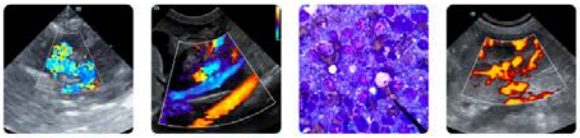

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Theo Kordestani

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

7 Years

WEIGHT

19.7 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Armstrong

INVOICE

73554

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Vomited 5 days after vaccine for 2 days. Stools normal but maybe mucousy. Eating well, almost back to normal, some retching. Reason for vomiting?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small, and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal focal 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 kidney measures 6.09 cm. Right kidney measured 6.04 cm.

Adrenal Glands

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 2.28 cm in length x 0.41 cm at the caudal pole and 0.44 cm at the cranial pole. Right measures 1.88 cm in length x 0.72 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. **Visualization of the liver was somewhat hindered by gastric distention and apparent heavy panting.*

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

Gastrointestinal

The stomach is severely distended with echogenic non-shadowing fluid with thinning of the gastric wall. The proximal duodenum and other sections of small intestine are also dilated with similar appearing fluid and back and forth fluid motion. There is shadowing material within the GI tract. Exact location cannot be determined.

The ileocecal junction was not distinctly visualized. Sections of colon are visualized with gas shadowing. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

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Free Abdomen

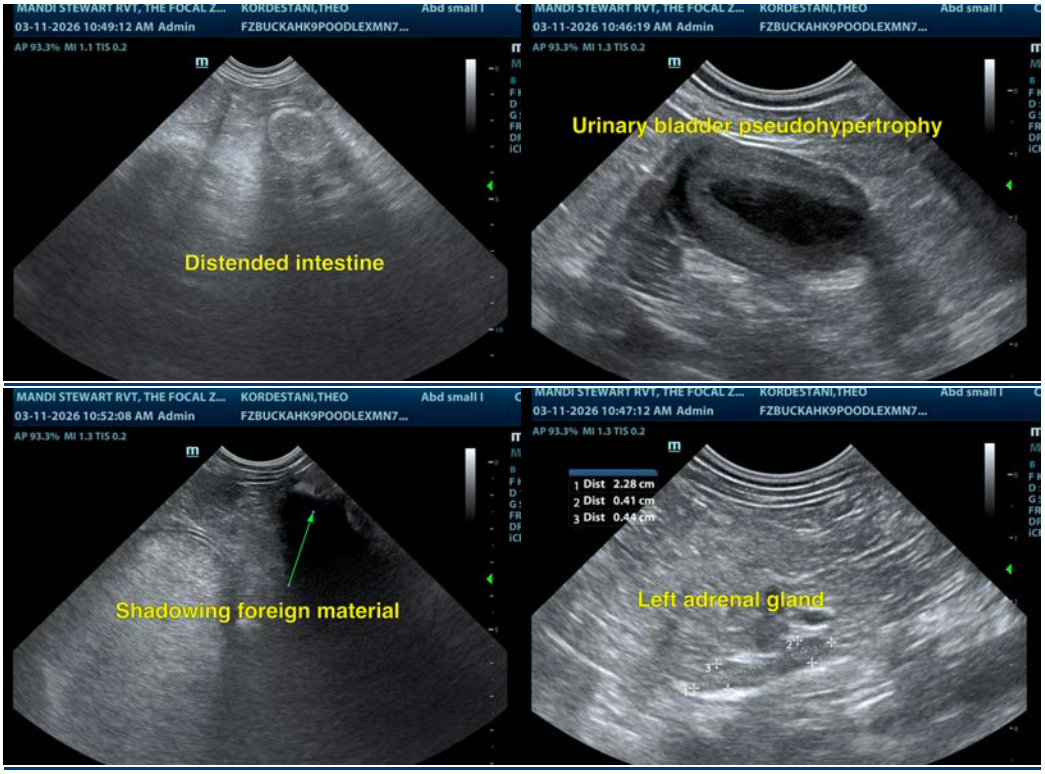
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Severe gastric distention with fluid, small intestinal distention with fluid, with shadowing material – concern for obstructive foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of gastric distention together with segmental small intestinal distention as well as shadowing material and clinical signs is most concerning for obstructive foreign body. Abdominal explore should be strongly considered.



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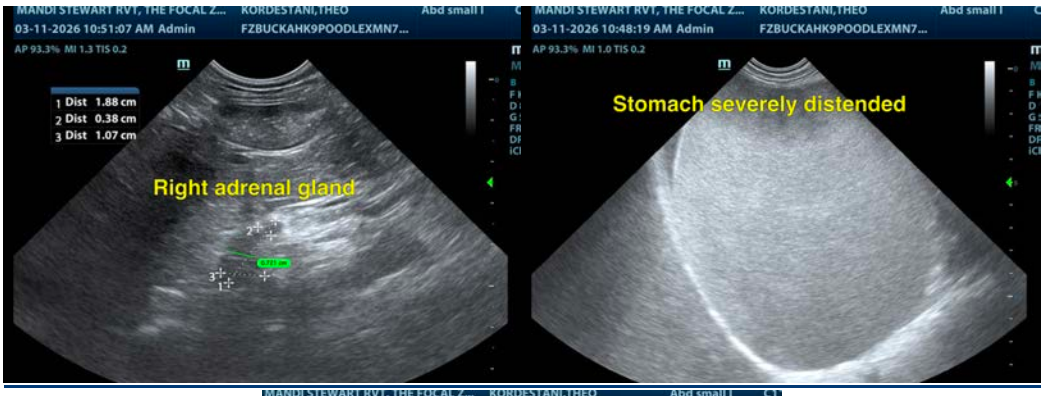

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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