



PATIENT PRESENTING CLINICAL SIGNS

Stanley Lott Vomiting and hyporexia for the last week. Has a history of food allergies and did get into the garbage on Jan 7th/2023. Concern for possible gastric foreign body on abdominal rads.

SPECIES Has been on Apoquel, Famotodine, had Cerenia Jan 14th

Canine Abnormal PE/Chem/CBC/UA Results: All bloodwork WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Golden Retriever

SEX 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.

MN

AGE 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 5.7 cm in length. The right kidney measured 6.6 cm in length.

4yr

WEIGHT The area of the aortic trifurcation was free of pathology.

30.7kg The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 2.0 cm length. No pathology in the area of the right adrenal gland.

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

Spleen

IMAGING PERFORMED BY 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.

Crystal Hill

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Liver/Gallbladder

REFERRING VET 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.

Puckering

Gastrointestinal

INVOICE The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mildly distended with retained strongly shadowing gastric ingesta/echoes extending into the area of the pyloric outflow.

12698ag

DATE

01/16/2023



PATIENT

Stanley Lott

Concurrent segmental strongly shadowing luminal echoes were present, an example of an intestinal echo measured 2-3 cm in diameter. Segmental intestinal obstructive pattern involving the duodenum and segmental jejunum with empty small intestine distal to the shadowing echoes was present.

SPECIES

Canine

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

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 was evident.

BREED

Golden Retriever

Free Abdomen

No omental masses, significant lymphadenopathy or peritoneal effusion was present.

SEX

MN

Subtle peri intestinal mild hyperechoic mesentery was present.

AGE

4yr

- Gastric and segmental small intestinal foreign bodies with secondary segmental small intestine obstructive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

30.7kg

Exploratory laparotomy with gastrotomy and likely multiple enterotomies is recommended. Potential for foreign body anchorage in segments of small intestine with emerging corrugation/plication possible yet not definitive. No evidence of intestinal perforation or peritonitis at the time of the scan. Intestinal biopsies given patient history suggested at the time of surgery to assess for underlying GI disease as a possible indication for pica. The intestinal tract exhibited intact wall layering without overt evidence of significant mural changes. The potential for resection/anastomosis cannot be definitively excluded and is likely based on gross inspection at the time of surgery.

