



PATIENT

Hryts Lozynskyj

SPECIES

Canine

BREED

Pomeranian x

SEX

Neutered Male

AGE

12

WEIGHT

16.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

72482

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Ate a tampon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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. Right kidney measured 4.6 cm. Left kidney measured 4.1 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma, measuring 0.46 cm at the caudal pole.

The right adrenal gland was 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

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 mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta. Within the non-shadowing ingesta, a strongly shadowing echo was present measuring approximately 1.5-2.0 cm in diameter. No overt obstruction to the pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, primarily mild non-shadowing ingesta and luminal gas noted. No intestinal obstructive pattern visualized to the level of the colon.

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



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Pancreas

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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.

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Canine

Free Abdomen

BREED

Pomeranian x

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

PRIMARY FINDINGS

- Mild retained gastric ingesta and strongly shadowing lumen echo, consistent with gastric foreign body in conjunction with patient history.
- Normal small intestine with mild segmental intestinal ingesta/gas, no evidence of intestinal obstruction pattern.

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SECONDARY FINDINGS

- Age related renal changes.
- Mild non-organized gallbladder debris (non-mucocele).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Induction of vomiting could be considered with consideration for potential risk i.e., non-successful gastric evacuation or movement of material into the esophagus. Laparotomy with gastrotomy and gross inspection of the gastrointestinal tract warranted.

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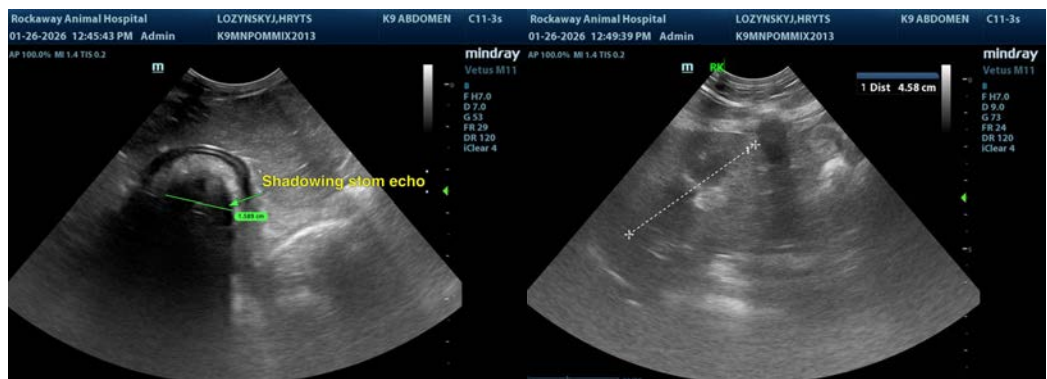
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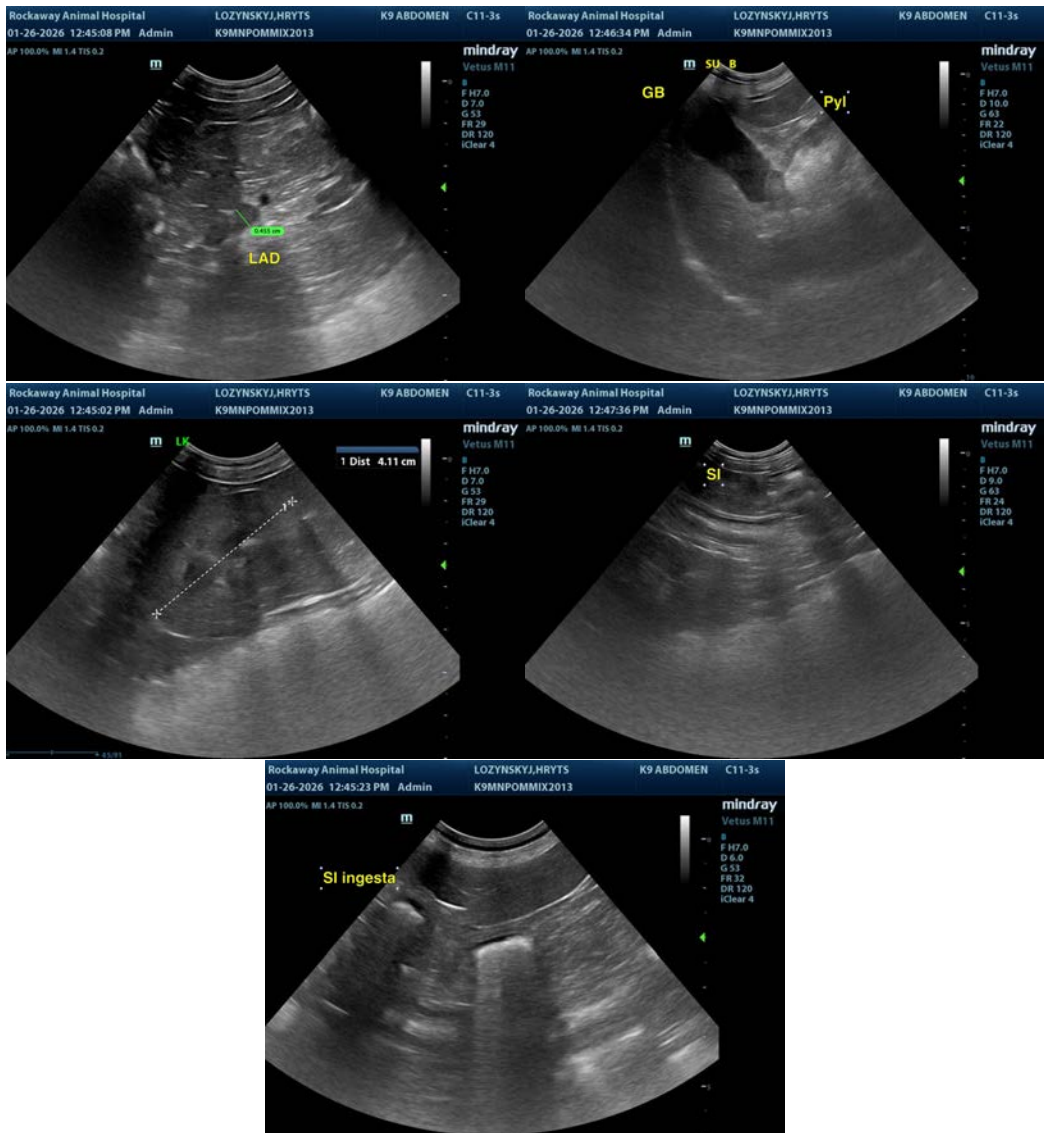
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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