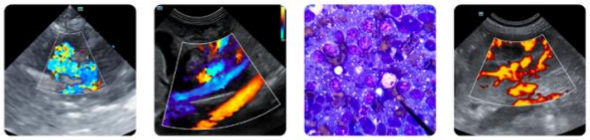


PATIENT

Banks Gronberg

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

5 Months

WEIGHT

11 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Agnes Rupley DVM

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Agnes Rupley DVM

INVOICE

13232

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Images submitted in non-DICOM format which prohibited image capture/pictures.

Presented 1/16 for maybe have eaten small sock. normal activity, no vomiting, no diarrhea. normal vitals. no abdominal pain. no labs approved. fasted overnight, passed bowel movement, ultrasound today. small metal particles in GI tract on rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

No obvious pathology in the area of the residual prostate.

The region of the aortic trifurcation was free of overt pathology.

Normal size and margination was 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 4.4 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The adrenal glands were not definitively visualized.

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.

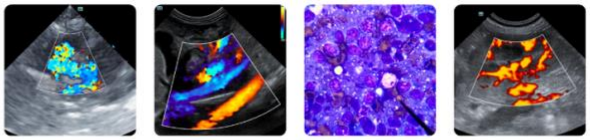
Liver & Gallbladder

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 a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild ingesta exhibiting subtle distal progressive acoustic shadowing and mild gastric gas.



PATIENT

Banks Gronberg

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

5 Months

WEIGHT

11 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Agnes Rupley DVM

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Agnes Rupley DVM

INVOICE

13232

DATE

01/17/26

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with primarily empty intestinal lumen with segmental nonobstructive intestinal gas pattern to the level of the colon.

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.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Retained primarily nonshadowing to mild distal acoustic shadowing gastric ingesta.
- Generalized empty small intestine with segmental nonobstructive intestinal gas pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the gastric ingesta is most suggestive of retained food echogenicity without evidence of significant acoustic shadowing. Given reported overnight fast, this may suggest some degree of metabolic gastric stasis or non-obstructive delayed gastric emptying without evidence of intestinal mechanical obstructive pattern or definitive foreign material. The possibility of a small amount of intermixed foreign material within retained gastric ingesta is not definitively excluded. Potential for non-visualized to small non-obstructive to passing metal particles in the gastrointestinal tract is possible.

Without current definitive obstructive pattern, no indication for immediate surgical intervention in conjunction with current clinical status, i.e. no evidence of concurrent gastrointestinal signs. Additional 8-12 hour documented fast with sonographic reassessment of the gastrointestinal tract may be considered. If patient is clinically normal without evidence of gastrointestinal signs, continue as needed gastrointestinal support and clinical/radiographic monitoring would be reasonable.

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)

info@SonoPath.com