



**PATIENT PRESENTING CLINICAL SIGNS**

Finn Safin History of hemangiosarcoma, splenectomy in September, treated with chemotherapy, recent bloody diarrhea, vomiting, history of eating foreign objects.

**SPECIES** Medication: Cerenia, Reglan, Canalevia, Dex

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Boxer Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

**SEX**

MN

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.6 cm in length.

**AGE**

2013

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

71

The area of the residual prostate appeared normal and free of pathology measuring 1.1 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 3.4 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
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**Spleen**

The spleen was not visualized owing to previous splenectomy.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 with mild echogenic debris, which is likely incidental assuming no evidence of cholestasis, potentially secondary to fasting. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Pocono Peak VC

**Gastrointestinal**

**REFERRING VET**

Dr. Thompson

The stomach presented intact and overtly normal wall layering with a normal wall layer ratio. The stomach was moderately to markedly distended with retained anechoic fluid and intermittent non-specific hyperechoic linear echoes. The echoes may indicate grass or similar although not definitive. A strongly shadowing asymmetrical echo was present in the area of the pylorus measuring ~ 3.0 cm in diameter. The shadowing echo extending into the upper duodenum is possible.

**INVOICE**

11993ag

The duodenum presented intact wall layering with generalized mild retained duodenal fluid. The jejunum and ileum to the level of the colon were sonographically normal without areas of metabolic/mechanical ileus or obstructive pattern.

**DATE**

10/25/2022



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

Finn Safin **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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Boxer Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Moderate to marked fluid distended stomach containing hyperechoic linear echoes
- Strongly shadowing pyloric echo with potential extension into the upper duodenum-strongly suggestive of obstructive foreign body
- Suspect concurrent mild duodenitis/colitis
- Minor hepatic parenchyma remodeling-benign
- Mild gallbladder debris (non-mucocele)

MN

**AGE**

2013

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

71

Given the degree of gastric distention and hyperechoic linear echoes in conjunction with strongly shadowing pyloric echo the gastric presentation is consistent with mechanical pyloric outflow obstruction likely with pyloric foreign body. Exploratory laparotomy with gastrostomy, gross inspection of the GI tract +/- GI biopsies given the potential history of pica is recommended.

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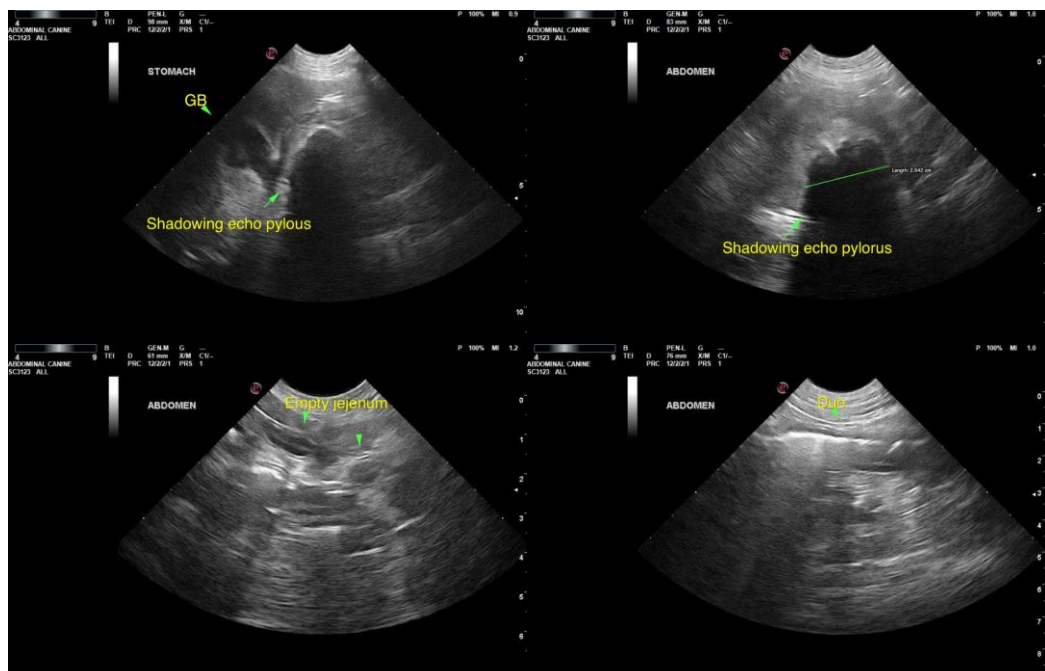
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**PATIENT**

