

**PATIENT**

Opie Billingsly

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

NM

**AGE**

7 Years

**WEIGHT**

17 lbs

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

48355

**DATE**

11-15-21

**PRESENTING CLINICAL SIGNS**

Defecated a Clorox wipe on 11/7/21. Seen at AEC on 11/8/21 for vomiting/lethargy/anorexia x 4 days. Weight loss per O.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs on 11/8/21 - Stress leukogram, elevated platelets, stress hyperglycemia. CPL normal. Rads - Aerophagia, no obvious foreign material.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.93 cm in width

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 5.3 cm in length. The right kidney measured 5.3 cm in length.

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.64 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 1.9 cm length x 0.91 cm width at the caudal pole. Potential for right adrenal stress hyperplasia.

*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.

*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.

*Gastrointestinal*

The stomach exhibited intact yet subjective prominent wall layering. A mild to moderate amount of retained echogenic to shadowing gastric ingesta to echoes likely extending into the gastroduodenal junction and upper duodenum were present. No evidence of ileus, obstruction or foreign material. The gastric body wall width measured 0.45 cm.

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The duodenum exhibited prominent yet intact wall layering with generalized mild mid to descending duodenal ileus. The jejunum exhibited intact wall layering with segmental propensity for intact yet prominent wall layering containing concurrent shadowing digesta/echoes along with the possibility of segmental jejunal plication potentially measuring 4.0-5.0 cm in length.

**SPECIES**

Canine

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

***Pancreas*****BREED**

Boston Terrier

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.

***Free Abdomen*****SEX**

NM

Subtle evidence of peri-intestinal reactive mesentery along with probable minor likely benign to reactive mesenteric lymph nodes.

No overt evidence of peritoneal effusion was present.

**AGE**

7 Years

**ULTRASONOGRAPHIC FINDINGS**

- Concurrent shadowing gastric, upper duodenal, and segmental jejunal ingesta / echoes with gastroduodenitis and segmental jejunitis, potential segmental intestinal plication.

**WEIGHT**

17 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's history, along with sonographic abnormalities as well as documental fast prior to the ultrasound, the shadowing gastric, upper duodenal, and segmental jejunal ingesta/echoes are strongly suggestive of gastric, upper duodenal, and segmental jejunal foreign material. Cloth, fabric, or similar suspected.

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Exploratory laparotomy with expectation towards gastrotomy and potential upper to mid enterotomy recommended. Intestinal biopsies may be considered at the time of surgery to assess for underlying gastrointestinal disease despite exploratory findings.

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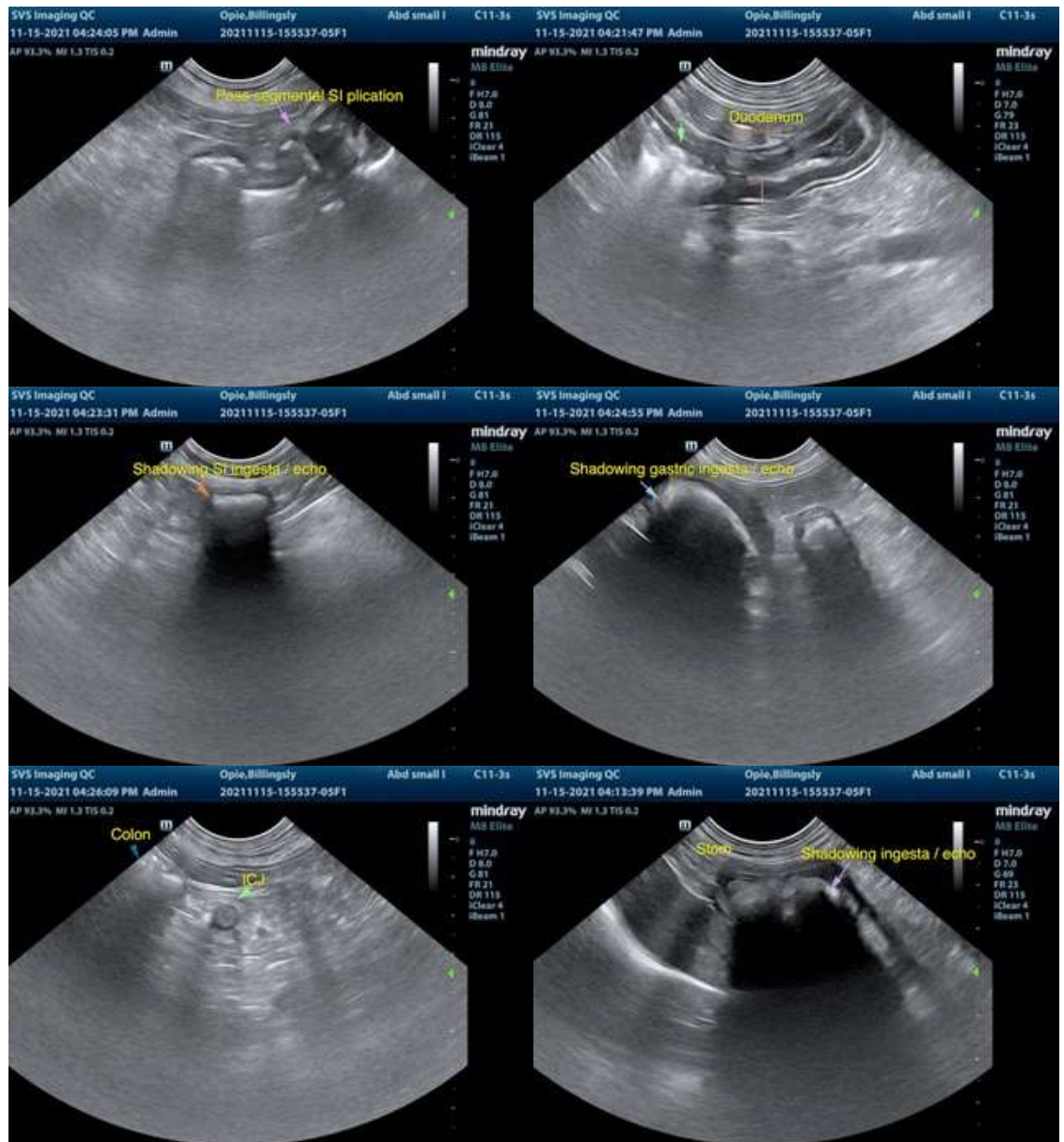
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
info@SonoPath.com