INTERPRETED BY

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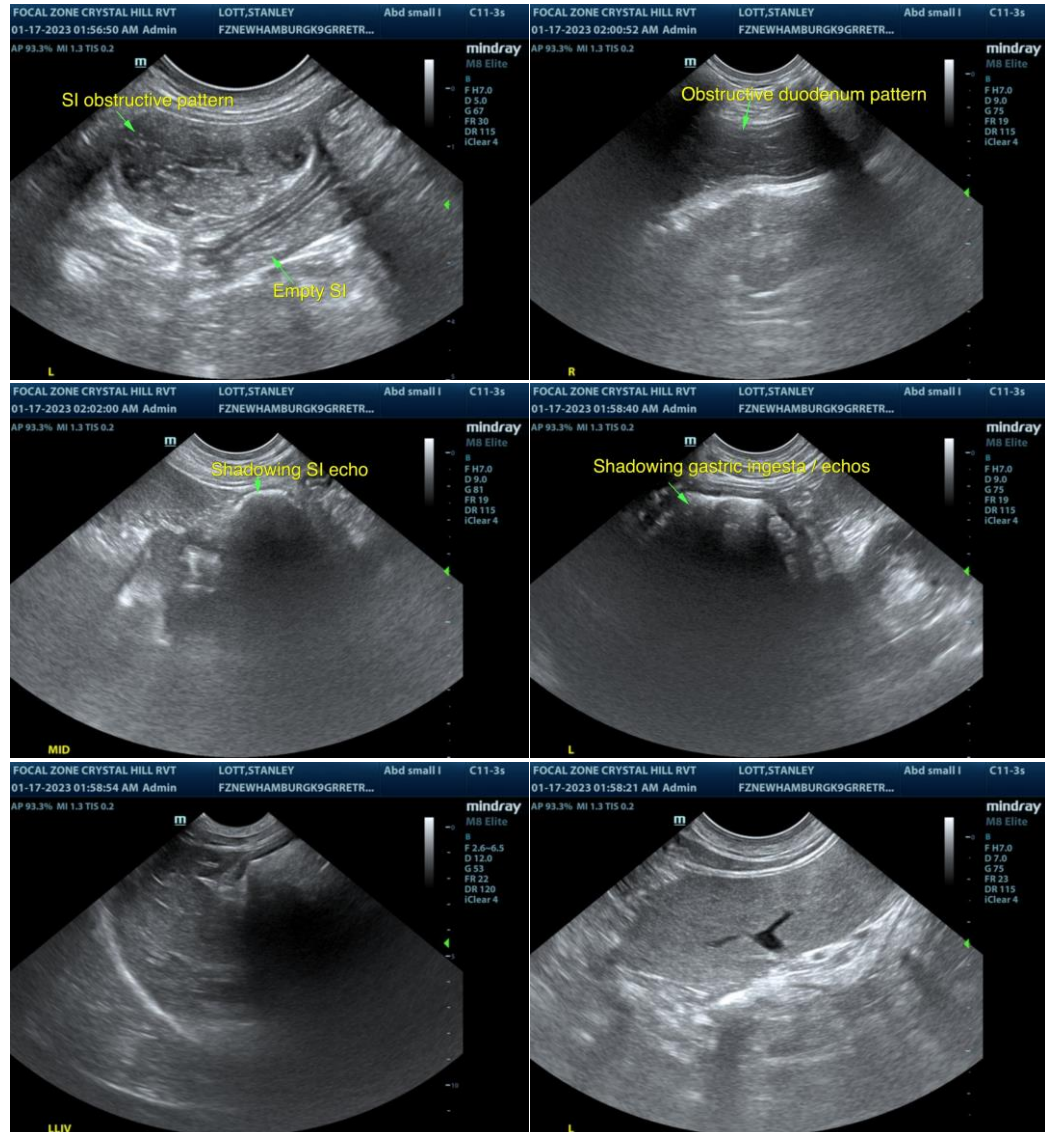
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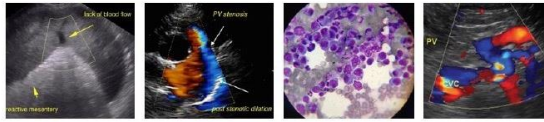
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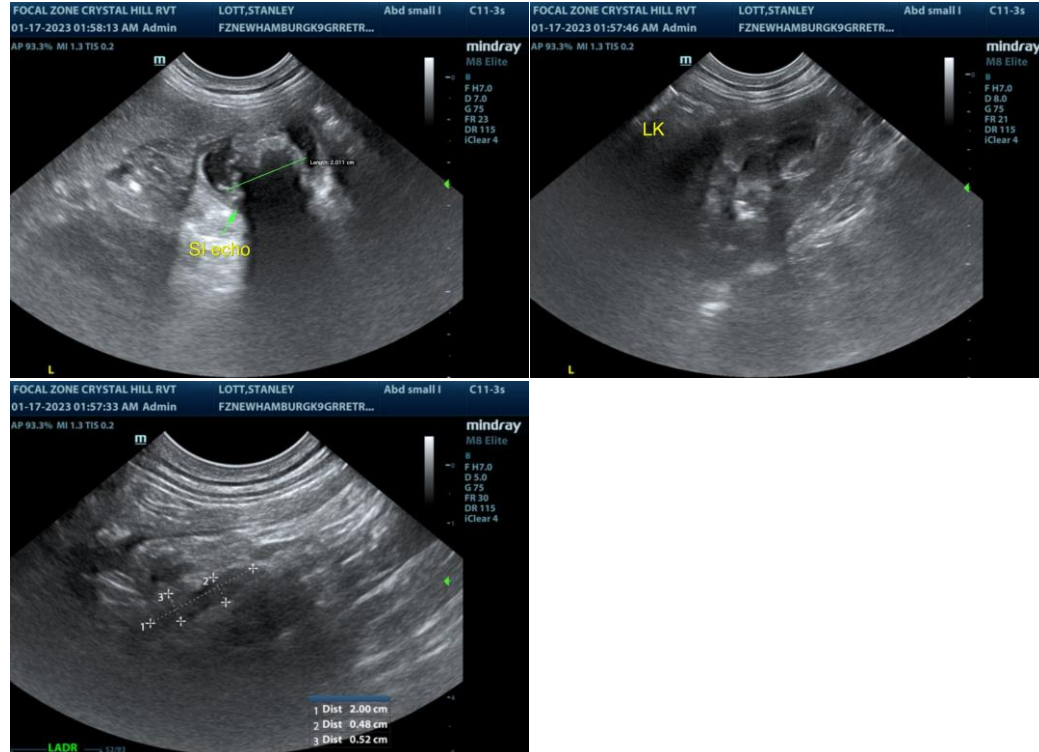
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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