



**PATIENT**

Neko Stevens

**PRESENTING CLINICAL SIGNS**

Possible FB. No eating in 72 hours. Vomiting prior to convenia on 1/7/23.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**BREED**

French Bulldog

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 4.8 cm in length. The right kidney measured 5.4 cm in length.

**SEX**

MN

**AGE**

3yr

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.95 cm width at the caudal pole and 0.41 cm width at the cranial pole.

**WEIGHT**

24.3lb

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jessica Miller

**Liver/Gallbladder**

**HOSPITAL NAME**

Andover AH

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.

**REFERRING VET**

Dr. Hummel

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mildly prominent rugae were present. Within the stomach a strongly shadowing mild asymmetrical luminal echo was present measuring ~ 2.5-3 cm in diameter along with mild luminal gas. Intact wall layering was maintained and distinct. Concurrent minor retained anechoic gastric fluid without evidence of overt mechanical pyloric obstruction was present. The ventral gastric body wall measured 0.42 cm in width.

**INVOICE**

12631ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental jejunal chyme and nonobstructive ileus pattern. No evidence of obstruction or foreign material.

**DATE**

01/09/2023



**PATIENT**

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

Neko Stevens

**Pancreas**

The pancreas was normal in size and contour with subtle non-homogenous parenchyma noted in the pancreas base and right pancreatic limb.

**SPECIES**

Canine

**Free Abdomen**

A focal scant pocket of peri intestinal free fluid was present in the mid abdomen, likely physiologic.

**BREED**

French Bulldog

Minor jejunal mesenteric lymphadenopathy suspected.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Gastritis/gastroenteritis pattern with strongly shadowing gastric luminal echo and mild gastric gas

**MN**

- Subtly non-homogenous pancreas-suspect patient variant or minor reactive pancreatic changes. Potential for very low-grade concurrent inflammation possible

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3yr

The strongly shadowing echo is most consistent with non-specific gastric foreign body and concurrent secondary mild inflammatory gastric/gastrointestinal mural changes. Potential for more general underlying GI disease cannot be definitively excluded. If available, gastric endoscopy could be considered for further clarification and potential retrieval. Otherwise exploratory laparotomy with gastrotomy and with GI biopsies recommended despite exploratory finding is warranted.

