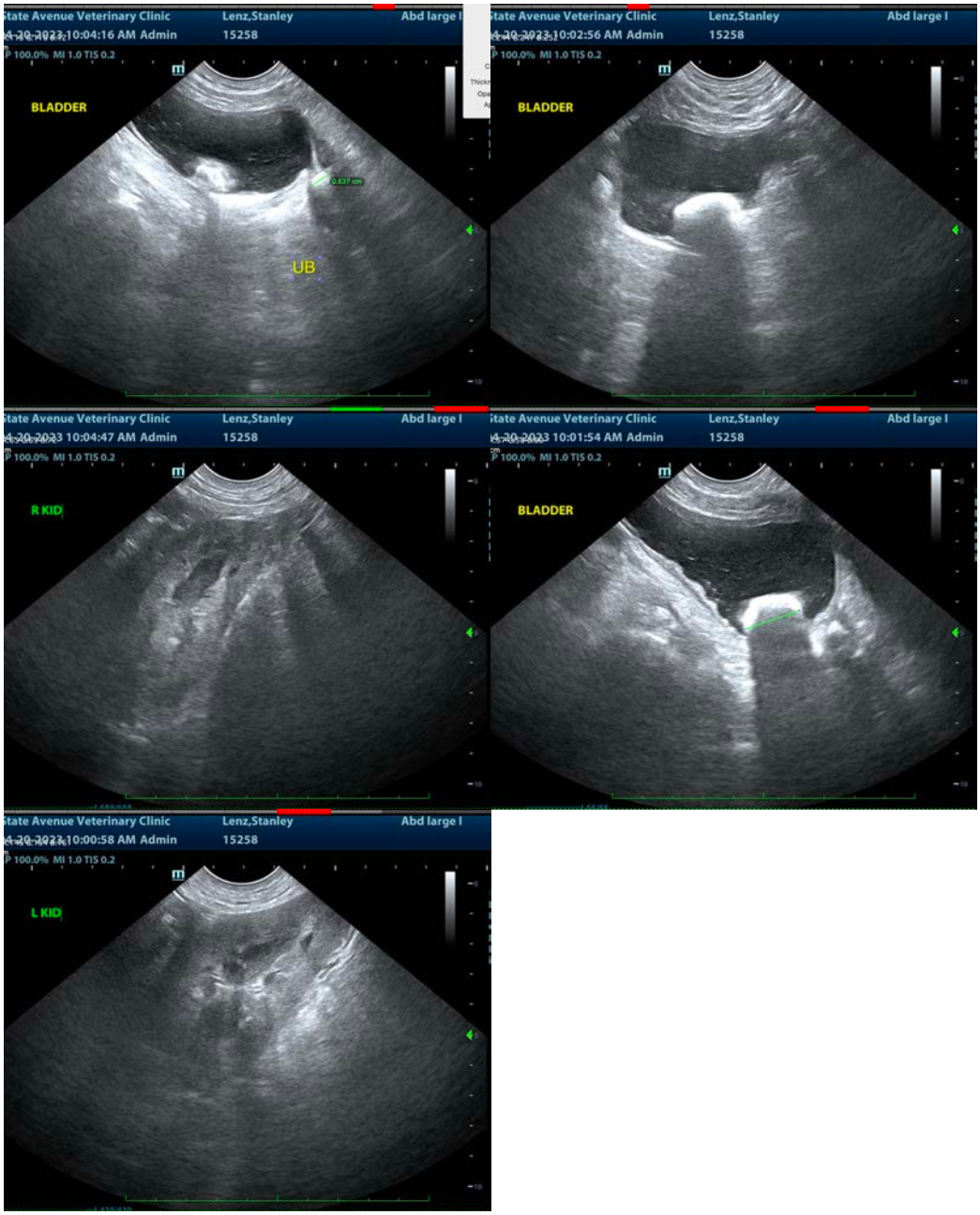

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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