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| <b>PATIENT</b>                                 | <b>PRESENTING CLINICAL SIGNS</b>   |
| Packer McClenathan                             | History: Chronic vomiting. May have eaten a sock   |
| <b>SPECIES</b>                                 | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Canine   | <b>Urinary System</b>  |
| <b>BREED</b>                                   | The urinary bladder is not well filled; it is therefore difficult to assess wall thickness, however, it is very mildly irregular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.   |
| Golden Retriever                               | The prostate is homogenous and is within normal limits for a neutered male.  |
| <b>SEX</b>                                     | The left kidney is within normal limits in size for the patient's weight (6.10 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.  |
| Neutered male                                  | The right kidney is within normal limits in size for the patient's weight (6.47 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. |
| <b>AGE</b>                                     |  |
| 2 years  |  |
| <b>WEIGHT</b>                                  | <b>Adrenal Glands</b>  |
| 78 lbs   | The left adrenal gland measures 0.54 cm x 2.13 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.   |
| <b>INTERPRETED BY</b>                          | The right adrenal gland measures 0.61 cm x 2.82 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.  |
| Lisa Carioto, DVM,<br>DVSc, Diplomate<br>ACVIM |  |
| <b>IMAGING PERFORMED BY</b>                    | <b>Spleen</b>  |
| Dr. Rodriguez                                  | The portion of the spleen observed is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.  |
| <b>HOSPITAL NAME</b>                           |  |
| Foxfield VS                                    |  |
| <b>REFERRING VET</b>                           | <b>Liver</b>   |
| Dr. Rodriguez                                  | There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels.  |
| <b>INVOICE</b>                                 | The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.  |
| 97814  |  |
| <b>DATE</b>                                    |  |
| 3/24/22  |  |



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| <b>PATIENT</b>                                 | <b>Gastrointestinal</b>   |
| Packer McClenathan                             | Although the stomach wall is within normal limits in thickness, certain areas of wall definition are lost (“slightly fuzzy”). This is suggestive of inflammation. Subjectively the mesentery surrounding the stomach is mildly hyperechoic.   |
| <b>SPECIES</b>                                 |   |
| Canine   | The mucosa of some of the jejunal loops are mildly more prominent than usual. There are also loops of bowel in which the definition of the submucosa is not as “crisp”. The submucosa is also thickened in certain loops of bowel. A few loops of jejunum have a corrugated appearance and are abnormally thickened, measuring between 0.55 cm and up to 0.72 cm, and loss of definition of the wall layering. There is an abnormal gas pattern and abnormal peristalsis, as well as a possible foreign body, in one of the loops observed. The mesentery surrounding the affected bowel is hyperechoic, suggestive of inflammation. The colonic wall is not thickened and mural detail is considered normal. The ileo-cecal junction did not show any obvious abnormalities. |
| <b>BREED</b>                                   |   |
| Golden Retriever                               |   |
| <b>SEX</b>                                     |   |
| Neutered male                                  |   |
| <b>AGE</b>                                     |   |
| 2 years  | <b>Pancreas</b><br><b>Left limb:</b> The area visualized did not show any abnormalities.<br><b>Right limb:</b> The right pancreas is not visualized properly and cannot be evaluated.   |
| <b>WEIGHT</b>                                  |   |
| 78 lbs   | <b>Other</b><br>A jejunal lymph node is observed and mildly enlarged at 1.16 cm in diameter x 1.78 cm in length. It is mildly heterogeneous, with a hypoechoic outer region and hyperechoic center. These abnormalities may be due to reactive hyperplasia. The surrounding mesentery is mildly hyperechoic.<br>Other jejunal lymph nodes are observed; they too are mildly enlarged and “plump” with rounded edges and a mottled appearance. These changes are also suggestive of reactive hyperplasia.  |
| <b>INTERPRETED BY</b>                          |   |
| Lisa Carioto, DVM,<br>DVSc, Diplomate<br>ACVIM |   |
| <b>IMAGING PERFORMED BY</b>                    |   |
| Dr. Rodriguez                                  |   |
| <b>HOSPITAL NAME</b>                           |   |
| Foxfield VS                                    |   |
| <b>REFERRING VET</b>                           |   |
| Dr. Rodriguez                                  |   |
| <b>INVOICE</b>                                 | <b>ULTRASONOGRAPHIC FINDINGS</b>  |
| 97814  | <ul style="list-style-type: none"> <li>High index suspicion of an intestinal foreign body, which is consistent with the sock that was previously eaten. Changes consistent with secondary diffuse inflammation of the mesentery and reactive lymphadenomegaly are observed. Underlying inflammatory bowel disease may also be an issue if Packer suffers from pica.</li> <li>The subtle changes associated with the stomach are attributed to gastritis due to chronic vomiting, however, underlying inflammatory bowel disease cannot be excluded.</li> </ul>  |
| <b>DATE</b>                                    | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>   |
| 3/24/22  | An exploratory laparotomy is strongly recommended, in addition to performing biopsies of the stomach, multiple areas of the intestinal tract, and one or more jejunal lymph nodes, to help exclude underlying inflammatory bowel disease.   |



