



PATIENT

Tucker Fowler

PRESENTING CLINICAL SIGNS

Possible FB obstruction. Current meds: Zyrtec, Cerenia sq at 2am 7/15
Abnormal PE/Chem/CBC/UA Results: No performed

SPECIES

Canine

presented for aus based on the recommendation from rDVM and X-rays and rad report done by rDVM saying he possibly had something in gi tract. He did originally vomit some pieces of articles of clothing. Had sq fluids and cerenia. I declined bw and Hosp ivf

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The **urinary bladder** is not well distended. Its contents are anechoic. The wall is very mildly irregular, which is most likely due to the bladder not being well filled. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The **prostate** is homogenous and within normal limits for a neutered male.

AGE

2 Years

Kidneys

WEIGHT

68.1 Pounds

The **left** kidney measures 7.08 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Very small, pinpoint mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.84 cm. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Very small, pinpoint mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

INTERPRETED BY

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Aortic bifurcation/trifurcation No abnormalities observed.

IMAGING PERFORMED BY

Shari Reffi, CVT

Adrenal Glands

HOSPITAL NAME

Newton Vet Hospital

The **left** adrenal gland measures 0.64 cm at the cranial pole, 0.44 cm at the caudal pole and 2.62 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.86 cm at the cranial pole, 0.49 cm at the caudal pole and 3.21 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

REFERRING VET

Dr. Kim

Spleen

The spleen 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.

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Liver

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. Focal lesions are not observed. The walls of the portal veins are more prominent than usual due to increased hyperechogenicity. No other abnormalities are observed with the hepatic vessels.

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7/15/22



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The **gallbladder (GB)** wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

SPECIES

Canine

Gastrointestinal

A large amount of fluid and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. However, the submucosa and muscularis are more prominent than usual depending on the region evaluated. Peristalsis is decreased, consistent with an ileus. Panting artifact is also noted. The mesentery surrounding the stomach is hyperechoic. An obvious foreign body is not visualized within the stomach.

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Golden Retriever

Duodenum: A moderate amount of fluid is present within the lumen of the duodenum. Wall thickness is within normal reference range and the definition of the wall layers is preserved.

SEX

Neutered Male

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. A moderate amount of gas is present within the lumen of the small intestines. No abnormalities are observed with the ileocecal colic junction. Abnormally dilated loops of bowel are not observed.

AGE

2 Years

A foreign body, possibly 3 cm long, may be present in the transverse colon, based on an odd gas pattern observed. Signs of an obstructive pattern are not visualized.

WEIGHT

68.1 Pounds

The colonic wall is not thickened. The muscularis is slightly prominent and fogging is present. A large amount of gas and formed stools are present.

Pancreas

A portion of the **right limb** is visualized. It is mildly hypoechoic, with mildly irregular borders and a slightly hyperechoic mesentery surrounding the affected region.

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No overt abnormalities are observed with the architecture, contours, echogenicity or echotexture of the **left limb** pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

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Other

Lymph nodes (LN)

A lymph node medial to the duodenum is mildly enlarged and hypoechoic, with smooth curvilinear borders. It measures 0.74 cm in diameter x 2.04 cm in length. The omentum surrounding the lymph node is mildly hyperechoic

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Abdominal effusion is not visualized.

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Mesentery The mesentery throughout the abdomen is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

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- **Gastrointestinal tract:** The inflammatory changes and ileus noted in the stomach and duodenum are most likely a result of the vomiting. An obvious foreign body is not visualized within the stomach, however, one may be overlooked due to the large amount of gas and fluid present. A foreign body, possibly 3 cm long or longer, may be present in the transverse colon, based on an odd gas pattern observed, however, signs of an obstructive pattern are not visualized. A large amount of gas and formed stools are present in the descending colon.

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- **Pancreas:** A subtle, smoldering pancreatitis of the right limb cannot be excluded.



PATIENT

Tucker Fowler

- **Kidneys:** The clinical significance of the mineralizations of the diverticulae and pelvis is unknown for a dog of Tucker's age. However, an evaluation of his diet is suggested (i.e. calcium content).

SPECIES

Canine

- **Lymph nodes:** A very mild reactive lymph node is observed in the right cranial quadrant, likely due to vomiting.

BREED

Golden Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

An obvious foreign body is not observed in the stomach, however, an ileus is present.

+/- spec cPL

There are signs suggestive of a possible foreign body in the transverse colon, however, this cannot be confirmed. Depending on its location in the transverse colon, it may be able to pass.

AGE

2 Years

Therefore, if the vomiting episodes have ceased and Tucker remains bright and alert, medical management is suggested for the next few hours to see if it will pass. Treatment suggested includes intravenous and anti-emetics. Ondansetron may be more effective compared to maropitant.

WEIGHT

68.1 Pounds

Analgesia for visceral pain, such as gabapentin, is recommended.

An easily digestible diet that is moderately restricted in fibre is recommended to help decrease gas and bloating.

INTERPRETED BY

Lisa Carioto, DVM,
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Small, frequent meals are suggested. No food (water is fine) after 10 pm tonight.

