



**PATIENT**

Gracie Taylor

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

9 years

**WEIGHT**

63.4 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Crook -  
SDEP Certified  
Clinical Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. David Gray

**INVOICE**

12674

**DATE**

11/29/21

**PRESENTING CLINICAL SIGNS**

3 day history of vomiting and anorexia - owner reports possible sock ingestion.

Abnormal PE/Chem/CBC/UA Results: Lab work pending See attached radiographs - suspect FB with abnormal GI patterns

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The area of the aortic trifurcation was free of pathology.

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 7.4 cm in length. The right kidney measured 7.4 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 0.64 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 1.2 cm width at the cranial pole.

**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 was mild to moderately distended with retained anechoic fluid. The stomach presented intact wall layering with a normal wall layer ratio. No overt evidence of gastric foreign material or mechanical outflow obstruction. The gastric body wall width measured 0.50 cm.



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The intestinal tract exhibited segmental, strongly shadowing echo with associated intestinal distention, measuring potentially 8.0-9.0 cm in length. Associated regional intestinal retained fluid and mild to moderate obstructive pattern was present. Concurrent segments of empty small intestine suspected to be distal to the intestinal shadowing echo were present. Inflammatory mural pattern was noted in the segments of the intestine adjacent to the strongly shadowing echo yet intact wall layering was maintained.

The discernable colon was sonographically unremarkable.

***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 were evident.

***Free Abdomen***

Associated peri intestinal reactive mesentery was noted around the intestinal shadowing echo and segments of inflamed intestine along with mild peritoneal free fluid, primarily in the lateral abdomen adjacent to the spleen. Associated minor likely reactive or benign mesenteric lymph nodes were present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Strongly shadowing intestinal luminal echo with segmental mild to moderate enteritis and retained fluid, consistent with obstructive pattern
- Associate peri intestinal reactive to possibly inflamed mesentery and mild peritoneal free fluid
- Hypomotile stomach

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This study is consistent with intestinal obstructive to partially obstructive foreign body with associated segmental mild to moderate enteritis, reactive to inflamed peri intestinal mesentery, and peritoneal free fluid. The peritoneal free fluid in this case may be owing to inflammation, although the possibility of peritonitis cannot be excluded. The shadowing echo is suspected to be within the mid abdominal jejunum medial to the spleen.

Exploratory laparotomy with expectation toward enterotomy is recommended. Intestinal biopsies may be considered to assess for underlying intestinal disease despite exploratory findings, while the possibility of potential resection anastomosis would be based on gross inspection of the Intestinal tract. Perioperative antibiotics are suggested pending lab work and given potential for peritonitis.



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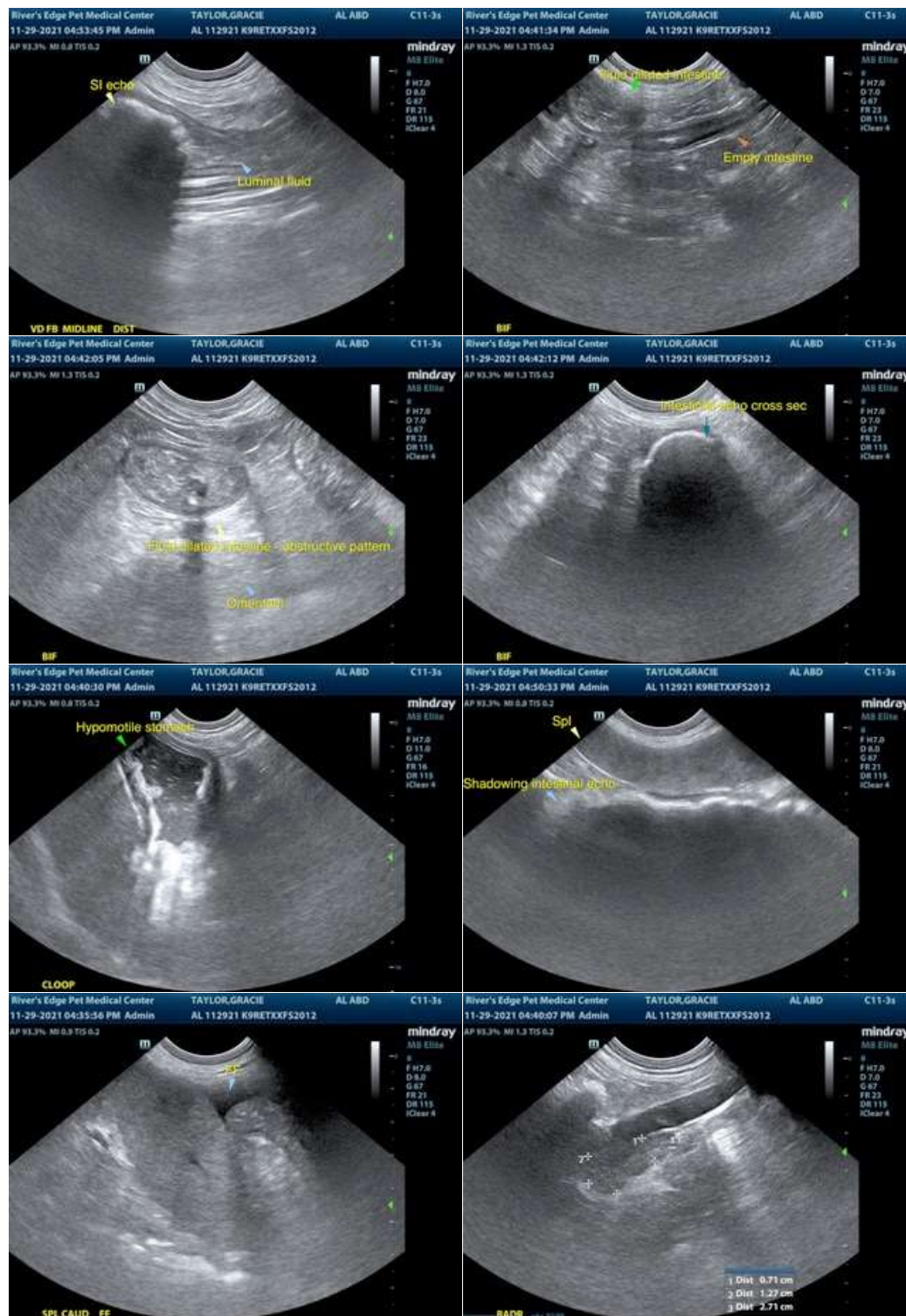
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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