**PATIENT**

Oliver Peters

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

1yr

**WEIGHT**

32kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Tracy Lasarge

**HOSPITAL NAME**

SVS Imaging NW

**REFERRING VET**

Dr. Graham

**INVOICE**

12662ag

**DATE**

1/11/2023

**PRESENTING CLINICAL SIGNS**

Oliver, presented to the MVS Emergency Service on Jan 11, 2023, at 11:30 am, for evaluation of vomiting, anorexia and lethargy

P was neutered last monday and seemed to be less interested in eating the following wednesday through friday, Saturday and Sunday

P began vomiting but Monday he seemed to be improving. He was acting abnormal and still lethargic on Monday evening and has continued to be anorexic. He has not had a bowel movement in at least 3-4 days, and he has a history of chewing up most things he can have access to.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/Gallbladder**

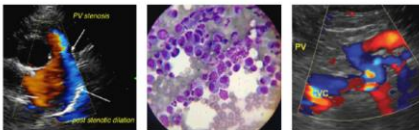
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with mildly prominent pyloric wall layering. The pylorus wall measured 0.55 cm in width. Within the pylorus a mildly irregular ill-defined shadowing echo was present strongly suggestive of anchored pyloric foreign body measuring ~ 2-3 cm in diameter.

**IMAGING PERFORMED BY**

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**PATIENT**

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The small intestine presented a segmental linear like hyperechoic echo consistent with linear foreign body with associated segmental intestinal plication and retained fluid consistent with obstructive pattern suspected to involve the upper small intestine likely duodenum or upper jejunum. Concurrent segments of empty small intestine to the level of the ileum without evidence of jejunoileal ileus were present.

**SPECIES**

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Normal visible colon wall layers were present with apparent formed feces in lumen.

***Pancreas*****BREED**

Labrador Retriever

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SEX**

MN

***Free Abdomen***

Mild perigastric to peri intestinal hyperechoic mesentery was present.

**AGE**

1yr

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.7 cm x 0.83 cm.

**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

32kg

- Indistinctly visualized suspected anchored pyloric foreign body
- Segmental small intestinal linear foreign body with secondary segmental intestinal plication and partial obstructive pattern-suspect duodenum location with potential extension into the jejunum
- Associated benign/reactive intermittent mesenteric lymphadenopathy and mild peri gastrointestinal hyperechoic mesentery-no overt evidence of intestinal perforation or overt peritonitis

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gastrotomy and enterotomy/ies pending gross inspection of the GI tract is recommended. The intestinal tract exhibited subjective mild secondary inflammatory changes owing to GI foreign body and secondary plication. The possibility of resection and anastomosis pending gross inspection of the GI tract cannot be definitively excluded.

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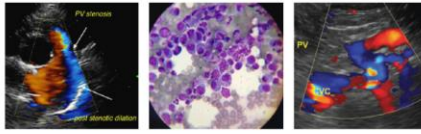
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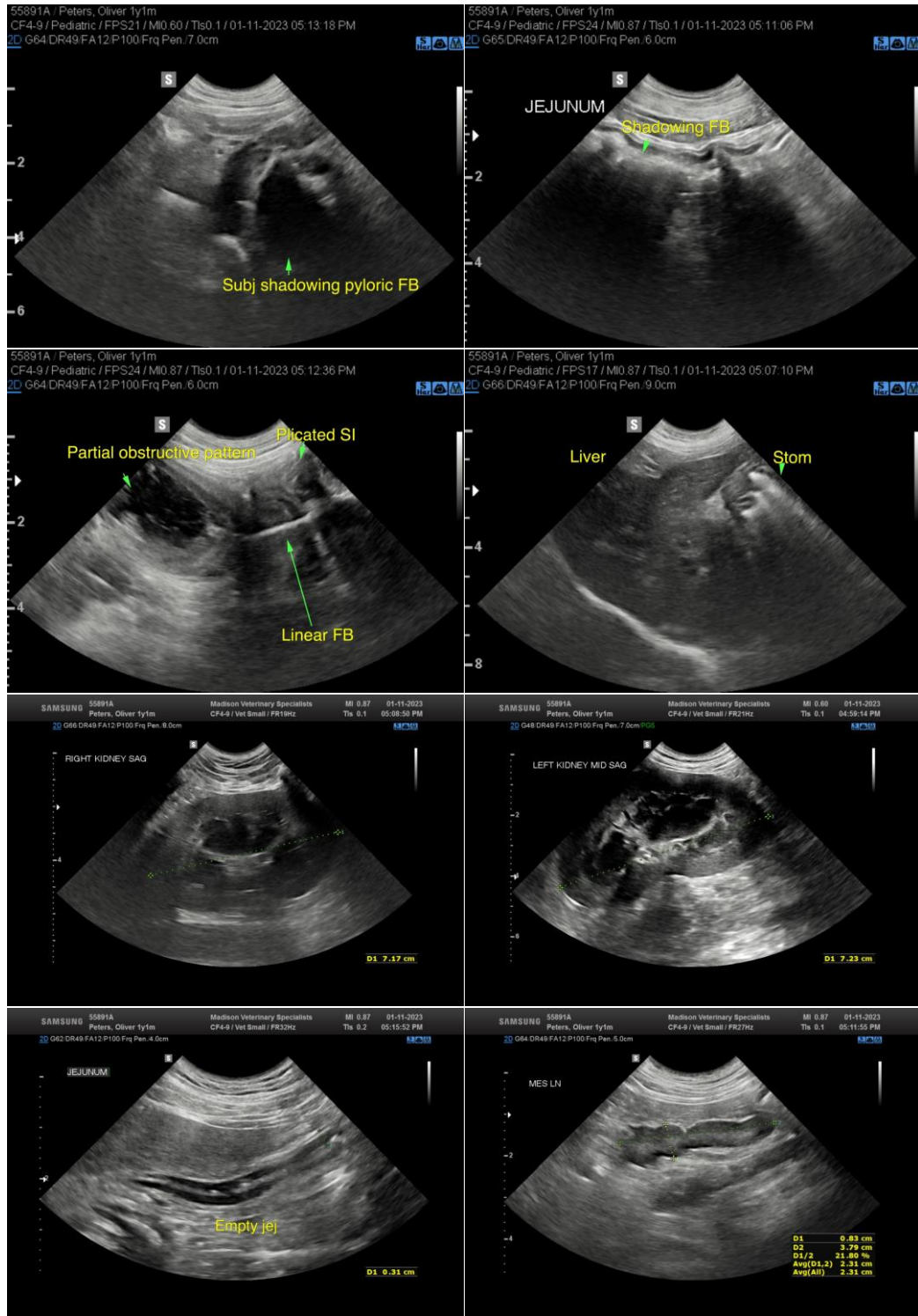
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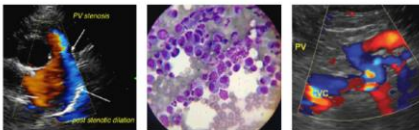


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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