Finn Safin

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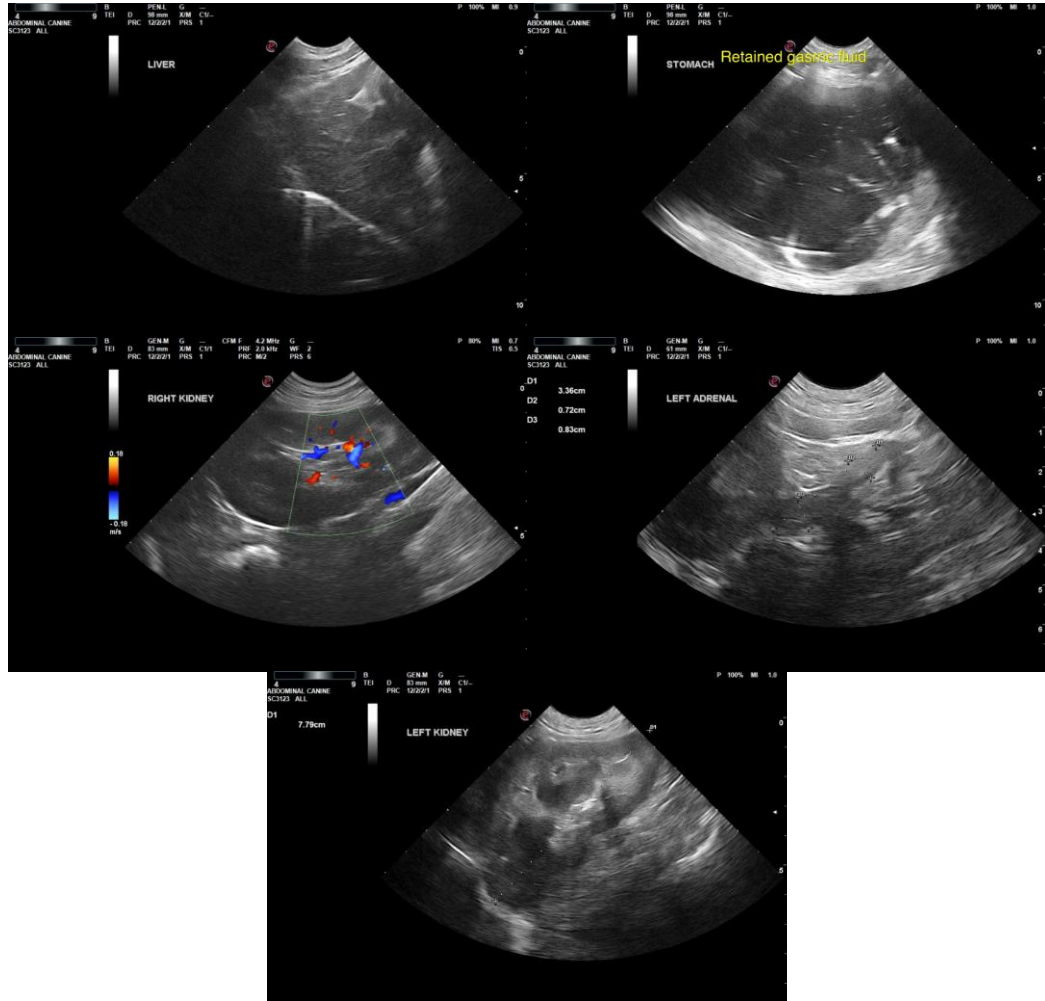
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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