



**PATIENT PRESENTING CLINICAL SIGNS**

**Cleo Garcia**  
History: Ate denim shorts yesterday, vomited up some material then continued to vomit. stopped eating, was trying to drink but continued to vomit and regurgitate. pt was brought in this AM. on PE pt is 5% dehydrated, uncomfortable on abdominal palpation P hospitalized on IVF today, and started on Cerenia, buprenex - both IV in hospital

**SPECIES**

Canine

**BREED**

Pomeranian

Abnormal PE/Chem/CBC/UA Results: See attached labwork: neutrophils 10.65 with suspected left shift. eosinopenia (0.02). TP 9.4, ALB 4.2, globulins 5.2, amylase >2500, lipase 4886, Na 141, K 3.3, Cl 101 See attached radiographs: abdominal x-rays - some loss of detail, fluid-filled SI with possible area of plication noted in ventral abdomen. stomach mildly dilated.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0cm 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. Aortic trifurcation was normal.

**AGE**

8 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

**WEIGHT**

15.3 Lbs.

**Adrenal Glands**

**INTERPRETED BY**

No overt pathology in the area of the left or right adrenal glands.

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.

Jasmine Palacios, SDEP  
Attendee

**Liver**

**HOSPITAL NAME**

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.

Rivers Edge PMC

**REFERRING VET**

The gallbladder was non-distended without evidence of inflammatory criteria. Moderate, nondependent yet nonorganized, nonmineralized luminal debris was present. The cystic and common bile ducts were normal.

Dr. Cora Holloman

**Gastrointestinal**

**INVOICE**

The stomach presented intact yet subjective mild prominent wall layering. The stomach exhibited moderate distention with retained primarily anechoic fluid, primarily in the fundus and body. Strongly shadowing luminal echo, occupying the majority of the mid to gastric body, extending into the antrum and pylorus was present, measuring approximately 3-4 cm in diameter, but potentially mildly larger.

13498

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1/20/22



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## SEX

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Concurrent, strongly shadowing echo was noted within the upper to possible mid duodenum. The mid to distal duodenum exhibited minor ileus yet without evidence of concurrent shadowing echo or obstructive pattern. The visualized jejunum exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio without evidence of additional areas of mechanical/metabolic small intestinal ileus plication or loss of intestinal wall layering.

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

## Pancreas

The pancreas base, adjacent to the pylorus and upper duodenum exhibited mild prominent size and hypoechoic parenchyma with evidence of peripancreatic to peripyloric reactive mesentery.

## Free Abdomen

No evidence of peritoneal free fluid was present.

## ULTRASONOGRAPHIC FINDINGS

- Gastric body, pyloric and upper duodenal strongly shadowing echo with moderate retained gastric fluid- consistent with gastropyloric and upper duodenal foreign body.
- Suspect concurrent mild to potential moderate pancreatitis with peripancreatic reactive mesentery
- Moderate gallbladder debris (non-mucocele)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study confirms the presence of upper gastrointestinal foreign body, primarily in the upper duodenum and stomach. The foreign body may be anchored with mild extension into the upper duodenum. No overt evidence of additional areas of small intestinal foreign material or mechanical obstruction. Laparotomy with expectation toward gastrotomy and potential enterotomy with gross inspection of the remainder of the gastrointestinal tract recommended. Potentially, the foreign body may be able to push back into the stomach with single gastrotomy. Minor potential for peritonitis associated with gastric and pancreatic inflammation cannot be excluded yet considered less likely. Post-operative gastrointestinal support and therapy for pancreatitis likely indicated.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jasmine Palacios, SDEP  
Attendee

