



PATIENT

Winston Vandean

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

10 Months

WEIGHT

8 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Denville Animal
Hospital

REFERRING VET

Dr. Reddy

INVOICE

16226

DATE

06/01/26

PRESENTING CLINICAL SIGNS

Foreign body in abdomen

Abnormal PE/Chem/CBC/UA Results: Hgb wbc neu mpv glu alkp = high Eos amyl = low Ua pro 2+
ubc3+ bil 2+

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 prostate is not visualized.

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. The left kidney measured 4.47 cm in length. The right kidney measured 4.02 cm in length.

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. The left adrenal gland measured 1.19 cm in length and 0.33 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 1.93 cm in length and 0.44 cm at the caudal pole and 0.42 cm at the cranial pole.

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 is significantly distended with anechoic fluid, with hyperechoic speckling. No definitive foreign material is visualized within the gastric lumen. However, at what appears to be the PDJ, there is a curvilinear shadowing object, suspected to be causing cranial outflow obstruction.



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The majority of small intestinal loops are of normal thickness with minimal fluid distention. There are a few loops with a small volume of fluid. There is a loop of GI tract with a large amount of angular shadowing material, most consistent with foreign material. It appears to be in the colon, however, the small intestinal location cannot be completely ruled out.

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Pancreas

The pancreas is not distinctly visualized.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Gastric distention- suspect pyloric outflow obstruction.
- Additional foreign material in the GI tract- colon versus small intestine.

WEIGHT

8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs, ultrasonographic findings, and radiographic changes, foreign material within the GI tract is suspected to be the likely cause of this patient's clinical signs. Abdominal exploratory surgery is recommended to further define.

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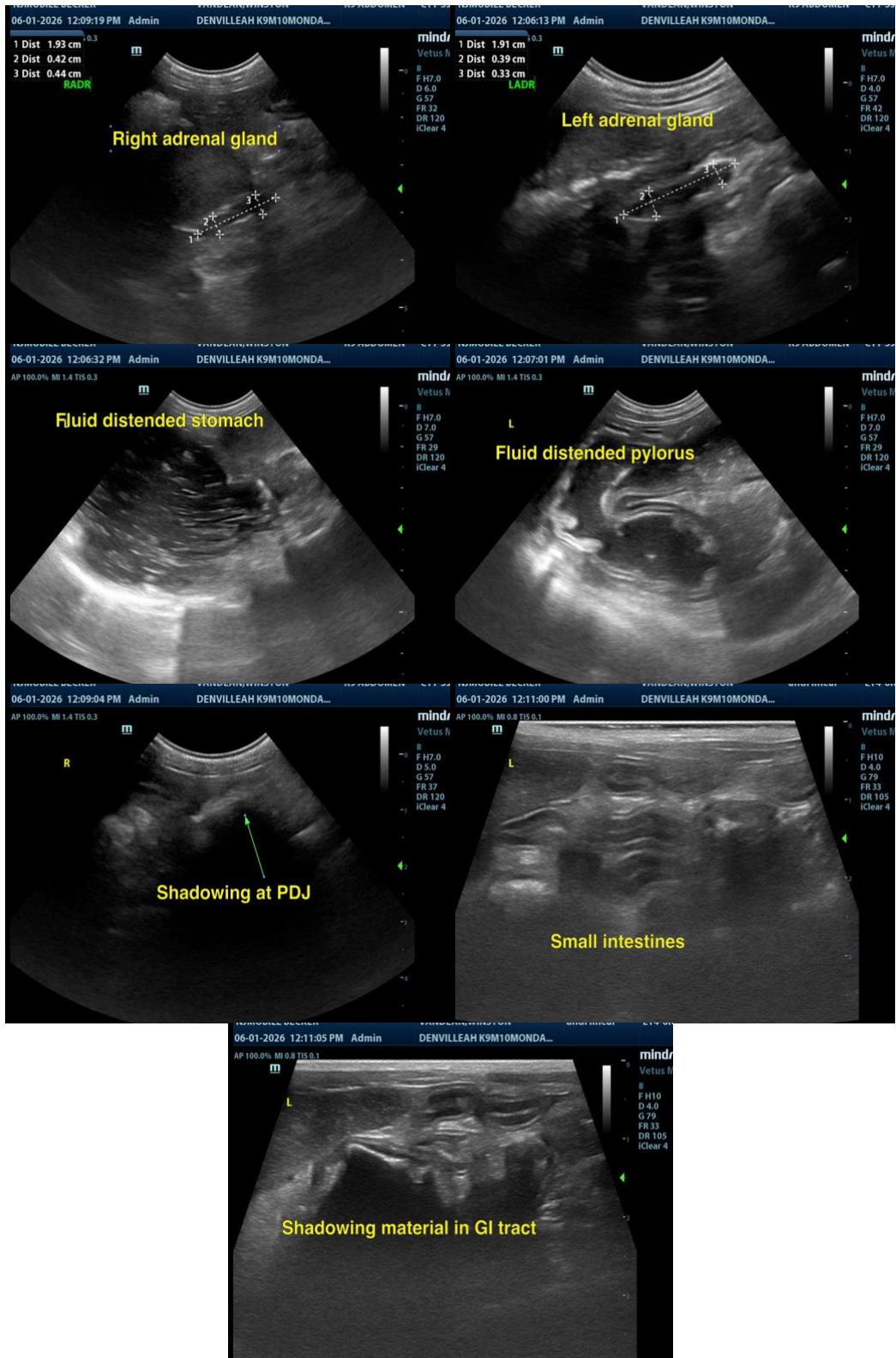
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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