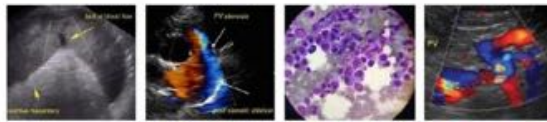


PATIENT	PRESENTING CLINICAL SIGNS
Zeus Figueria	History: Patient had FB surgery about 2 weeks ago and was doing well (April 13). Seen today for not acting himself since this past Sunday, vomiting on Sunday and all day BMs were very small. Vomiting is better but still occurring. Patient last ate yesterday at noon, was not eating at home. Did eat three small liver treats in room at hospital. No meds currently.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: See attached rad report. RBCs high, HCT high, HGB high, Retics low, Mono high, Na low 139(144-160) K low 3.0(3.5-5.8) Cl low 97(109-122)
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Doberman Pinscher	Urinary System 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.
SEX	
Intact Male	The prostate is difficult to fully visualize in these images. However, the visible prostate appears normal for an intact dog.
AGE	
2 years	Left kidney is normal in size (7.02 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.
WEIGHT	
26.6 kg	Right kidney is normal in size (6.94 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	Adrenal Glands Left adrenal gland is normal in size (2.06 cm in length / 0.52 cm at cranial pole / 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. Right adrenal gland is normal in size (1.49 cm in length / 1.28 cm at cranial pole / 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen 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.
Crystal Hill	
HOSPITAL NAME	Liver 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.
Beatties PH Stoney Creek	
REFERRING VET	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.
Salib	
INVOICE	Gastrointestinal The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of
12989	
DATE	
5.9.23	



PATIENT

obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

Zeus Figueria

SPECIES

The visible small intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Focally, in the midabdomen, there is a mildly distended bowel loop that contains an echogenic curvilinear interface and acoustic shadow, concerning for foreign material. The loop in question, however, cannot be definitively ruled out as colon.

Canine

BREED

Doberman Pinscher

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

SEX

Pancreas

Intact Male

The observed pancreas 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.

AGE

Free Abdomen

2 years

There is a scant amount of anechoic free fluid noted in these images, likely normal post-op finding. There is no apparent lymphadenopathy.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

26.6 kg

Findings

INTERPRETED BY

- The stomach contains gas and some echogenic material consistent with normal ingesta. However, the gas partially limits complete visualization and foreign material cannot be definitively ruled out.
- There is concern for foreign material within a loop of bowel in the midabdomen as well, given the acoustic shadow. However, the loop in question cannot be definitively determined to be small bowel vs colon. There is no supporting small bowel obstructive pattern, plication, etc., to help support a small bowel obstruction.
- The scant amount of anechoic free fluid is likely normal post-op variant. However, other more pathologic differentials including septic fluid cannot be ruled out without sampling.

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Beatties PH Stoney
Creek

- There is some concern for foreign material, given the appearance of the bowel loop described above. However, it may be in the colon. There is no supporting obstructive pattern, plication, etc. to support a complete small bowel obstruction in these images at this time. However, a partial or early obstruction cannot be ruled out. Recommendations include symptomatic/supportive medical management of gastrointestinal signs, including antiemetics, fluid therapy, etc., combined with an additional 12-24 hours of fasting, followed by recheck imaging, both x-rays and ultrasound at that time, if possible. Recheck imaging and/or an exploratory laparotomy should be considered sooner if clinical signs persist. However, the possibility of a negative exploratory should be communicated to the owners.

REFERRING VET

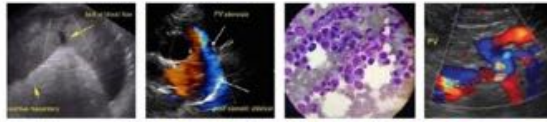
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PATIENT

Zeus Figueria

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Intact Male

AGE

2 years

WEIGHT

26.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Salib

INVOICE

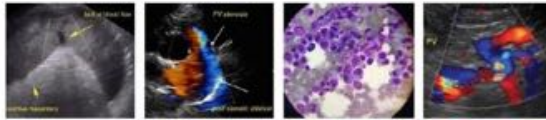
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The information and recommendations provided are based on the images presented by the referring



PATIENT

Zeus Figueria

veterinarian. 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.

SPECIES

Canine

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

BREED

Doberman Pinscher

SEX

Intact Male

AGE

2 years

WEIGHT

26.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Salib

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