



## PATIENT

Ginger Gavin

## SPECIES

Canine

## BREED

Pomsky

## SEX

Intact Female

## AGE

10 Weeks 5 Days

## WEIGHT

6.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Portus

## INVOICE

13263

## DATE

01/20/26

## PRESENTING CLINICAL SIGNS

- Ingested part of a thread/string- owner removed about 18 inches and patient gagged, suspected additional string/thread in the gut.

Abnormal PE/Chem/CBC/UA Results: Radiographs - unremarkable

## 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.

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 3.8 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm width at the caudal pole.

### 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 mildly thickened wall given the patient's body size. The ventral gastric body wall measured 0.45 cm wall width. The stomach contained a mild amount of retained fluid and lumen gas. No evidence of mechanical obstruction to pyloric outflow.



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The small intestine presented intact wall layering with normal wall layer ratio. primarily empty intestinal lumen with mild nonobstructive upper to mid duodenal retained fluid/ileus.

Normal visible colon wall layers were present with formed fecal matter 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 overt lymphadenopathy was present. Focal to intermittent minor pockets of peritoneal effusion were present primarily in the lateral to caudal abdomen. The effusion is most consistent with physiologic effusion. No evidence of omental inflammation.

## ULTRASONOGRAPHIC FINDINGS

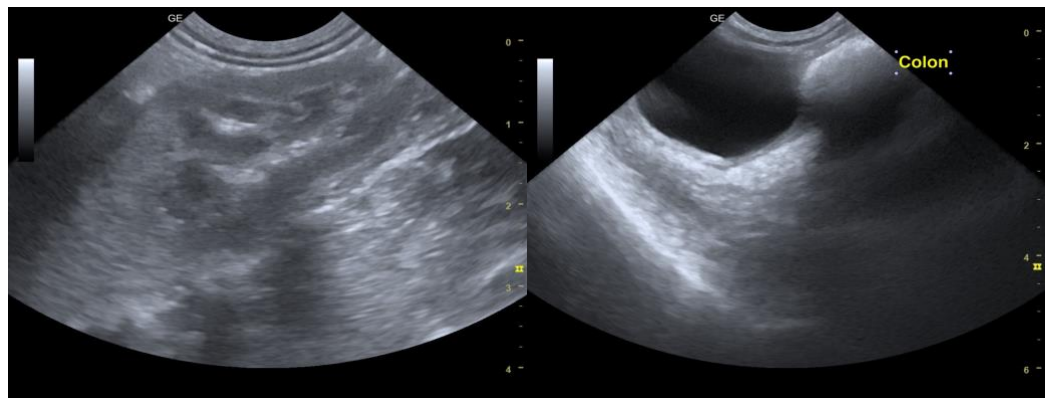
- Mild hypomotile gastritis pattern exhibiting retained fluid and gas.
- Generalized empty small intestine with mild nonobstructive upper to mid duodenal ileus-possible concurrent mild upper to mid duodenitis.
- Normal colon with formed fecal matter.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of persistent gastric or upper intestinal foreign material was not obvious. No evidence of intestinal plication, secondary to linear foreign body.

Technically, a small amount of non-obstructive, persistent gastric string material cannot be definitively excluded yet without evidence of mechanical pyloric or intestinal obstruction, no current indication for immediate surgical intervention. Correlation with current clinical gastrointestinal signs is recommended.

If current signs of gastritis or inappetence, upper gastrointestinal endoscopy for further assessment of the gastric and upper duodenal interior may be indicated. Monitoring of fecal output for evidence of potential passed foreign material is suggested.





