



PATIENT PRESENTING CLINICAL SIGNS

Padmin Riedel Ate a rib end on Sunday now I'd Inappetent, lethargic and retching and gagging.
Abnormal PE/Chem/CBC/UA Results: Normal

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder is moderately 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.

Boston Terrier

SEX The right kidney is normal in size (4.07 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.

Spayed Female

AGE The left kidney is normal in size (4.8 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.

5

WEIGHT Adrenal Glands

9.9 kg The right adrenal gland is normal in size (0.59 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.53 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Dr. Belan

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.

HOSPITAL NAME

Liver

Fish Creek Pet Hospital

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.

REFERRING VET

Dr. Duce

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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Gastrointestinal

DATE

6/14/23

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT

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

Padmin Riedel

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Boston Terrier

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

SEX

There is no apparent lymphadenopathy noted in these images.

Spayed Female

Other

AGE

The distal esophagus appears to have a mildly thick, hyperechoic wall with some remodeling noted. Additionally, the distal esophagus appears mildly distended with fluid and echogenic mineral or possibly bone debris, which cannot be ruled out given this patient's history.

5

WEIGHT

ULTRASONOGRAPHIC FINDINGS

9.9 kg

- Mildly thick, irregular, fluid distended distal esophagus with luminal contents – concerning for remnants of the reported rib bone ingested by this patient. Severe esophagitis versus partial or even complete obstruction can't be definitively determined.
- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Further diagnostic recommendations for this patient could include thoracic radiographs (especially given that the suspect foreign esophageal material is likely at least partially bone) +/- a contrast study to help determine dilation/obstruction, etc. Or, pending owner and attending clinician wishes based on patient's clinical status, an upper GI esophagoscopy/gastroscopy could be considered for foreign body management/retrieval if discovered.

Dr. Belan

HOSPITAL NAME

Depending on what is in the esophagus, advancing it into the stomach versus retrieving it orally may be the appropriate decision. Medical management of esophagitis/gastritis before and after esophagoscopy is recommended in the form of antiemetics and gastroprotectants including sucralfate. These owners should be educated, if there is a bone stuck in the distal esophagus, about future risks of stricture and educated about to watch for, etc.

Fish Creek Pet Hospital

REFERRING VET

Dr. Duce

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Dr. Johnson would appreciate any follow up on this patient – beth.johnson@sonopath.com

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SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