**PATIENT**

Packer McClenathan

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

78 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

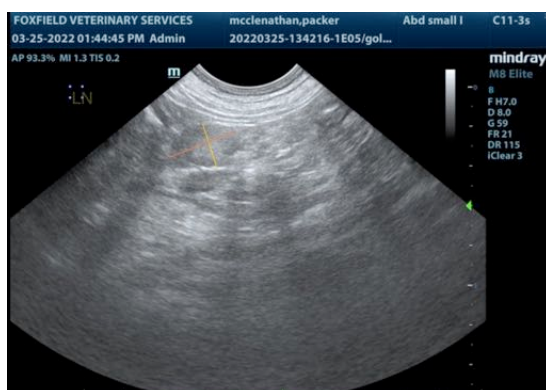
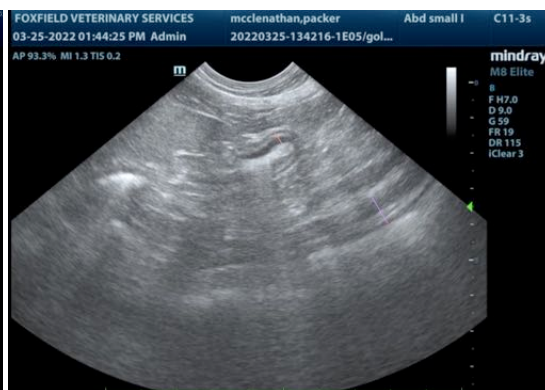
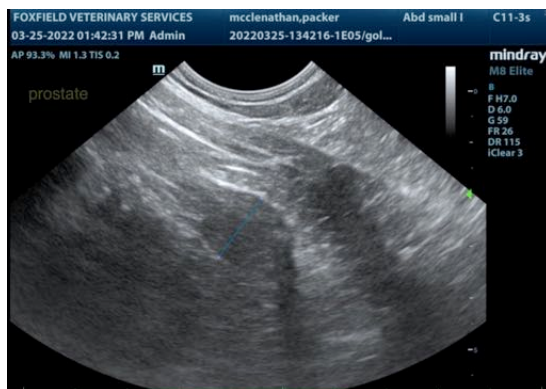
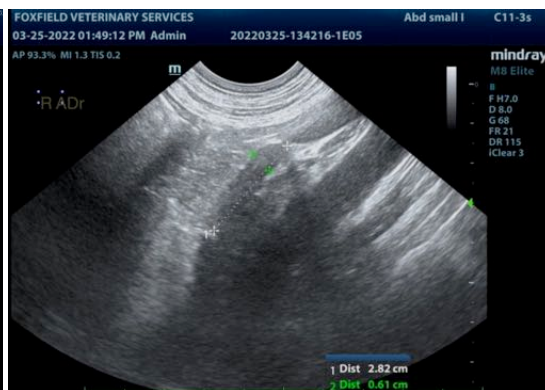
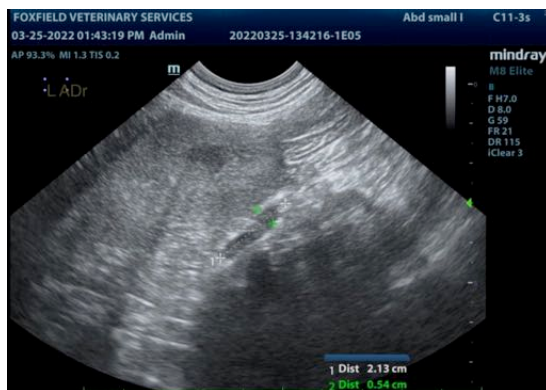
Dr. Rodriguez

