



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tucker Vanderplaat	-Possible linear FB on repeat rads. Current meds: Cerenia Abnormal PE/Chem/CBC/UA Results: n/a
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Golden Retriever	The urinary bladder, trigone, and cystourethral junction 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 was noted.
<b>SEX</b>	
Intact Male	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 7.2 cm in length. The right kidney measured 7.3 cm in length.
<b>AGE</b>	
24 weeks	<b>Adrenal Glands</b>
<b>WEIGHT</b>	
58.7 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.36 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 2.6 cm length x 0.50 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Shari Reffi, CVT	The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	
Newton Vet	
<b>REFERRING VET</b>	
Dr. Kim	
<b>INVOICE</b>	<b>Gastrointestinal</b>
10408	The stomach presented intact wall layering without evidence of mural hypertrophy. A moderate amount of echogenic to shadowing ingesta was retained in the stomach extending into the area of the pyloric outflow.
<b>DATE</b>	
10/21/21	The segmental duodenum and jejunum exhibited plication with likely concurrent intussusception and containing a luminal linear hyperechoic to shadowing echo. Normal appearing segments of jejunum



<b>PATIENT</b>	likely distal to the areas of duodenojejunal plication and without evidence of mechanical or metabolic ileus were present.
Tucker Vanderplaat	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>Pancreas</b>	
Canine	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 were evident.
<b>BREED</b>	
Golden Retriever	
<b>SEX</b>	<b>Free Abdomen</b>
Intact Male	Intermittent mesenteric and focal medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a mesenteric lymph node size was 4.6 cm x 1.3 cm.
<b>AGE</b>	
24 weeks	Reginal peri intestinal reactive mesentery along with small pockets of scant peri intestinal to peritoneal free fluid were present.
<b>WEIGHT</b>	
58.7 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>Moderate retained shadowing gastric ingesta with segmental duodenojejunal plication and intussusception owing to intestinal linear foreign body</li> <li>Regional peri intestinal reactive to potentially inflamed mesentery with small pockets of scant peritoneal free fluid - potential for mild peritonitis</li> <li>Associated reactive to inflamed mesenteric and focal medial iliac lymphadenopathy</li> </ul>
Shari Reffi, CVT	<b>Secondary Findings</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>Subjective mild hypoechoic liver - suspect reactive hepatic changes</li> </ul>
Newton Vet	
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Kim	This study is consistent with gastric foreign material which may be anchored in the pylorus and secondary duodenojejunal linear foreign body with plication and concurrent intussusception. Exploratory laparotomy once patient is stable enough for anesthesia with expectation toward gastrotomy and likely multiple enterotomies indicated. Potential for concurrent mild peritonitis and/or intestinal perforation cannot be definitively excluded. Likewise, the possibility of resection anastomosis of the intestinal tract may be required based on the gross appearance of the intestine at the time of surgery. A guarded prognosis, given the potential for multiple enterotomies and complex surgery.
<b>INVOICE</b>	
10408	
<b>DATE</b>	
10/21/21	



**PATIENT**

Tucker Vanderplaat

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact Male

**AGE**

24 weeks

**WEIGHT**

58.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

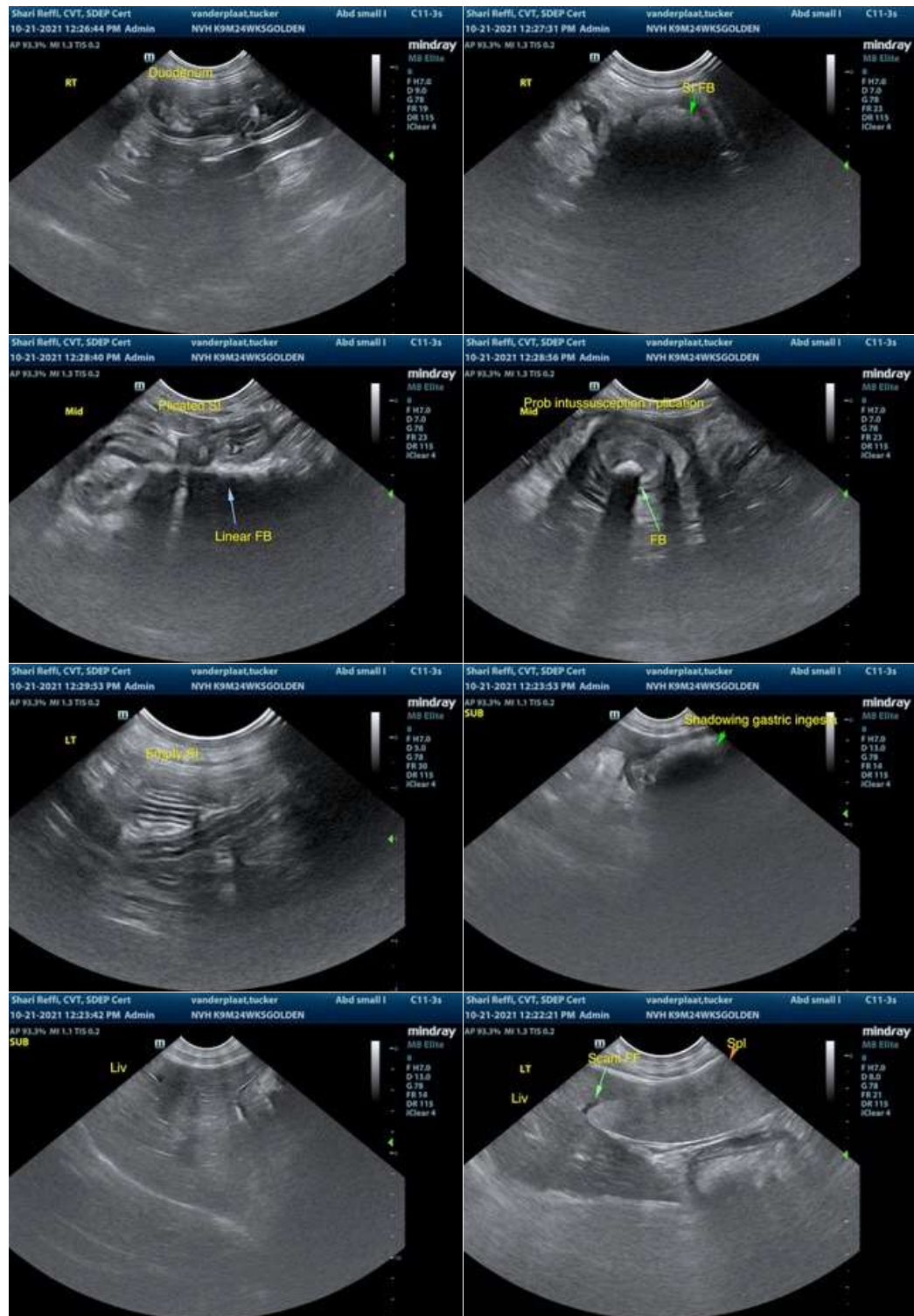
Dr. Kim

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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.**

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