



**PATIENT PRESENTING CLINICAL SIGNS**

Sunny Taylor Vomiting x 2 days that resolved 24 hours ago diarrhea persists radiographs concerning for ileus vs gastric FB.

**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.

**SEX** The right kidney is normal in size (5.54 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 (4.73 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.

1.5 Years

**WEIGHT Adrenal Glands**

11.7 kg The right adrenal gland is unable to be well visualized in these images.

**INTERPRETED BY** The left adrenal gland is normal in size (0.36 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM  
DACVIM

**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.

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**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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**REFERRING VET**

Dr. Laura de Cordon

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.

**INVOICE Gastrointestinal**

43104 The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with echogenic non-shadowing luminal contents and gas, most consistent with normal ingesta, as well as a 1.7 cm hyperechoic curvilinear interface with some acoustic shadowing near the pylorus that could potentially represent a non-obstructive or potentially intermittently obstructive foreign object. There is no evidence of infiltrative disease.

**DATE**

6/14/23

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



**PATIENT**

infiltrative disease. Proximally, the duodenal lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. More distally, the lumen is empty.

Sunny Taylor

**SPECIES**

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

Canine

**Pancreas**

**BREED**

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.

Doodle

**SEX**

**Free Abdomen**

Spayed Female

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

There is no apparent lymphadenopathy noted in these images.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

1.5 Years

- The appearance of the gastrointestinal tract, stomach, and proximal small bowel is most consistent with normal ingesta and gas, although having said that, similar appearing foreign material cannot be definitively ruled out. The object within the stomach that appears different from the remaining ingesta/foreign material is more concerning for a possible foreign object, however it doesn't appear obstructive at this time. An intermittent "ball valve" phenomenon could be causing vomiting.

**WEIGHT**

11.7 kg

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Beth Johnson, DVM  
DACVIM

This patient's clinical presentation of vomiting that has resolved and persistent diarrhea is atypical for an obstruction (i.e., gastric foreign body) but not impossible. Having said that, the top differential for this patient, given that history and the lack of definitive evidence for an obstruction ultrasonographically, is dietary indiscretion, gastroenteritis, etc. with a partially obstructive, intermittently obstructive, or non-obstructive gastric foreign body not able to be definitively ruled out.

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Therefore, recommendations are continued supportive/symptomatic medical management of clinical signs and possible gastroenteritis including empirical deworming with a 5-day course of Panacur, etc., a probiotic such as Visbiome or Provable, and an additional 12-24 hours of fasting followed by recheck imaging if clinically signs, especially vomiting or inappetence, persist. If diarrhea persists, 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.

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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**SPECIES**

Canine

**BREED**

Doodle

**SEX**

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**AGE**

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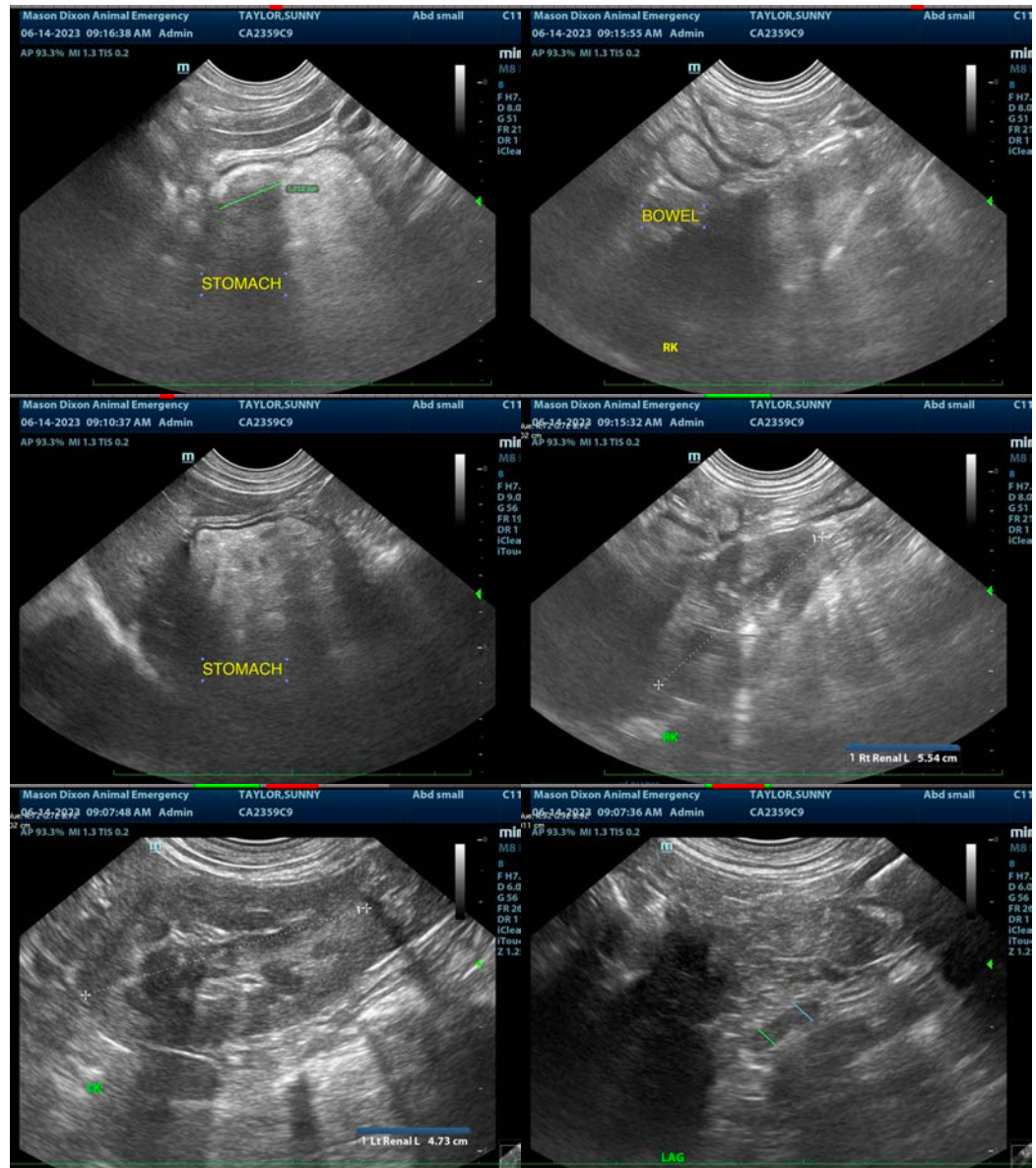
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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