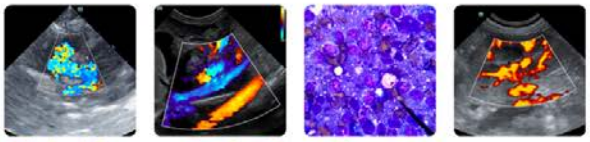


PATIENT

Wolfgang Novostat

SPECIES

Canine

BREED

GSD

SEX

Intact Male

AGE

1 Year

WEIGHT

36 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Brydon

INVOICE

75323

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Pt has been stress eating toys and abdomen has been painful over the last 24 hours. Pt has not been wanting to eat or drink over the last 24 hours either and has been very lethargic. O found part of toy in Pt stool yesterday AM. Pt vomited hair and undigested food. Pt has been walking gingerly as well. Previous Health Concerns: cryptorchid. Now hospitalized on IVF since last night.

Abnormal PE/Chem/CBC/UA Results: TruRapid: negative x 4 EPOC: pO2 56.7, pH 7.270, BE -5.7 - remainder WNL CBC: all values WNL CHEM: all values WNL Rads: 1. Normal thorax. 2. The appearance of the mixed opacity gastric contents is nonspecific. This may represent food, foreign material such as fabric/clothing or trichobezoar, or a combination of both. 3. Mild regional small intestinal dilation. Potential etiologies include enteritis/gastroenteritis and partial or transient distal obstruction by radiolucent foreign material. 4. Otherwise unremarkable abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (7.59 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 is size (7.42 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 right adrenal gland is unable to be well visualized in these images.

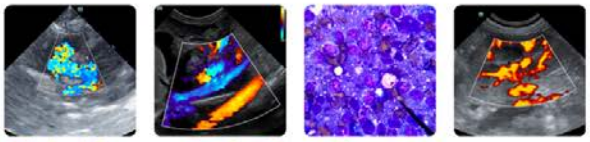
The left adrenal gland is normal in size (0.35 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. 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.



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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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended primarily with a small amount of fluid and gas as well as some echogenic non-shadowing contents consistent with a little bit of residual ingesta/chyme combined with a small amount of strong acoustic shadow from some echogenic contents that could represent foreign material with no visible evidence of obstruction.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Non-obstructive gastric foreign material cannot be definitively ruled out but does not appear obstructive at this time. Normal ingesta and gas versus foreign material is also a differential, however. Recheck imaging following an additional 12-24 hours of fasting could be considered.
- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive/symptomatic medical management of clinical signs while instituting an additional 12-24 hours of fasting is recommended followed by recheck imaging of the stomach. Alternatively, alternative imaging such as contrast radiography or even gastroscopy, if available, could be considered if a more definitive answer is elected sooner.

It sounds like the gastrointestinal signs are likely secondary to dietary indiscretion. However, if gastrointestinal signs persist and there is no foreign material discovered, further gastrointestinal workup recommendations include a routine fecal/giardia exam if not recently evaluated.

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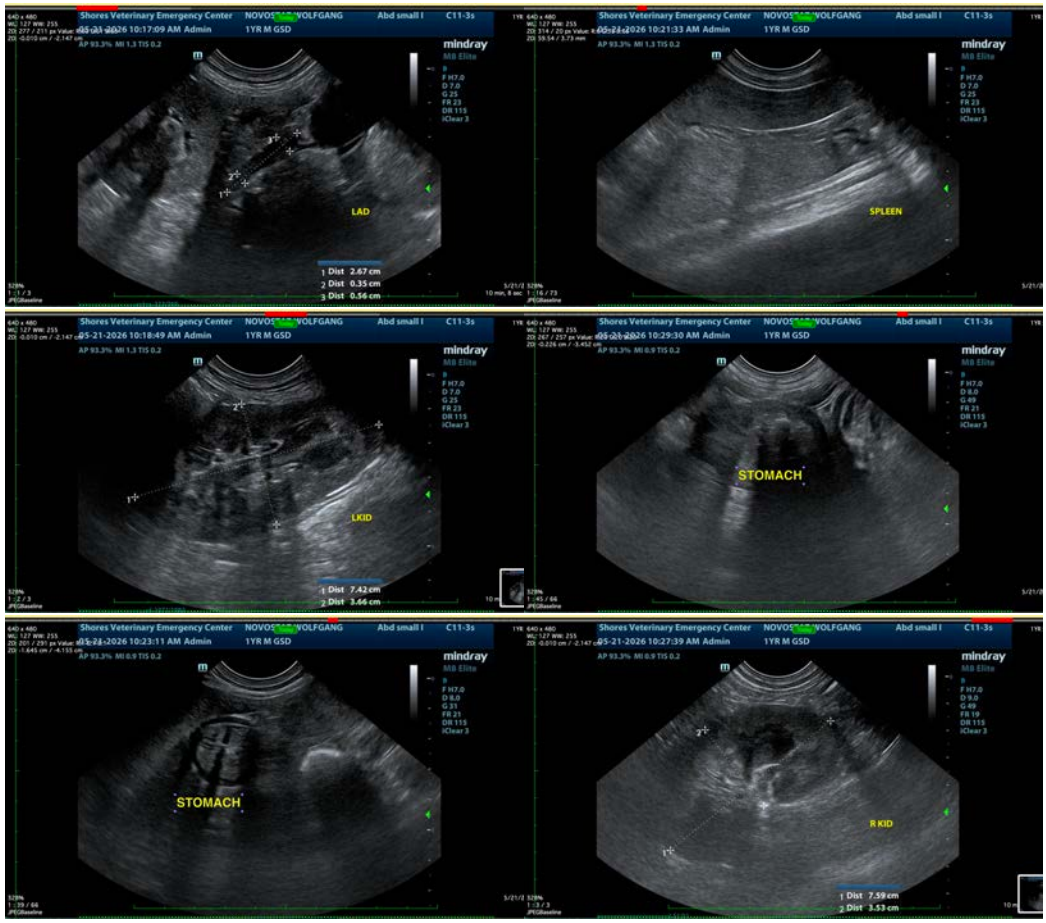
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.



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
info@sonopath.com