

**PATIENT PRESENTING CLINICAL SIGNS**

**Milo Popazu**  
Milo presented Aug 26<sup>th</sup> with a three week history of inappetence while at a boarding facility since Aug 3<sup>rd</sup>. Owner is still overseas in Romania until Sept 3. Some food changes by owner prior to boarding. Aug 26<sup>th</sup> reg DVM single lateral radiograph showed an empty stomach and no granular material. Same day was presented to Ham Emerg for further inappetence and BCS of 1.5/5. Weight today is 14.6kg. Aug 27-28<sup>th</sup> some bites of food with coaxing and seemed bright and was able to reach hydration and body weight of 16kg. August 29<sup>th</sup> rads taken and sent for rad report, report indicated decreased abdominal detail, distended stomach with patent pylorus. Granular material in stomach appears to look like cat litter which was not commented on the report. Due to further decline, quite depressed today and +++ regurgitation ultrasound was scheduled.

**Canine**  
Abnormal PE/Chem/CBC/UA Results: Hypokalemia 2.9 Creatinine very low due to muscle wasting severe 28(44-159) ALT 176 (125)

**BREED**

Labradoodle

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

3 Years

**WEIGHT**

14.6 kg

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

The right kidney is normal in size (6.17 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**

Beth Johnson, DVM  
DACVIM

The left kidney is normal in size (5.3 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 (1.9 cm long x 0.87 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Crystal Hill

The left adrenal gland is normal in size (2.4 cm long x 0.66 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

**REFERRING VET**

Dr. Rubino

**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.

**INVOICE**

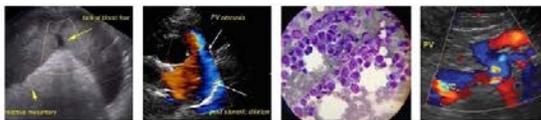
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**Liver**

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.

**DATE**

8/29/22



**PATIENT**

Milo Popazu

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**

**SPECIES**

Canine

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is markedly distended with echogenic fluid and hyperechoic granular material near the pylorus with strong acoustic shadowing, concerning for foreign material.

**BREED**

Labradoodle

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). However, the proximal small bowel is markedly plicated, followed by more normal appearing, empty bowel beyond the plication.

**SEX**

Neutered Male

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

**Pancreas**

**AGE**

3 Years

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**

**WEIGHT**

14.6 kg

There is a scant amount of anechoic free fluid noted.

The 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- **Markedly echogenic fluid distended stomach with shadowing material near the pylorus** – concerning for foreign material. Given the concurrent proximal small bowel plication, a linear foreign body anchored in the stomach is the top differential. The plication appears relatively uniform and there is no definitive foreign material observed. Therefore, a severe gastroenteritis cannot be definitively ruled out, but is considered much less likely, especially given the focal nature of the plication versus a diffuse change.

**IMAGING PERFORMED BY**

Crystal Hill

- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**HOSPITAL NAME**

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- Scant amount of anechoic free fluid

**SECONDARY FINDINGS**

**REFERRING VET**

Dr. Rubino

- Urinary bladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

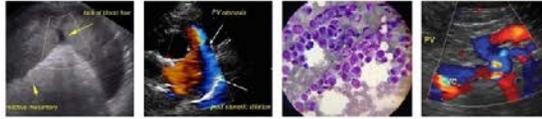
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Given the chronicity of this patient's clinical signs combined with the ultrasound changes, recommendations are an exploratory laparotomy to find and remove the foreign body as well as any irreparably diseased bowel, if necessary. In the very unlikely change that this is not a foreign body, biopsies of the bowel would be recommended. Given this patient's hydration status and electrolyte abnormalities, patient stabilization as quickly as possible is recommended prior to surgery.

