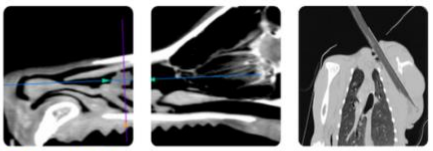


PATIENT

Leo Bulmer

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

2 Years

WEIGHT

6.1 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Dogar

INVOICE

37300

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Vomiting up food for 3 days and having very small BMs. Possibly ate a tampon.
Last Tuesday Owner pulled string out of P's bum when he was having a bowel movement.
QAR HR 110 RR 20. Normal heart and lungs. Slightly tacky mm's. No obvious oral FB.
Normal eyes/ears and LN's. Uncomfortable on mid to cranial abdomen. Abnormal PE/Chem/CBC/UA
Results: Gas and dilation in caecum. No obvious FB; stool in colon

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 visible.

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 4.14 cm in length. The right kidney measured 3.99 cm in length.

Adrenal Glands

The left adrenal gland was 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 1.55 cm in length and 0.54 cm at the caudal pole and 0.51 cm at the cranial pole.

The right adrenal gland was visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The right adrenal gland measured 1.63 cm in length and 0.43 cm at the caudal pole and 0.98 cm at the cranial pole.

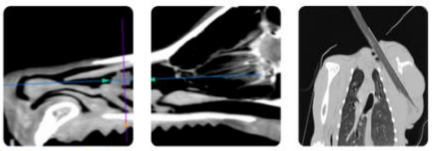
Spleen

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.



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Gastrointestinal

The stomach contains hyperechoic amorphous material with distal complete acoustic drop out. The stomach is not overtly distended. Wall thickness is normal with normal layering.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with luminal contents with some ingesta noted throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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.

Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

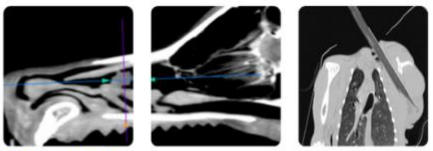
ULTRASONOGRAPHIC FINDINGS

- Shadowing material in stomach- possible foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hard shadowing in stomach likely represents non-food material. It is not currently obstructive, though gastric foreign bodies can be dynamic causing intermittent pyloric outflow obstruction and waxing and waning clinical signs. This shadowing could be a trichobezoar, foreign material, accumulation of plant debris, etc. Abdominal radiographs will be of benefit to further visualize gastric contents. If persistent foreign material is present, endoscopic visualization and retrieval should be considered. Abdominal exploratory surgery with plan for gastrostomy is an alternative.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



Teleradiology
Educational Teleconsultation Services™

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

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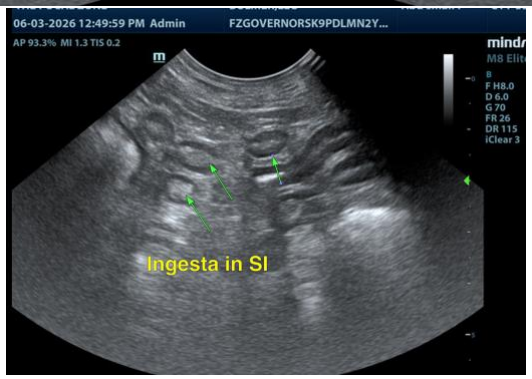

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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