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**PATIENT**

Packer McClenathan

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

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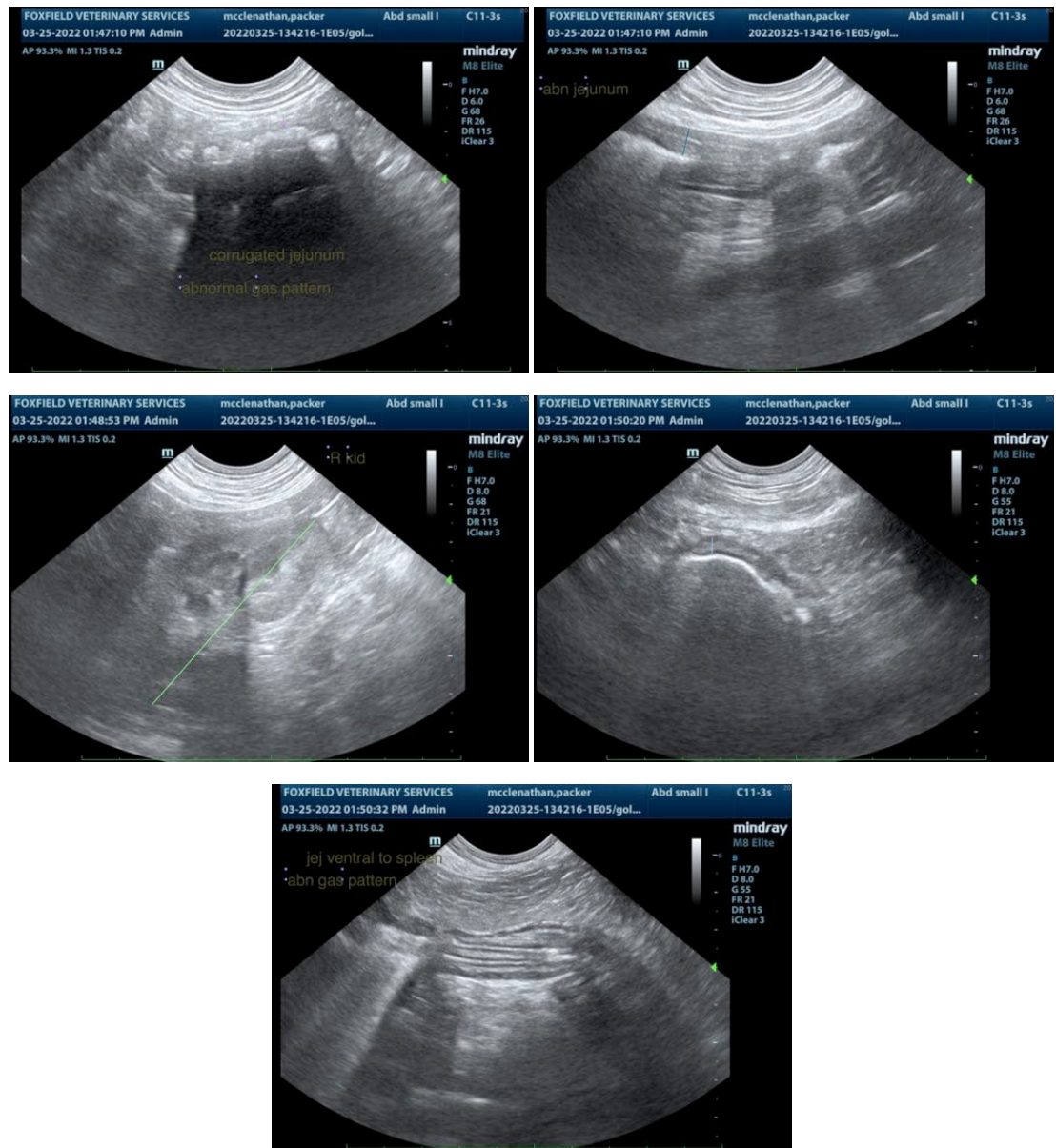
Dr. Rodriguez

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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