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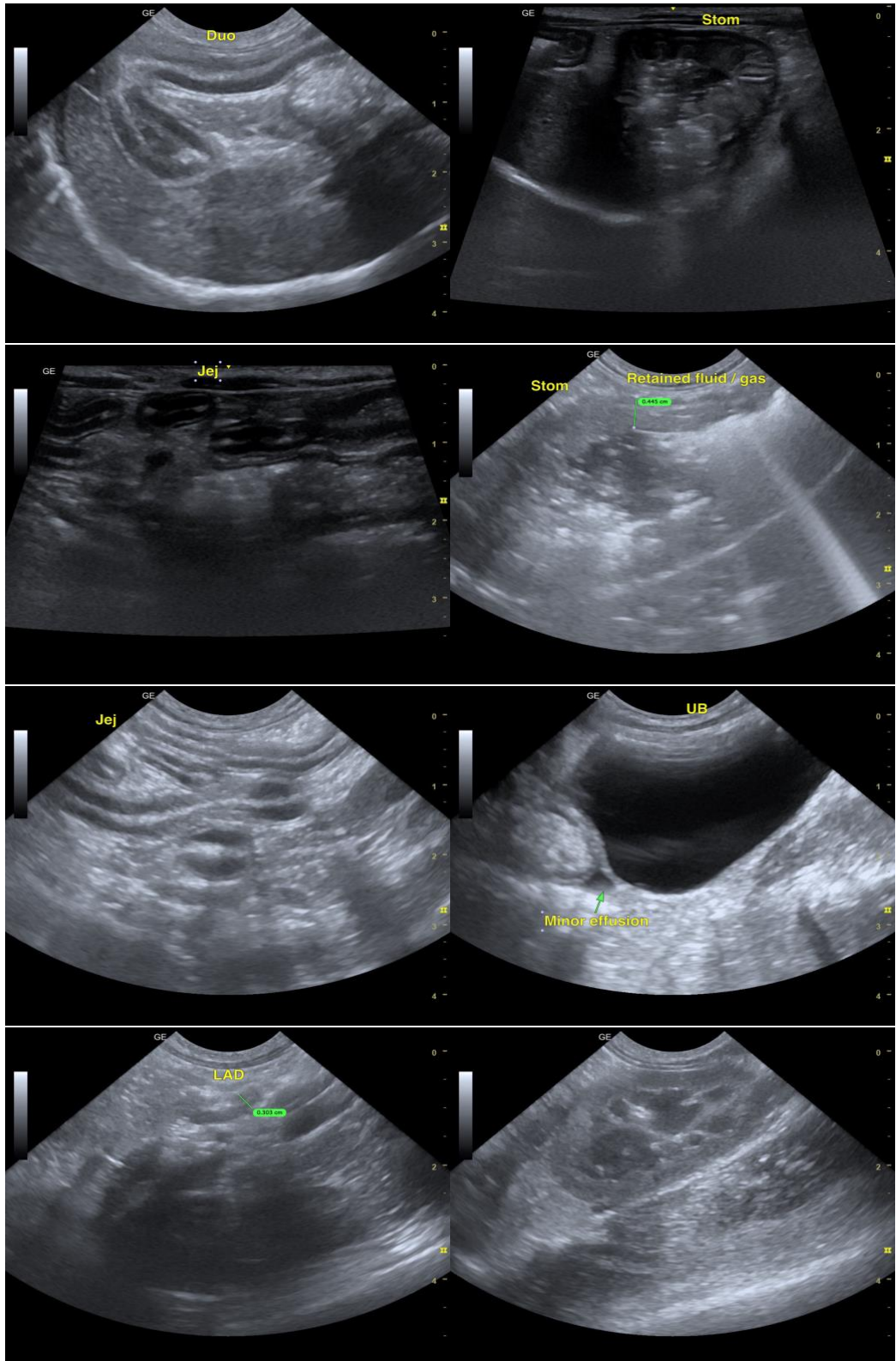
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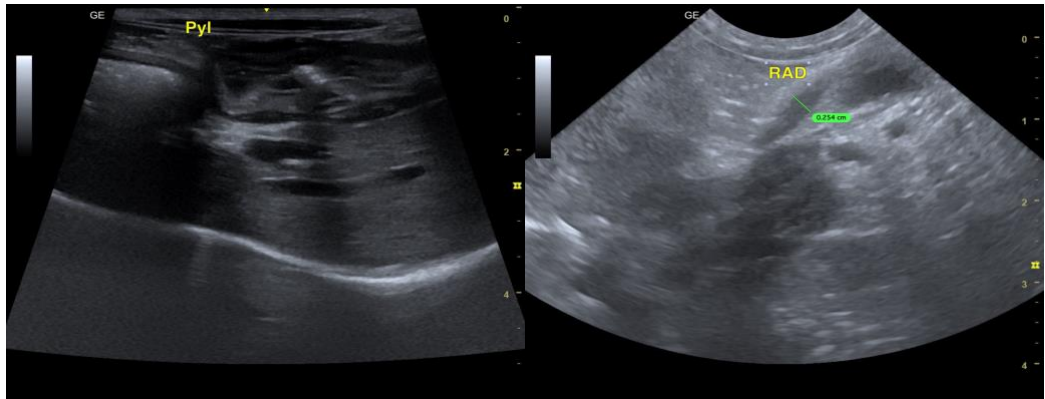
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)