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**HOSPITAL NAME**

Andover AH

**REFERRING VET**

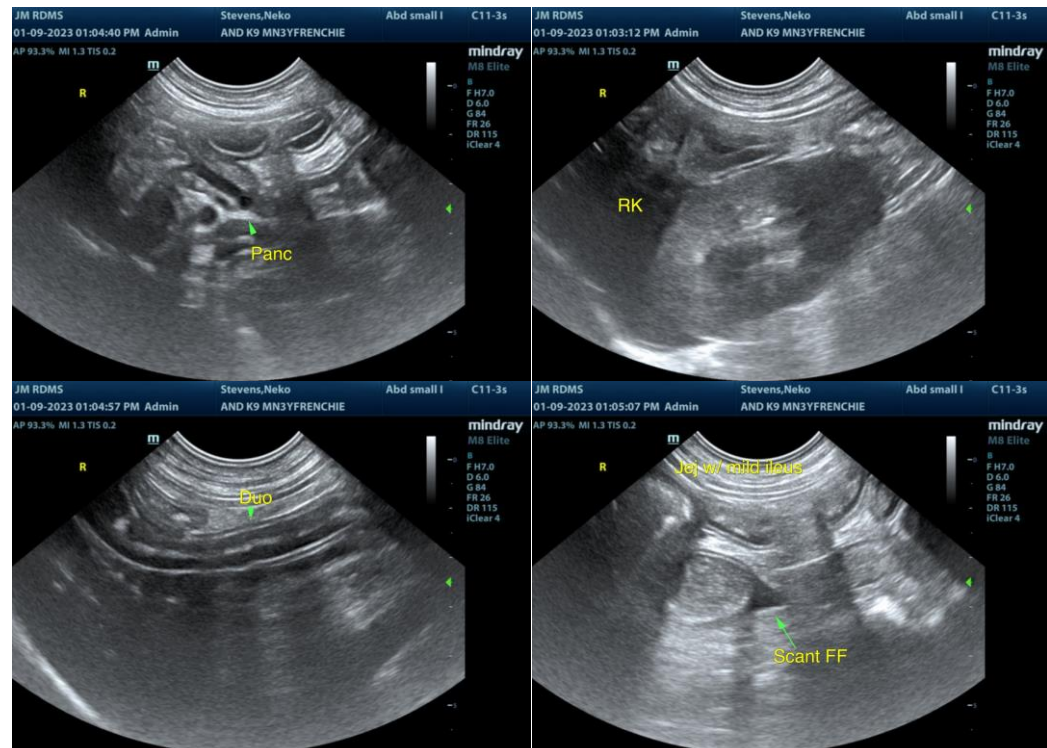
Dr. Hummel

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**BREED**

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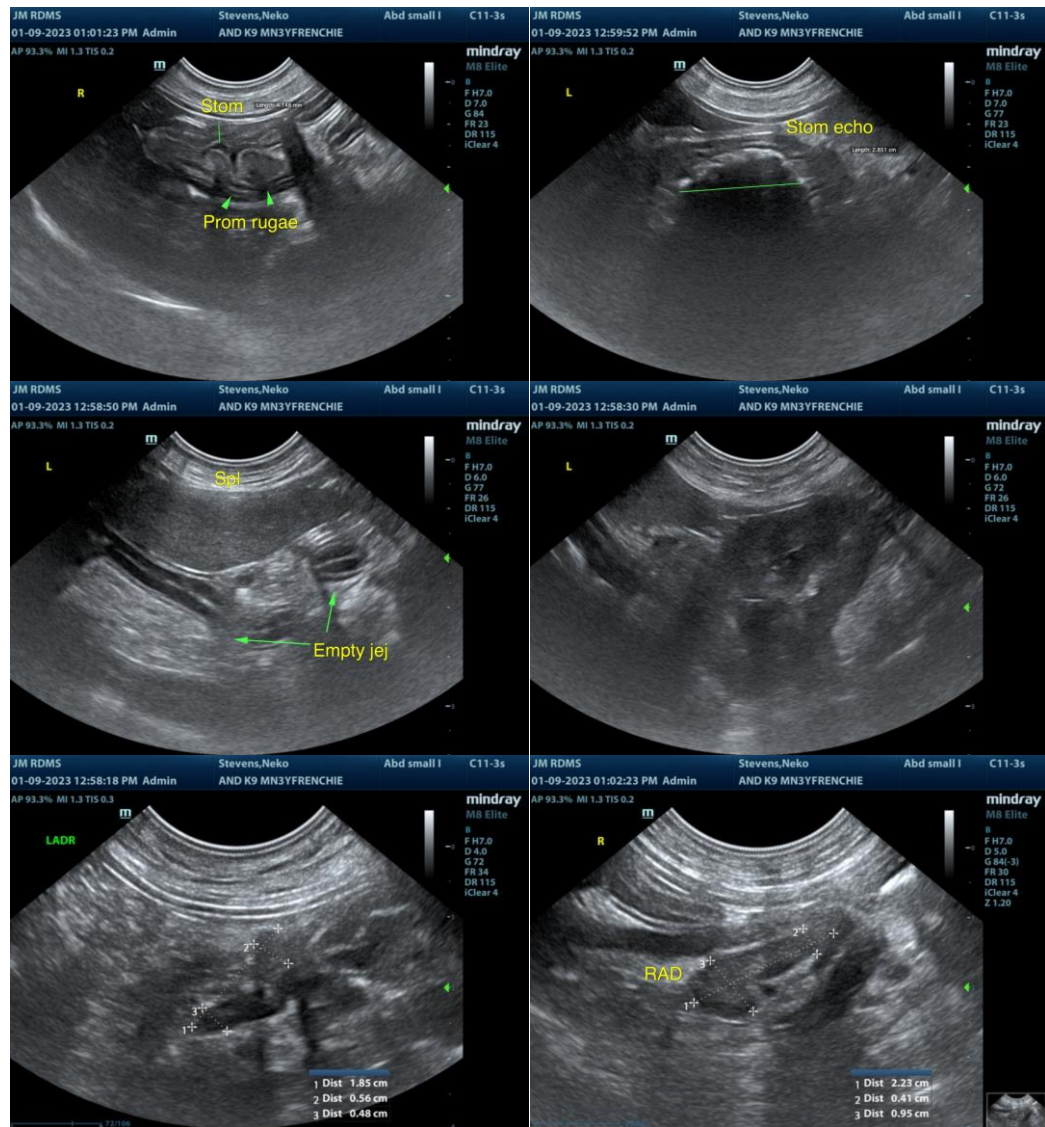
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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