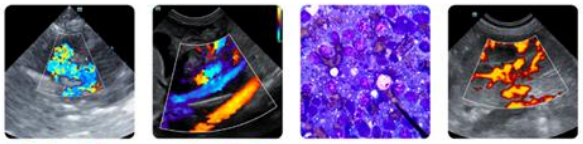


PATIENT
Chewie Estudillo

SPECIES
Canine

BREED
Cockapoo

SEX
M

AGE
2

WEIGHT
14.8

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr Maniar

INVOICE
23412

DATE
1-3-26

PRESENTING CLINICAL SIGNS

consumed clothes vomited pieces last night anorexia Vomited all liquid after the ultrasound

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.3 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The visualized medial iliac lymph nodes were sonographically normal.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

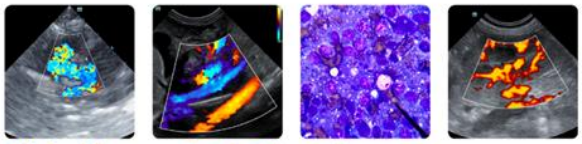
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/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. Normal vascular volume. 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 stomach exhibited moderate to significant distension with retained fluid and non-shadowing ingesta/ chyme. No overt obstruction to pyloric outflow.



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The small intestine presented overall intact wall layering. Segmental mild fluid distended intestinal segments vs non-formed fecal matter in colon right cranial abdomen. Concurrent empty small intestinal segments with intestinal segments containing strongly shadowing content. An example of an area of strongly shadowing content consistent with jejunal foreign body measured 1.4 cm in diameter.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate to significant fluid/ chyme distended stomach
- Focal to suspect segmental strongly shadowing intestinal content with fluid dilated small intestinal segments vs non-formed fecal matter in colon, concurrent empty small intestinal segments

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal presentation is consistent with mechanical gastric to upper gastrointestinal obstruction with focal to segmental jejunal foreign bodies and with empty small intestine likely distal. Potential passed foreign material in the colon cannot be definitively excluded. Regardless, in conjunction with gastrointestinal presentation and clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy to possible enterotomies is recommended.

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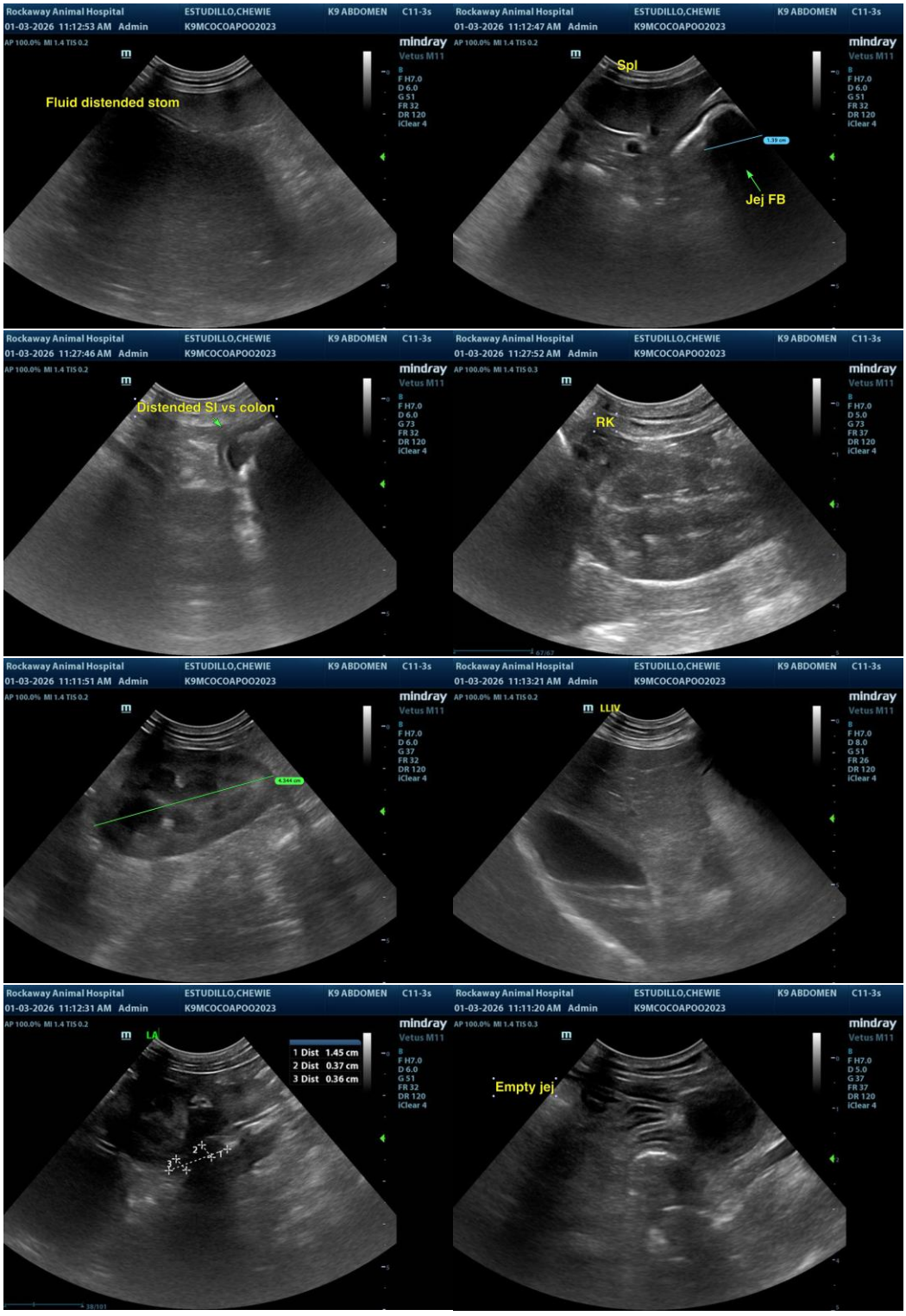

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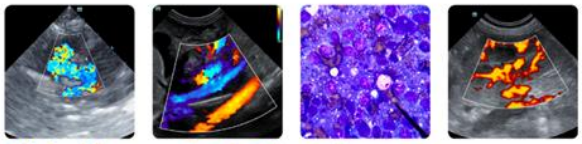

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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