



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Dobby Kreiter	Possible foreign body - gastric/pyloric dilation with delay of emptying seen with barium series.
<b>SPECIES</b>	Current meds: Cerenia 1.7 mL IV Rimadyl 0.75 mL SQ Enroflox 0.9 mL IM Famotidine 1 mL IV Phenobarb 64.8 1/2 BID
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Shepherd mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	
MN	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 5.9 cm in length. The right kidney measured 6.0 cm in length.
<b>AGE</b>	
7yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	The area of the residual prostate appeared normal and free of pathology.
39.4lb	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 2.9 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Jessica Miller	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Shohola Veterinary Hospital	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained fluid and likely barium was present in the gastric lumen with strong distal acoustic shadowing in the pyloric outflow measuring ~ 3.6 cm in diameter.
Dr. DeMeo	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A solitary strongly suspicious echo was present in the intestinal lumen measuring ~ 2.7 cm in diameter. This echo did not
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**PATIENT**

Dobby Kreiter

appear to have the typical appearance of barium exhibiting strong distal acoustic shadowing. The lumen of the small intestine was primarily empty with minor segmental ileus containing suspected segmental barium. Minor regional peri-intestinal hyperechoic mesentery was noted.

**SPECIES**

Canine

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.

**BREED**

Shepherd mix

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present. No evidence of peritonitis.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7yr

- Moderate retained gastric fluid/barium, possible strong shadowing in the area of the pyloric outflow
- Small intestinal luminal echo-suggestive of small intestinal foreign body
- Concurrent segmental intestinal ileus containing segmental barium

**WEIGHT**

39.4lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

At least one focal intestinal foreign body is strongly suspected with concurrent segmental intestinal ileus and luminal barium. Potential for concurrent foreign body within the pyloric outflow which may be obscured by retained barium cannot be definitively excluded.

**INTERPRETED BY**

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

Exploratory laparotomy with enterotomy and gross inspection of the stomach and full GI tract of additional foreign material is recommended.

**IMAGING PERFORMED BY**

Jessica Miller

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**BREED**

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**SEX**

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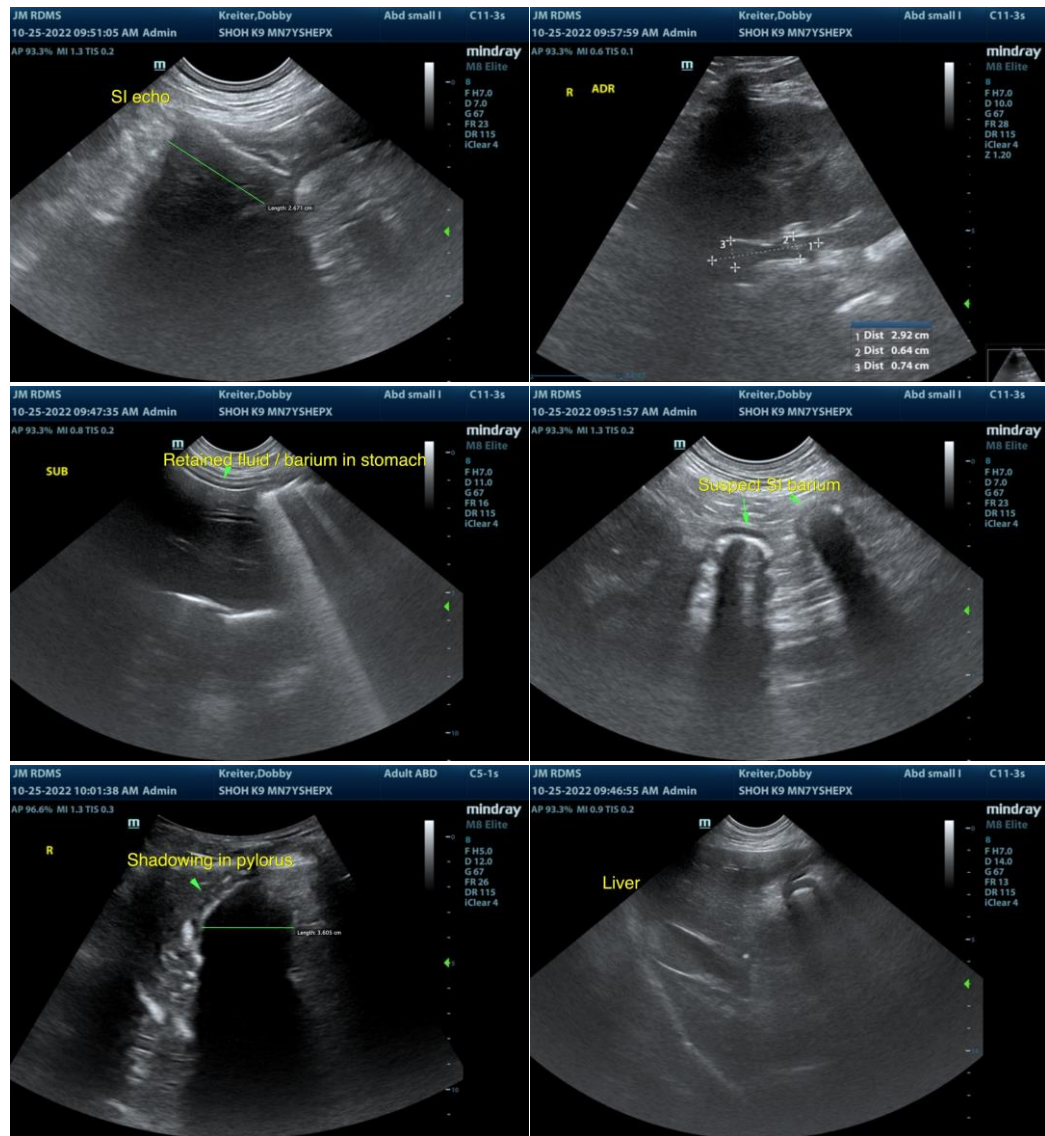
Dr. DeMeo

