**PATIENT**

Blue Furbeck

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

11 years

WEIGHT

67 lbs.

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

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Ballenger

INVOICE

13073

DATE

1/14/22

PRESENTING CLINICAL SIGNS

Presented for excessive drooling, lethargy, not eating, hanging head, retching. T-101.2. Is a farm dog and had this issue previously. Drooling excessively in room. Abdomen tense upon palpation. Very lethargic. Was doing well after last episode. Radiographs revealed a large amount of food in stomach (ate food at 8:00 am before retching). stool present in colon. Placed an IV catheter and induced emesis. Gave apomorphine and vomited up a large amount of rotten soybeans/animal excrement. Gave Cerenia sub-q and sent off BW to Idexx including cpl.

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

The urinary bladder was mildly subnormal in size owing to a lack of urine distention. Subjective mild generalized prominent urinary bladder walls exhibiting subtle nonuniform mural echotexture was present. Minimal anechoic urine was present without evidence of calculi. The urinary bladder wall measured 0.73 cm width. The urethra exhibited normal structure and tone to a depth of 3.0 cm. Full evaluation of the urinary bladder walls was limited owing to the lack of urine distention. No overt evidence of neoplastic criteria was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the cranial pole and 0.72 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance

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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**SPECIES**

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The stomach exhibited moderate distention with strongly shadowing luminal ingesta noted in the fundus gastric body extending into the area of the pylorus and gastroduodenal junction. The strongly shadowing echo measured approximately 4.0-5.0 cm within the gastric body. The visualized stomach walls were sonographically unremarkable.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

SEX

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

MN***Pancreas***

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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

R. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)

Primary Findings

- Gastric foreign body
- Mild age-related kidneys
- Sonographically unremarkable small bowel - no overt evidence of concurrent mechanical / metabolic ileus, obstructive pattern of overt small bowel foreign body

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Secondary Findings

- Possible mild cystitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing gastric luminal echo is consistent with a luminal foreign body. Potentially, this may correlate with dietary indiscretion produced by reported emesis. However, if the ultrasound was performed after reported induction of emesis, retained gastric foreign body is highly probable.

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Based on the clinical impression of the patient, continued gastrointestinal supportive care, IV fluids, and monitoring for evidence of gastric emptying via radiographs could be considered. However, if radiographic evidence of persistent retained ingesta or foreign body, gastrotomy is likely indicated in this case.

