

**PATIENT**

Jethro Baydoun

SPECIES

Canine

BREED

Shepherd/Husky X

SEX

Neutered Male

AGE

9 Months

WEIGHT

53 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

39449

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Abdomen soft, no palpable dilated loops of intestine, rectal exam- large amount of stool present- removed formed stool with woodchip material within feces. Recent hx of blanket ingestion 3 days ago. No vomiting, normal appetite since. Reviewed concerns for development of obstruction, recommend abdominal radiographs today. Reviewed may have interference from recent meal at 12:45pm today. If gastric fb can consider inducing vomiting. Rec. SQF to support GI motility.

Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: Abdominal radiographs- ingesta present within stomach, feces and gas throughout GI tract - unable to rule-out fb within stomach or intestinal tract, no overt obstructive pattern seen. Reviewed findings with O, O consented to inducing vomiting to see what gastric contents contained. Reviewed side effects with clevor ie. Tachycardia, sedation, prolonged vomiting, aspiration pneumonia secondary to emesis Tx: Applied clevor 2 drops OS only- vomiting induced within 15 minutes, Vomited two piles of partially digested food, followed by multiple episodes of bilous vomiting. Vomiting ceased prior to discharge. O notified vomiting may occur over next 1 hour. If profuse vomiting or vomiting after 4 hours of med, if diarrhea develops, or if unable to pass feces, recommend O seek emergency care Rechecked lateral radiograph- moderate amount of gas within stomach, intestinal contents moving into colon- plan to monitor motility and to see if P will pass fb over the next 24 hours.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

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

The right kidney is normal in size (6.81 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 in size (7.3 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 normal in size (0.60 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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

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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**BREED**

Shepherd/Husky X

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

SEX

Neutered Male

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.

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

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Pancreas

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.

Free Abdomen**INTERPRETED BY**Beth Johnson, DVM
DACVIM

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

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. **This presentation is appropriate for the patient's age.

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ULTRASONOGRAPHIC FINDINGS

- There is no evidence of an obstructive pattern, bowel plication and/or foreign material to indicate presence of the reportedly ingested blanket. Partial obstruction of foreign material can't be definitively ruled out, but is considered unlikely based on these images.
- Reactive mesenteric lymph nodes – Appropriate for a patient of this young age.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

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Recommendations include:

- Resuming normal feeding and activity with close monitoring, and if gastrointestinal signs develop, recheck abdominal imaging with both x-rays and ultrasound, ideally fasted, should be evaluated.

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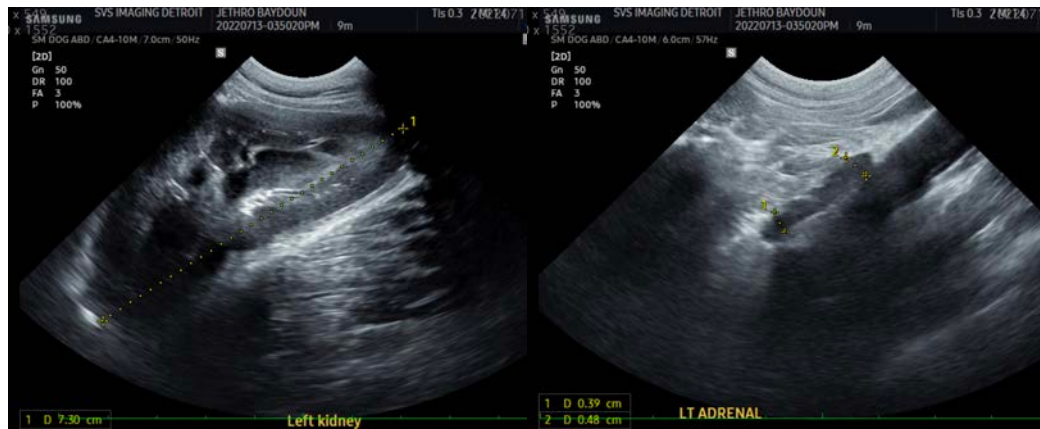
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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