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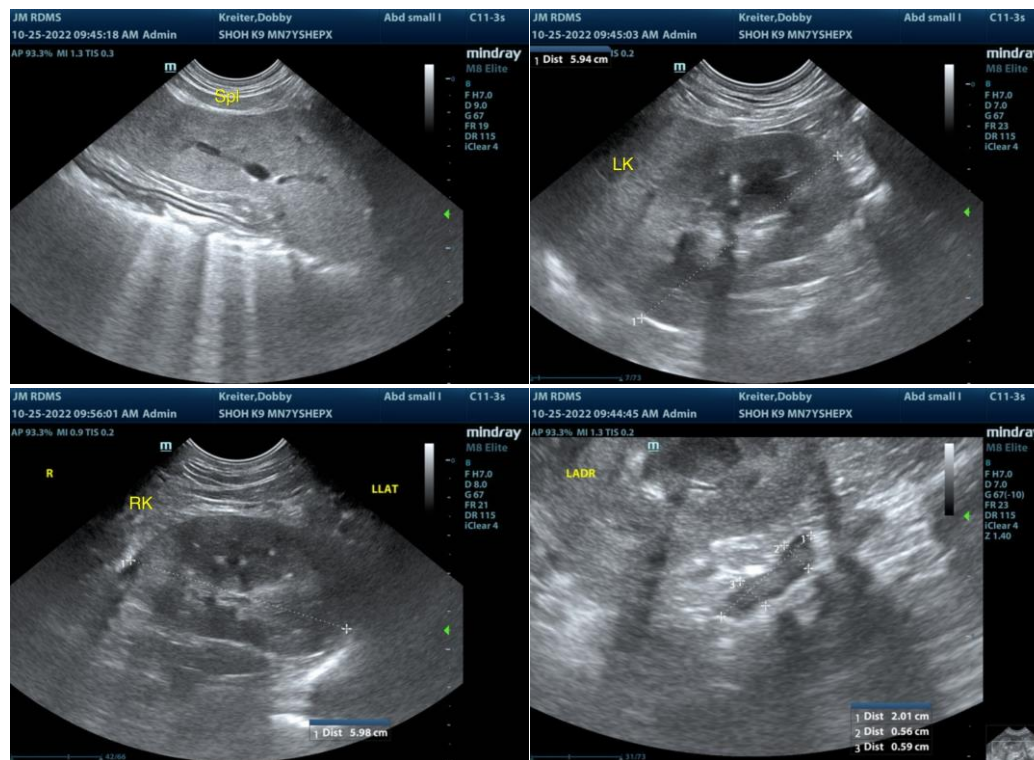
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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