



PATIENT

Otis Zimmerman

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

6 Years

WEIGHT

13.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75435

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Initially presented 5/26 AM after ingesting half of a large body-cleaning sponge. Patient has not had any vomiting and diarrhea and has been fasted for approximately 24 hours now. Emesis was induced which produced about 16 fragments of chewed up sponge. Repeat fasted radiographs concerning for retained gastric material. PE: tiny corneal opacities central cornea OU. Mucous membranes pink/tacky, CRT <2s, moderate tartar/gingival erythema alopecia around anus.

Abnormal PE/Chem/CBC/UA Results: Initial rads (5/26 10am): Thorax unremarkable, stomach moderately distended with soft tissue material, some of which has a denser formed appearance consistent with foreign material, no obstructive pattern Post-emesis rad: Stomach still moderately distended with soft tissue material, slightly more uniform Repeat fasted rads (5/26 10pm): The stomach is full of heterogenous soft tissue opaque material. The small bowel is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The descending colon is mostly empty. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The urinary bladder appears normal. There is no evidence of free fluid or free gas in the peritoneal space.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (6.2 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 (5.5 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 area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.39 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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



PATIENT

Otis Zimmerman

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

6 Years

WEIGHT

13.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75435

DATE

5/27/26

homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly to moderately distended with some echogenic non-shadowing contents and gas and fluid consistent with normal ingesta/chyme, as well as some subtly progressive shadowing that could be associated with foreign material.

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

- Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- Given patient's reported fasting and reported induced vomiting of sponge pieces, suspicion of remaining foreign material pieces within the stomach is high. Having said that, retained normal ingesta, gas, etc. cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations, given the gastric contents, are in part dependent on patient's clinical signs, owner and attending clinician elected course, etc. Repeat induced vomiting could be considered. Given the reported vomiting of small pieces, continued monitoring could be considered in case the pieces pass, although there is risk for small bowel obstruction with that course of action. If more aggressive



PATIENT

Otis Zimmerman

intervention is elected, gastroscopy could be considered for further visual evaluation and removal of the pieces, although if there are numerous small pieces, gastroscopy could be difficult or unsuccessful, in which case surgical gastrotomy may be appropriate.

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

6 Years

WEIGHT

13.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75435

DATE

5/27/26



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