



**PATIENT**

Riley Ryan

**PRESENTING CLINICAL SIGNS**

Concern for FB +/- small intestinal obstruction

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Lab Mix

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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**

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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 6.4 cm in length. The right kidney measured 6.0 cm in length.

**WEIGHT**

61

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**INTERPRETED BY**

R. McKenzie Daniel,  
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(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**

Jenn

**Liver/ Gallbladder**

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.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Kahn

**Gastrointestinal**

The stomach exhibited intact, sonographically unremarkable wall layering with moderate gastric distention secondary to retained anechoic fluid.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio primarily. Segmental obstructive small intestinal pattern exhibited by moderate segmental retained intestinal fluid was present. A solitary intestinal shadowing echo was noted in the subjective mid abdomen measuring 2.0-2.5 cm in diameter. Potential for linear component associated with the shadowing echo is possible although not definitive with possible concurrent intestinal luminal mucus. Empty small intestine without evidence of mechanical / metabolic ileus is also present.

**DATE**

10/8/22



**PATIENT**

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

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**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Lab Mix

Regional peri intestinal hyperechoic mesentery was present. Intermittent small pockets of scant free fluid were noted. Subjective benign/reactive mesenteric lymphadenopathy was also noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Strongly shadowing intestinal echo with possible linear component, secondary segmental likely proximal intestinal obstructive pattern with empty small intestinal likely distal
- Mild regional peri intestinal hyperechoic mesentery and intermittent small pockets of scant peritoneal free fluid, associated minor benign / reactive mesenteric lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Intestinal presentation is consistent with obstructive intestinal foreign body with secondary obstructive pattern proximal, and empty small intestine distal. Potential for minor emerging peritonitis cannot be definitively excluded. Exploratory laparotomy with expectation toward enterotomy is recommended.

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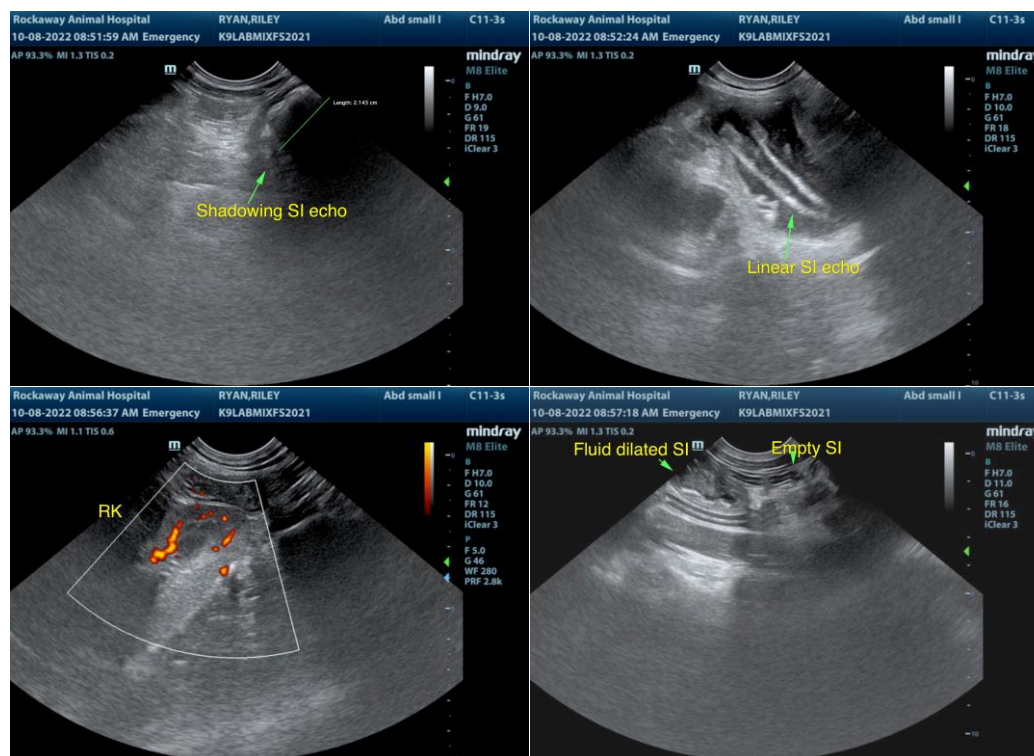
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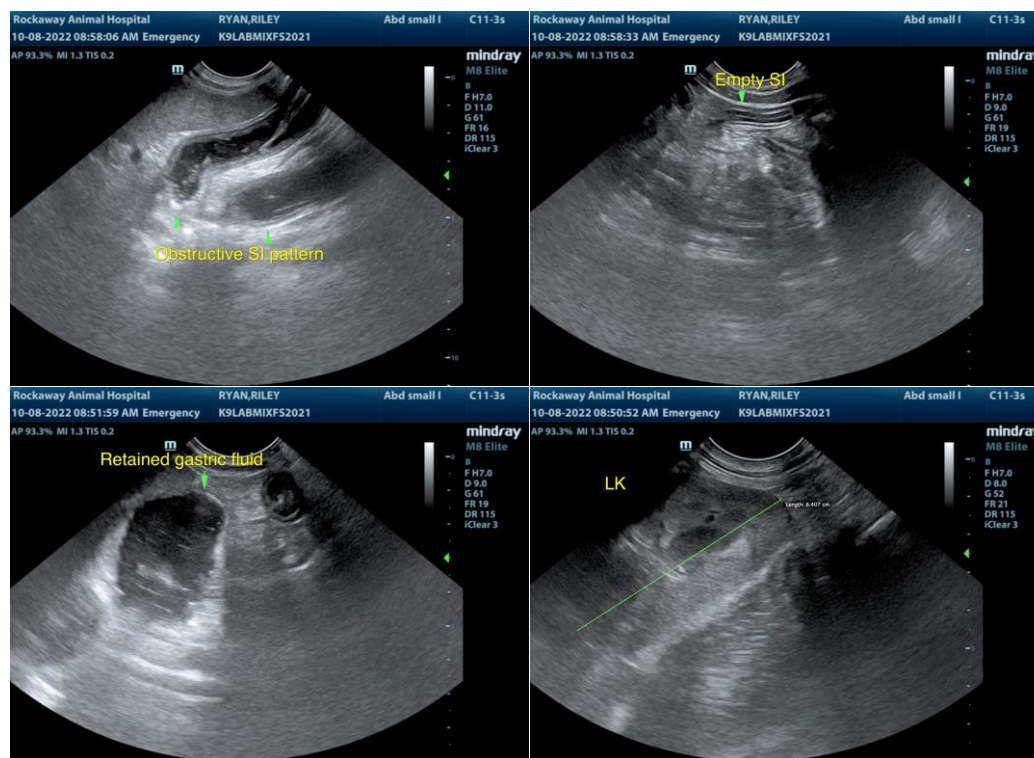
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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