



**PATIENT**

Augie Tomlin

**SPECIES**

Canine

**BREED**

Australian Shepherd  
Mix

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

70 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Harley Harasimowicz

**HOSPITAL NAME**

Waterbury VH

**REFERRING VET**

Harley Harasimowicz

**INVOICE**

17946

**DATE**

11/3/22

**PRESENTING CLINICAL SIGNS**

History: 8 days history of intermittent vomiting and decreased appetite despite sq fluids, omeprazole, metronidazole and bland diet. When signs started, p vomited up a piece of rawhide bone. Abnormal PE/Chem/CBC/UA Results: Hypersalivating and regurgitating foul smelling material in exam room. Cranial abdominal pain with palpation. T - 101.3 F. CBC/chem/cPL pending. Last blood work was in July and was unremarkable CBC/chem.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 6.1 cm in length. The right kidney measured 6.0 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 0.48 cm width at the caudal pole and 0.39 cm width at the cranial pole.

No overt pathology in the area of the right adrenal gland.

**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**

The liver exhibited borderline to mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized hyperechoic debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral gallbladder inflammation.

**Gastrointestinal**

The stomach presented intact yet prominent wall layering primarily in the area of the antrum and pylorus. The lumen of the stomach contained a mild to moderate amount of retained anechoic fluid with nonspecific hyperechoic mildly shadowing echoes within the area of the mid gastric body,



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extending into the pyloric outflow. Within the pyloric outflow or upper duodenum, a strongly shadowing echo, measuring approximately 3-4 cm in diameter was present. Intact yet prominent gastric and subjective upper duodenum wall layering noted without overt evidence of neoplastic criteria. No overt evidence of peritonitis or peritoneal free fluid.

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The jejunum and ileum to the level of the colon were sonographically normal.

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

**BREED**

***Pancreas***

Australian Shepherd  
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 was evident.

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***Free Abdomen***

Subtle evidence of perigastric to periduodenal hyperechoic mesentery was noted. No free fluid noted.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Pyloric outflow or upper duodenal strongly shadowing echo with retained gastric fluid, concurrent nonspecific hyperechoic gastric echoes.
- Mild perigastric to periduodenal hyperechoic mesentery- no overt peritonitis

**WEIGHT**

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**Secondary Findings**

- Subjective mild vacuolar hepatopathy pattern- benign
- Gallbladder debris (non-mucocele)
- Mild age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Shadowing echo consistent with foreign material with secondary mild gastric obstructive pattern. Potential for concurrent separate nonobstructive foreign bodies within the gastric lumen is suspected, although not definitive. Given this presentation in conjunction with the patient clinical signs, exploratory laparotomy with expectation toward upper enterotomy or gastrotomy with gross examination of the entire GI tract +/- GI biopsies if clinically indicated is recommended. Potentially, the shadowing echo/foreign body, if in the upper duodenum, may be milked back into the gastric lumen.

Mild secondary inflammatory gastric and duodenal changes are suspected without overt evidence of significant or sonographically compromised gastrointestinal wall. Correlation with pending CBC/Chemistry panel and CPL is recommended.

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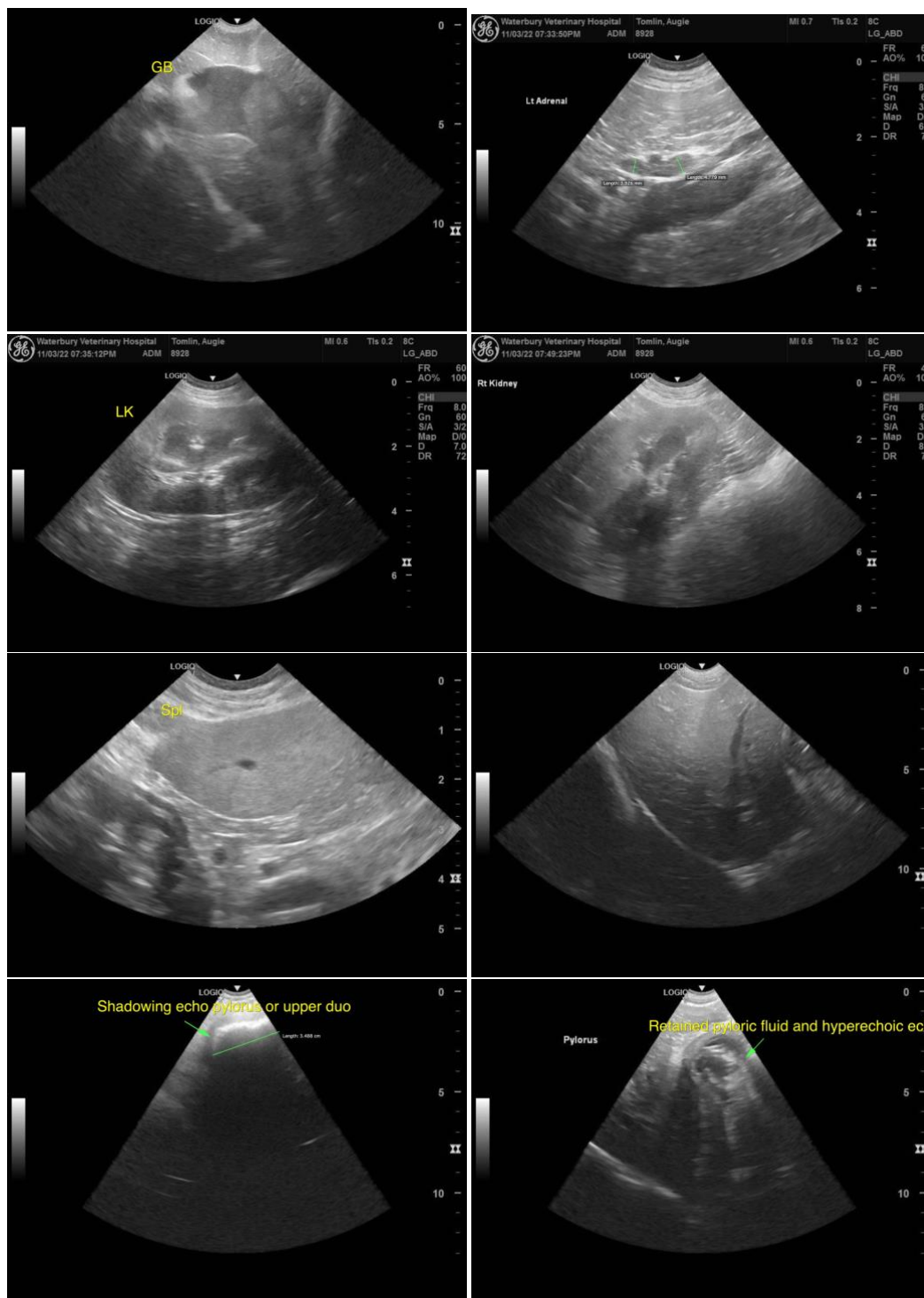
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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