Abdominal radiographs are suggested tomorrow morning to ensure the gas pattern has moved, or a sonographic re-evaluation of the questionable loop of bowel may be performed. If it has not, if Tucker continues to vomit, or if he becomes lethargic or febrile, an exploratory laparotomy is *strongly* recommended.

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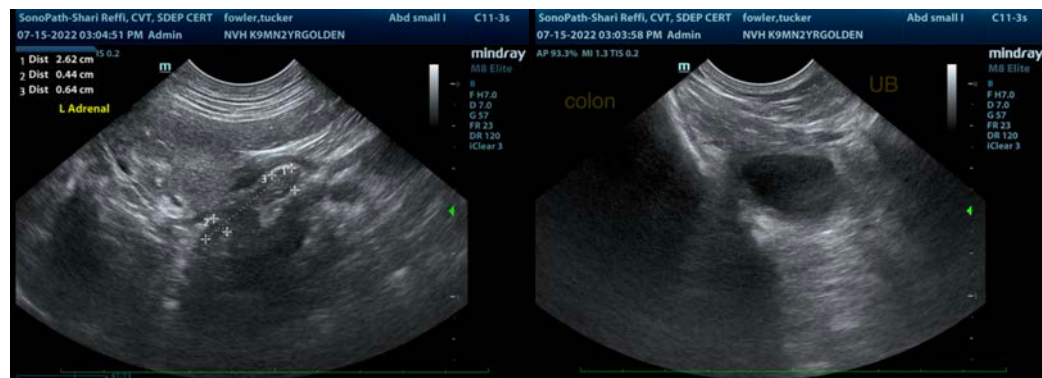
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Neutered Male