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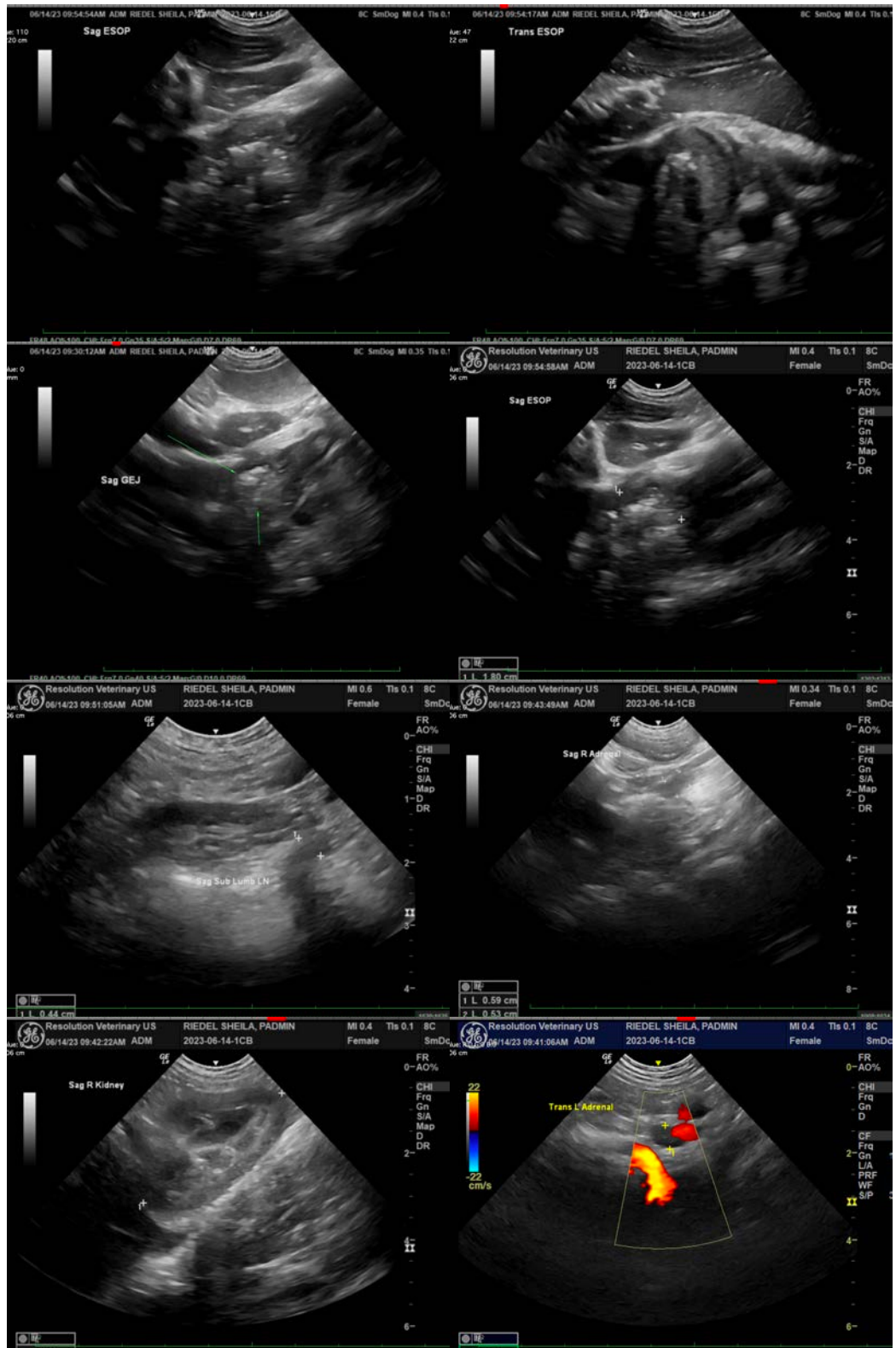
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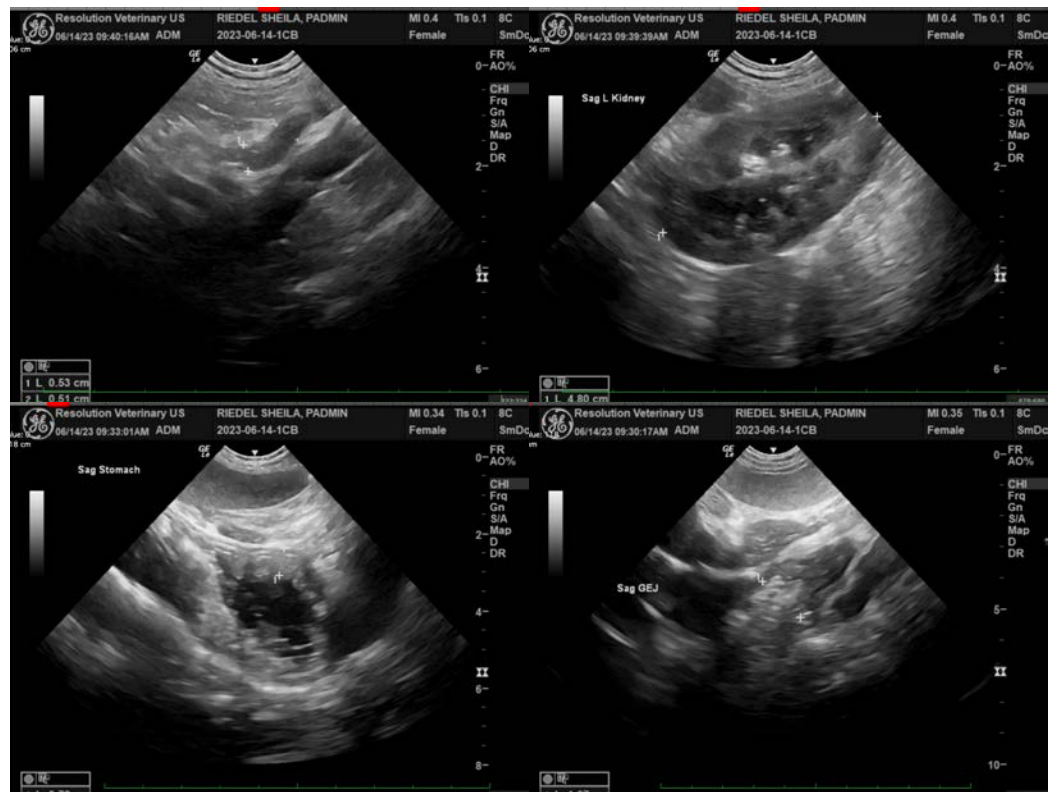
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com