



**PATIENT**

Birdie Remoloma

**PRESENTING CLINICAL SIGNS**

History: Had FB sx, did not find anything, radiodense object on radiograph

Medication: Baytril, Rimadyl, Gabapentin

**SPECIES**

Canine

ALP 165, Phosphorous 6.9, Unremarkable CBC

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Lab Mix

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

5 months

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 5.7 cm in length. The right kidney measured 5.7 cm in length.

**WEIGHT**

31 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.41 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 2.3 cm length x 0.36 cm width at the caudal pole.

**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**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

New Britain VC

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Bandekar

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.

**INVOICE**

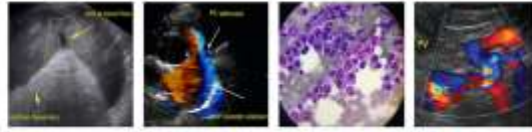
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**Gastrointestinal**

The stomach presented intact yet subjective mild prominent wall layering. The gastric body wall width measured 0.50 cm. A mild amount of retained ingesta and chyme was present in the stomach along

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with a solitary, ovoid to curved linear shadowing echo, measuring approximately 2.0 cm in diameter, subjectively present in the area of the gastric antrum and/or pylorus.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen.

**Pancreas**

**BREED**

Lab Mix

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.

**SEX**

FS

**Free Abdomen**

Regional perigastric reactive to mildly inflamed mesentery along with scant peritoneal free fluid was noted.

**AGE**

5 months

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**WEIGHT**

31 Pounds

- Persistent retained ovoid shadowing gastric echo with mild retained chyme
- Regional perigastric omental reactivity / Inflammation and scant free fluid - likely secondary to previous surgery

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This study demonstrated persistent ovoid shadowing echo in the area of the gastric antrum and pylorus, likely consistent with the radio-dense object noted on the radiographs. This object did not appear to be overtly obstructive, yet consistent with foreign object.

**IMAGING**

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ARDMS/RVT

If available, endoscopy could be considered for further assessment and potential removal. Otherwise, re-exploratory laparotomy vs. radiographic monitoring may be considered.

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Canine

**BREED**

Lab Mix

**SEX**

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**AGE**

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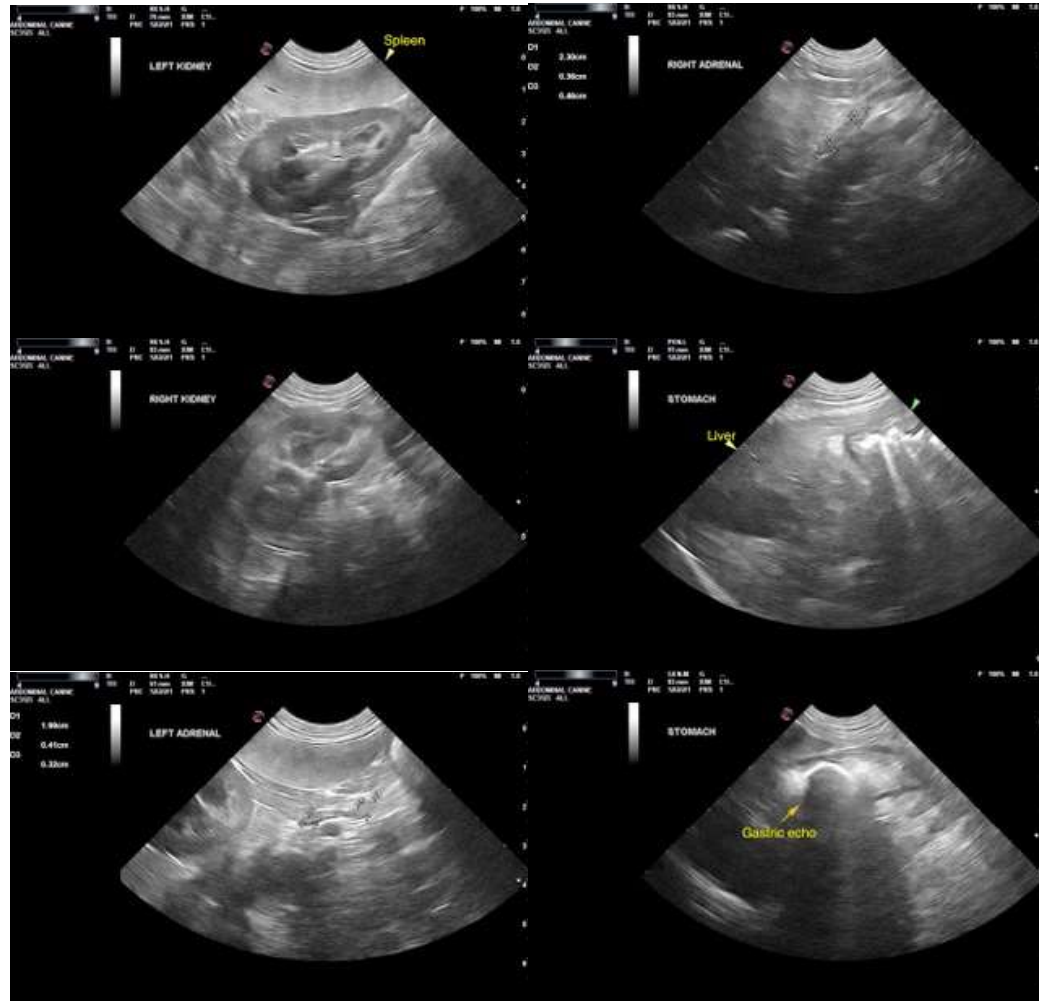
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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