AGE

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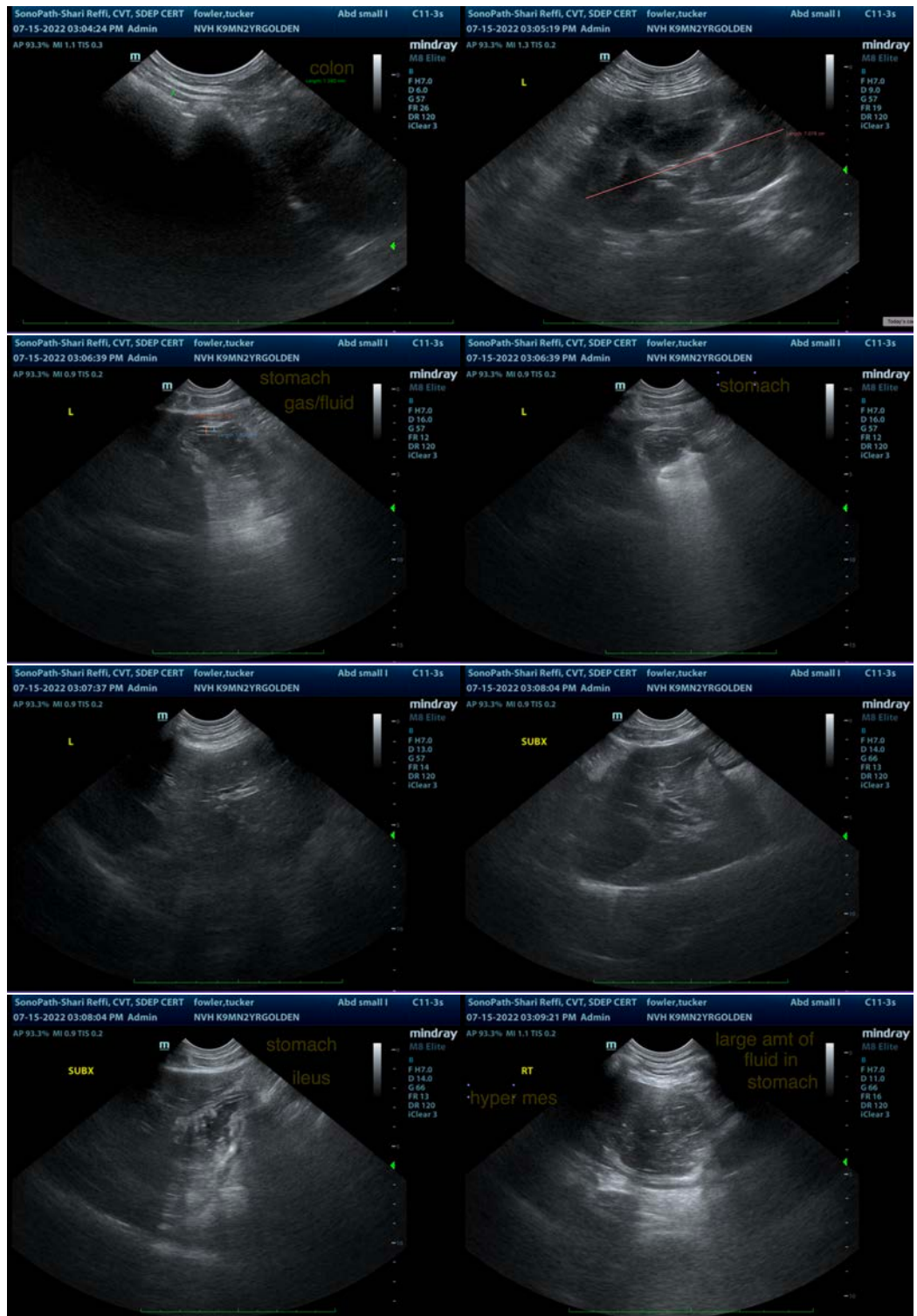
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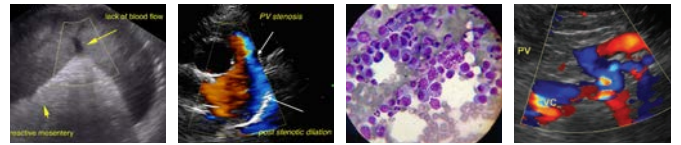
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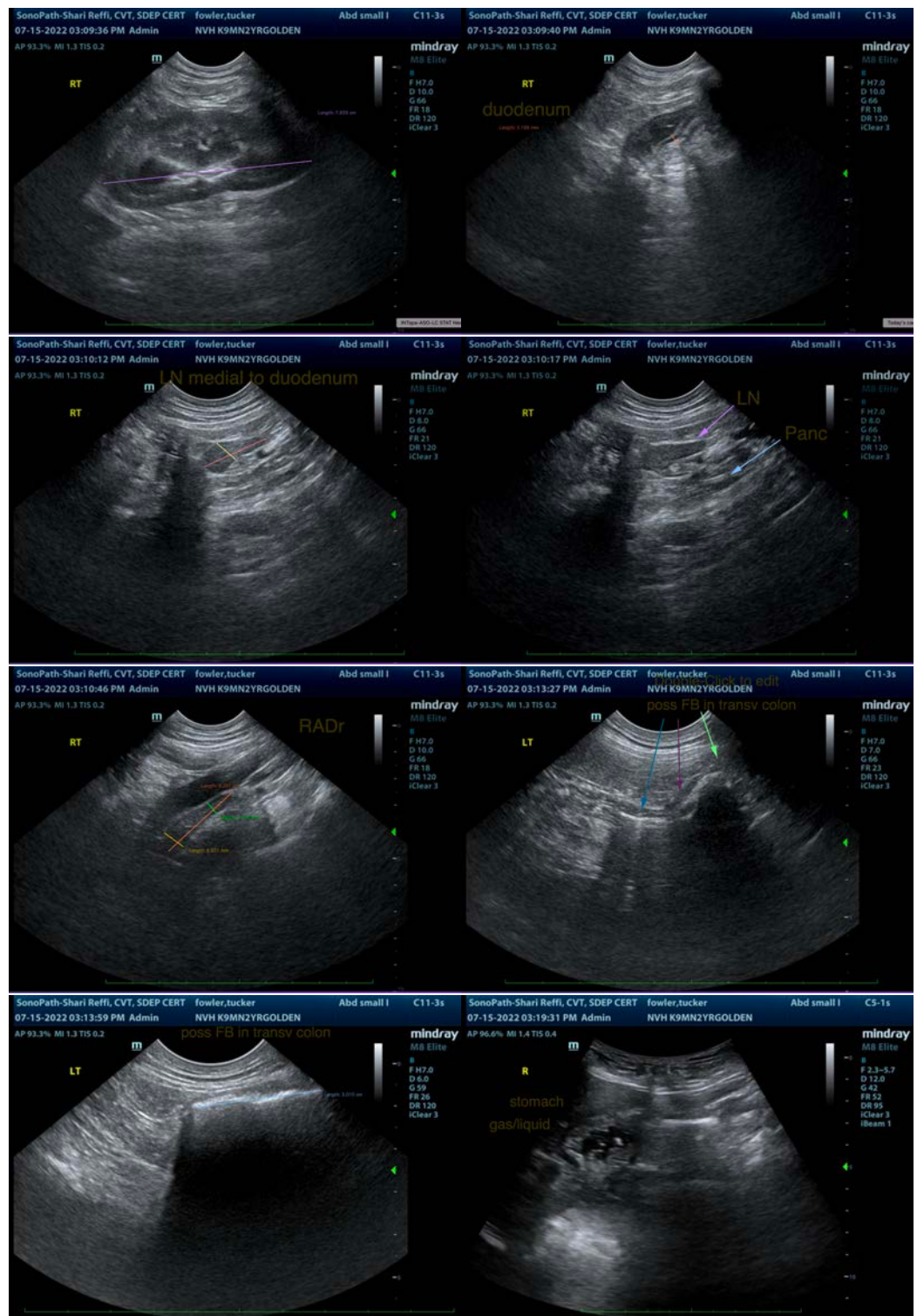
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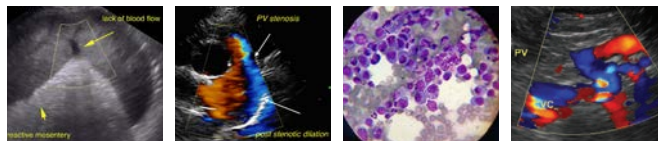
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Golden Retriever

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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SEX

Neutered Male

AGE

2 Years

WEIGHT

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