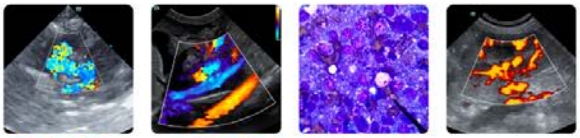

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Mabel Sargent

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

2 Years

WEIGHT

33 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hawkins Animal Hospital

REFERRING VET

Dr. Hawkins

INVOICE

72309

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Chewed up a hard plastic frisbee 10 days ago. Last night vomited a 2.5 cm piece of frisbee and a hairband. Blood in vomit. No diarrhea and very bouncy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left measures 6.06 cm. Right measures 6.43 cm.

Adrenal Glands

The caudal poles of both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.37 cm in length x 0.62 cm in thickness. Right measures 2.56 cm in length x 0.70 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains gas shadowing obstructing visualization. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The small intestines are generally of uniform thickness with normal wall layering. There are no visible distended loops of intestine. There is some ingesta noted in intestinal loops and gas shadowing throughout. There are focal areas with some hard shadowing material, which may represent foreign material that is non-obstructive. Heavy panting throughout the exam and continuous motion does not allow for definitive identification of the exact location of potential shadowing material. There is no sign of small intestinal obstruction.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

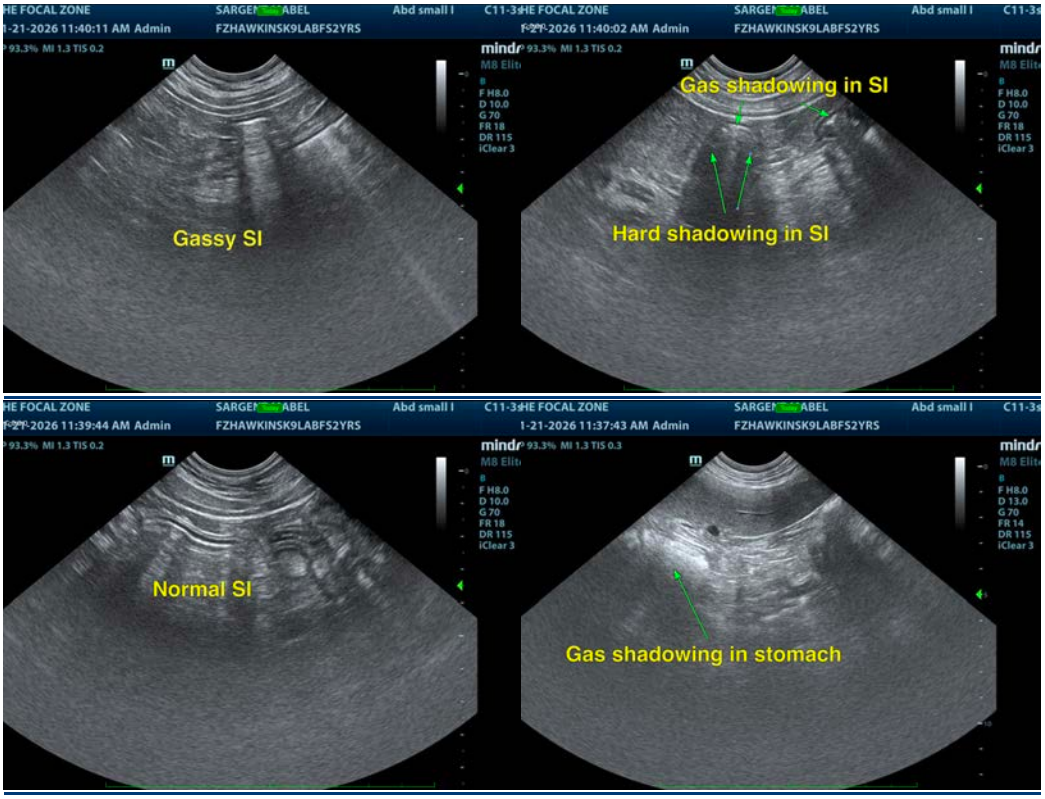
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Gas throughout GI tract, possible shadowing foreign material in small intestine, no signs of intestinal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are a couple suspicious areas for shadowing foreign material within the small intestine but no sign of small intestinal obstruction. There is a large amount of gas throughout the entire GI tract, which somewhat hinders visualization. In the absence of clinical signs, continued monitoring is reasonable. Abdominal radiographs may be of use to better visual gastric contents, which cannot be evaluated on ultrasound due to gas in the stomach, as well as to visualize the small intestines. Serial radiographs may be of use to monitor for movement of foreign material if visible on radiographs.



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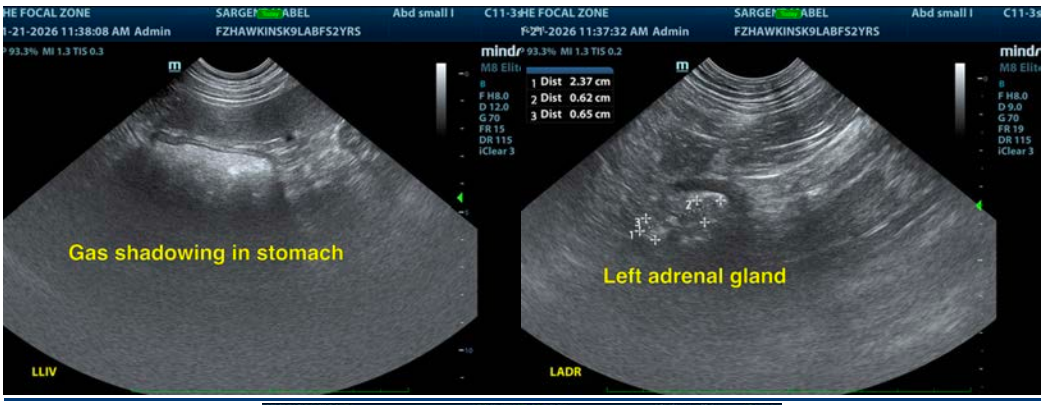

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com