## HOSPITAL NAME

Rivers Edge PMC

## REFERRING VET

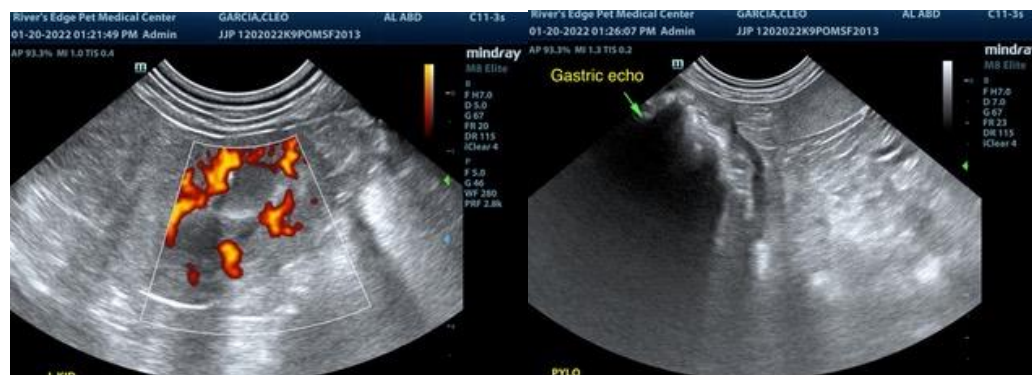
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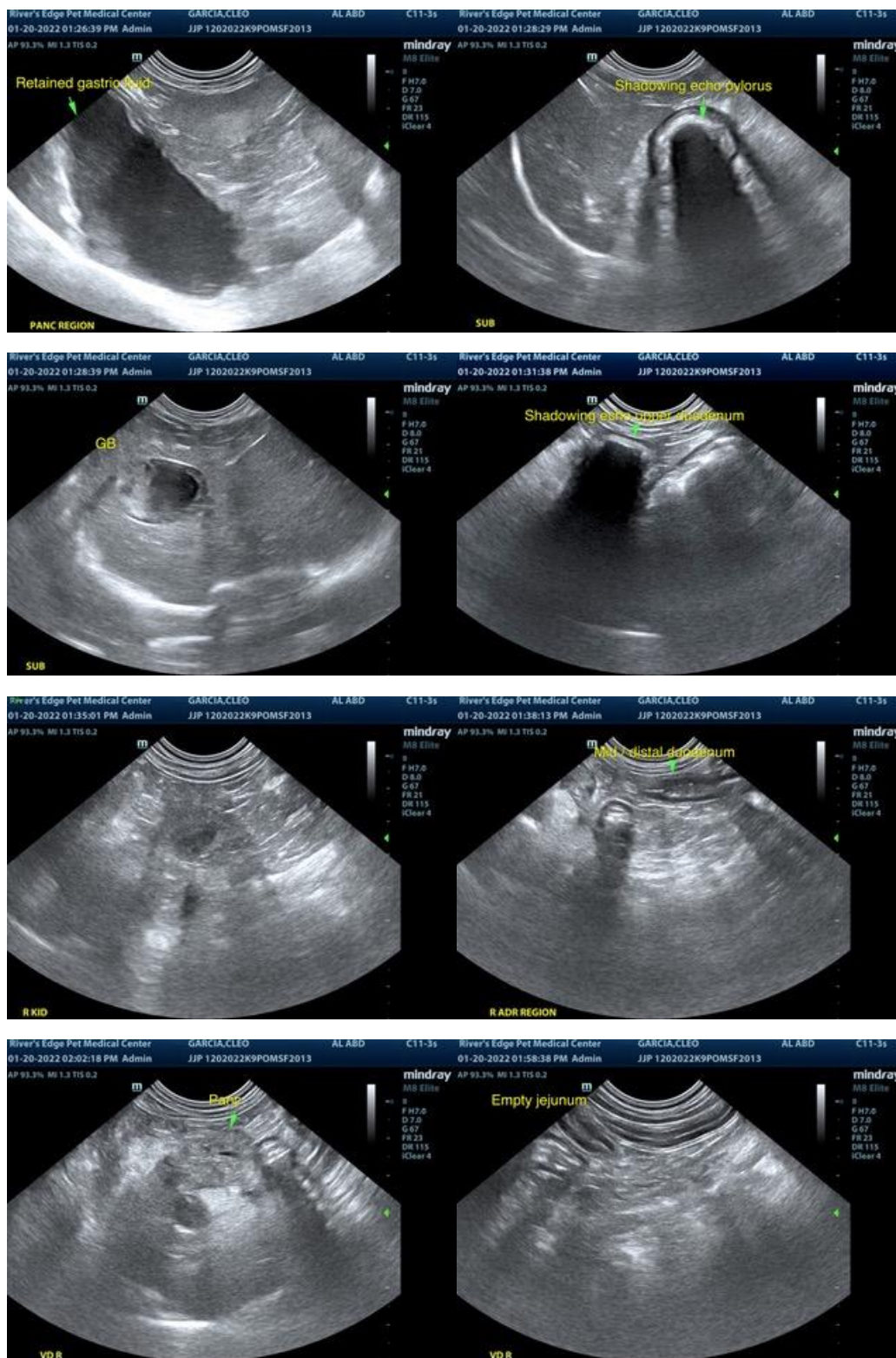
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Cleo Garcia

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.

**SPECIES**

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**info@SonoPath.com**

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