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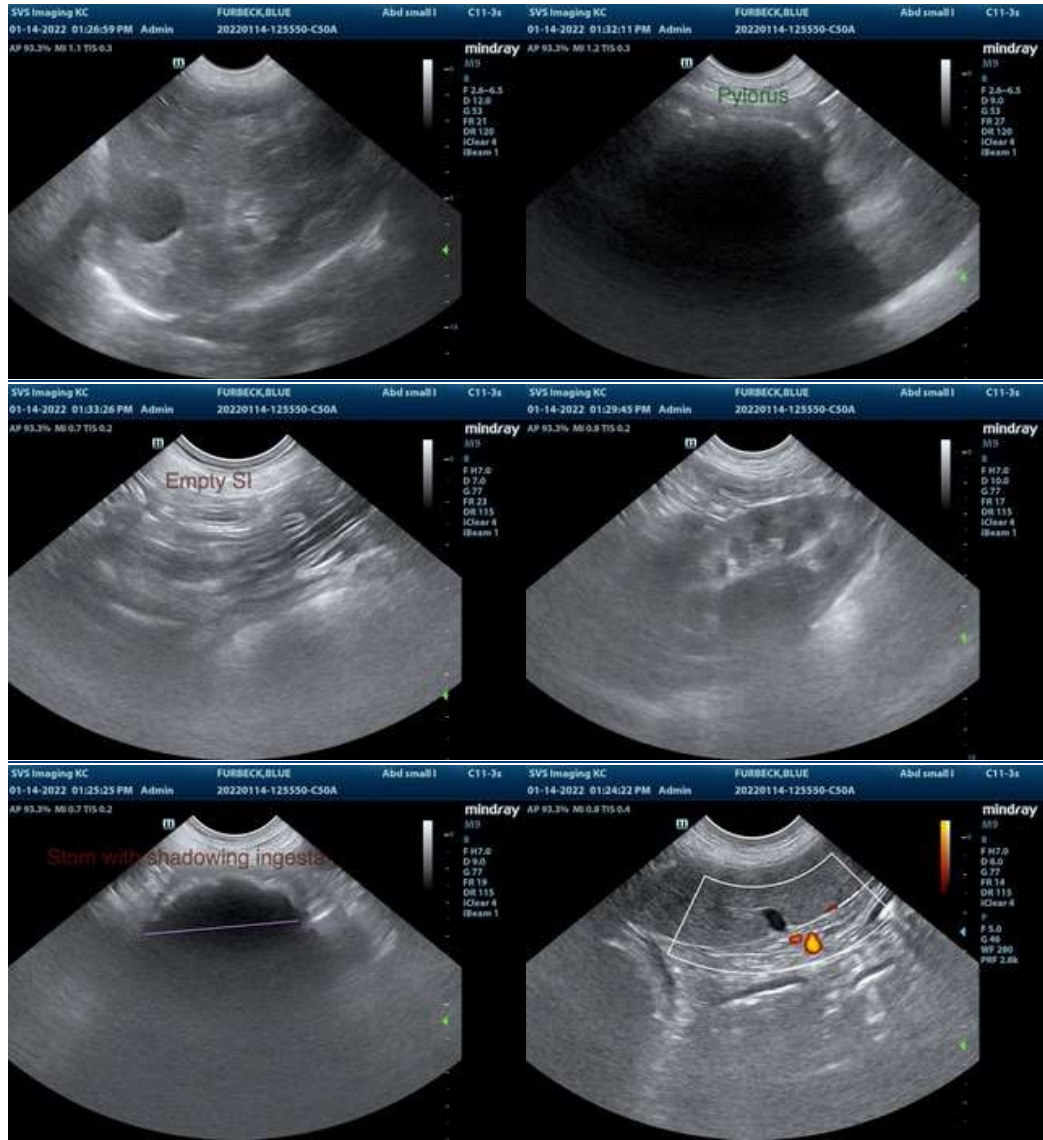
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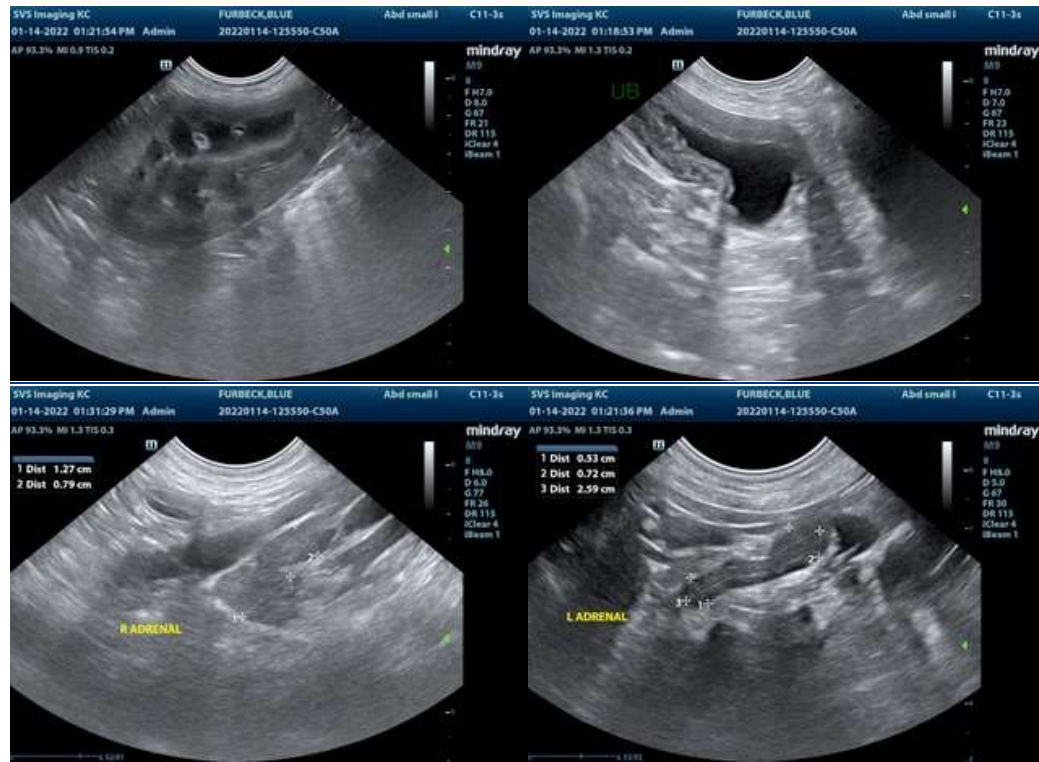
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com