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**SPECIES**

Canine

**BREED**

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Neutered Male

**AGE**

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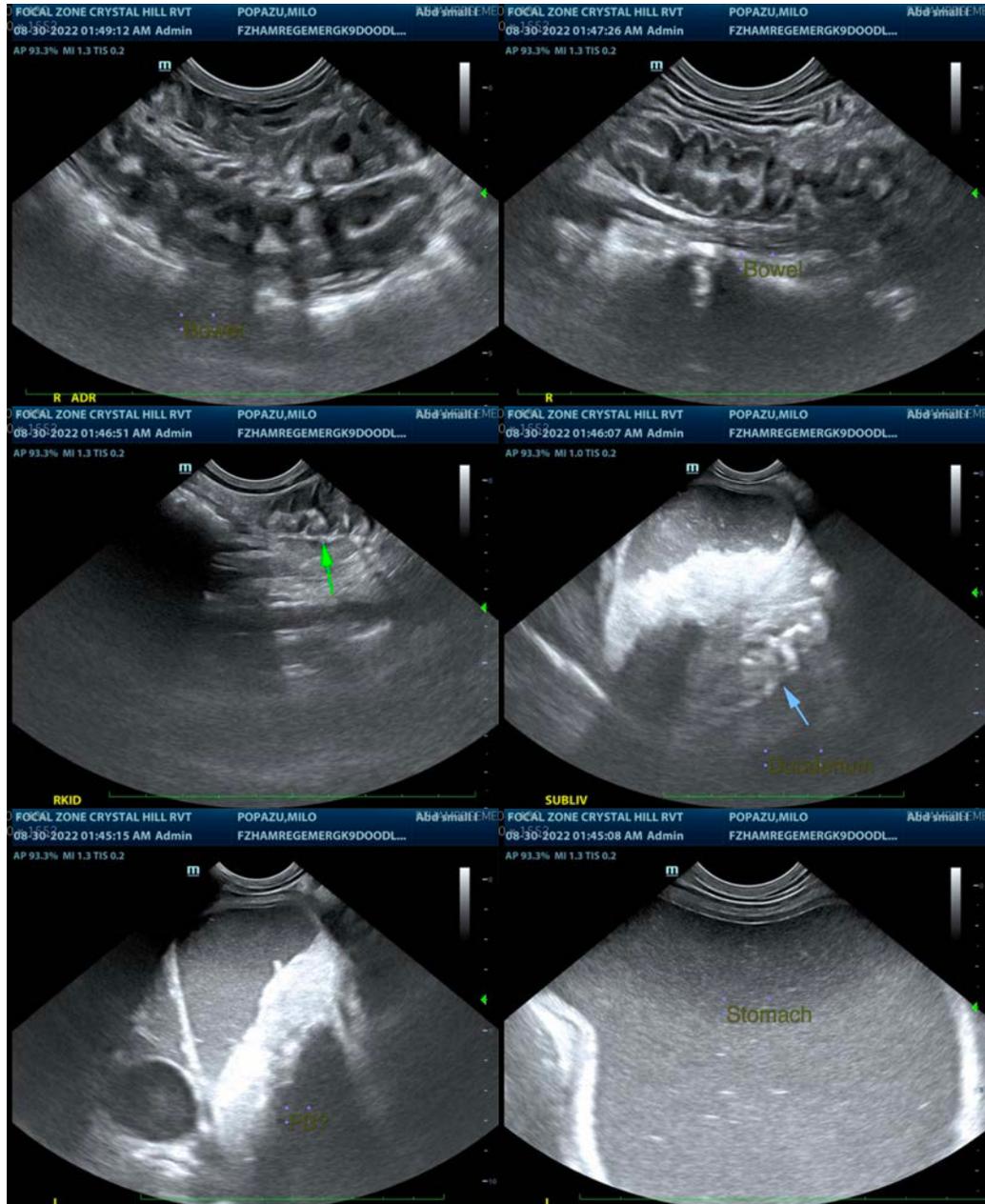
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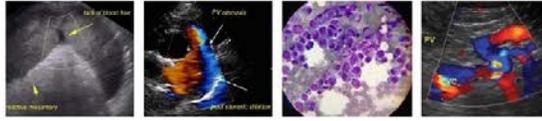
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**PATIENT**

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**SPECIES**

Canine

**BREED**

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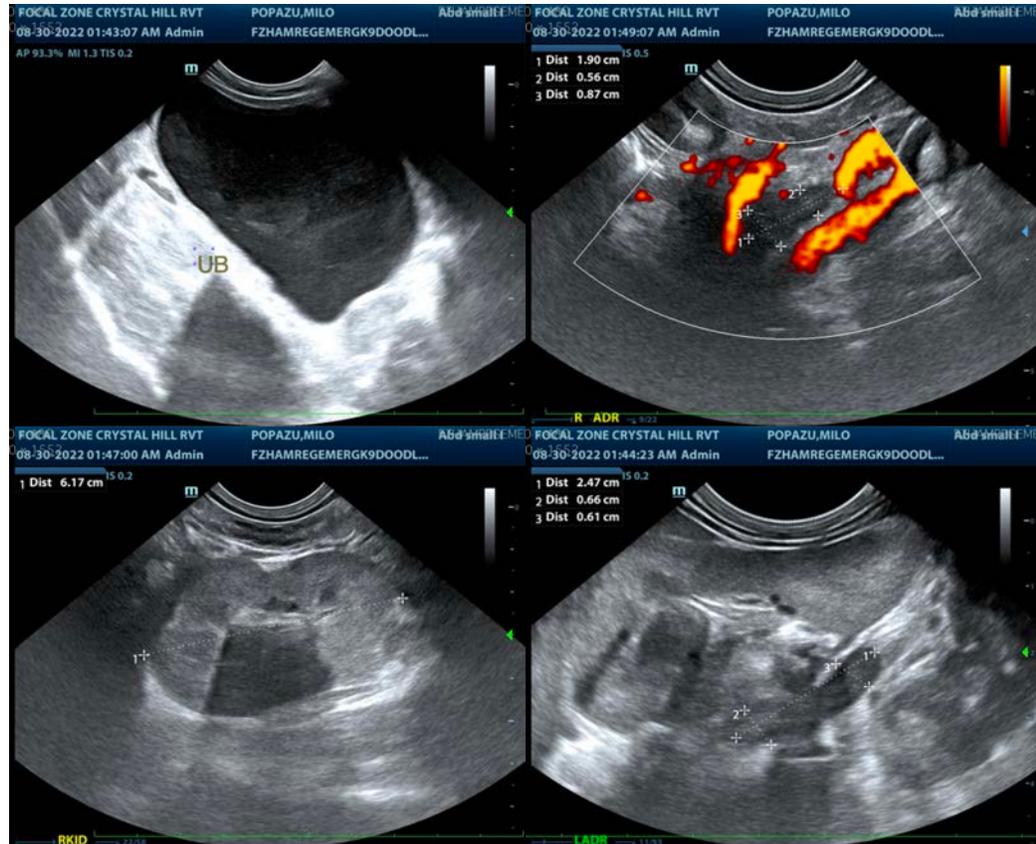
Neutered Male

**AGE**

3 Years

**WEIGHT**

14.6 kg



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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**  
Beth.Johnson@sonopath.com