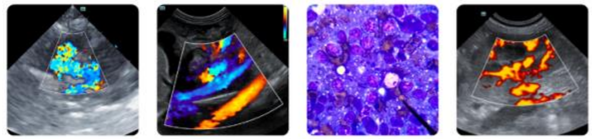


PATIENT

Winston Krzeski

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

9 Months

WEIGHT

42 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock Animal Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

16232

DATE

06/01/26

PRESENTING CLINICAL SIGNS

On/off vomiting/diarrhea/lethargy since 5/5/26. Was seen at urgent care vet 5/5 & 5/28 for x-rays/Cerenia, got better short term. O notes P gets into everything so FB possible. Neutered 4/21/26. Vomited food/water this am, lethargic, decreased appetite.

Abnormal PE/Chem/CBC/UA Results: BAR, significantly guarded/painful abd; liquid mucusy stool - Neutrophilia, monocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **prostate** was identified and found to be of homogeneous, echogenicity with a width of 1.26 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 6.18 cm in length. The right kidney measured 5.97 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 1.7 cm x 0.36 cm x 0.45 cm. The right adrenal gland measured 1.8 cm x 0.74 cm x 0.43 cm.

Spleen

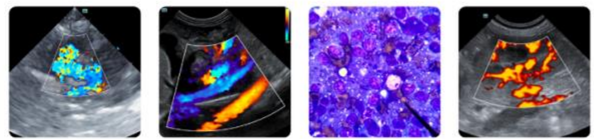
The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. The majority of the intestinal tract showed no evidence of dilation or fluid accumulation within the bowel lumen. Wall layering remained normal. In the last two images provided, there was evidence of hyperechoic distal shadowing material within the lumen of the intestinal tract. It was not possible to determine the region of the intestinal tract that the foreign material was present in, in the



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images provided. The region that contained the hyperechoic distal shadowing foreign material was at least 7.26 cm in length. There was no evidence of free abdominal effusion or enlarged lymph nodes present within the abdomen.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

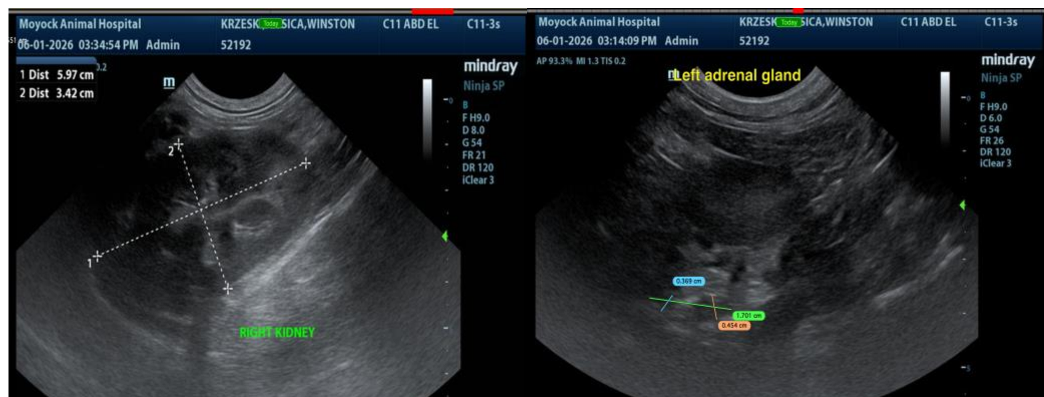
- Hyperechoic distal shadowing material noted within the lumen of the intestinal tract.

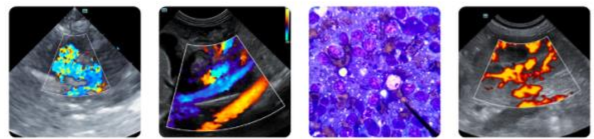
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the last two images provided, there was evidence of hyperechoic distal shadowing foreign material present within the intestinal tract. The majority of jejunum noted within the image set did not have evidence of dilation, which is supportive of this being a partial and not complete obstructive pattern. There also was no evidence of free abdominal effusion, which further rules out any support for perforation or peritonitis in this patient.

Options would include performing an exploratory surgery to confirm the presence of foreign body material and to remove any material found. Since it is not possible to 100% determine if this is present within the jejunum, ilium, or colon, an additional option would be to provide this patient with supportive care such as IV fluids and to perform a fasted recheck abdominal scan tomorrow morning to determine if there continues to be evidence of distal shadowing material within the lumen.

Further evaluation in order to better obtain evidence if the material is present within the colon or jejunum can be obtained on the recheck scan. An alternative option would be to give this patient barium and to carefully watch for complete movement of the barium into the colon. It should be noted if this patient continues to show a clinical picture such as a painful abdomen, vomiting, and lethargy, then an exploratory surgery should be strongly considered in order to remove any foreign material present.





SonoPath.com info@sonopath.com 1.800.838.4268

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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com