



PATIENT

Owen Hughes

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

8yr

WEIGHT

81.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

12466ag

DATE

12/19/2022

PRESENTING CLINICAL SIGNS

Fri morning the pet was left unsupervised for 4 hours and when Owner returned the trash had been messed with and 2 tampon applicators were in the trash but no tampons. Took pet to training appointment and at that time Owner mentioned it and they took a lateral radiograph, induced vomiting (injection) Twice, Sub-q fluids and cerenia inj. Only 1 tampon was retrieved per clinic. Since then the pet has been eating only wet food and having small loose stools. Pet usually is active and has been less energetic this weekend. With the timing of today being a shorter day and radiographs been taken I discussed - blood work w/ lipase - abdominal ultrasound +/- barium given and radiographs taken. Discussed with Owner about +/- overnight fluid therapy and we are not a 24 hr facility. Owner with some thought about the situation and she would like information with a 24hr option. Had her call Advanced Animal Hospital and they were able to see her. Staff: Vincent F. Loduca, DVM

Abnormal PE/Chem/CBC/UA Results: NO SIGNIFICANT FINDINGS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 8.0 cm in length. The right kidney measured 8.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The bilateral adrenal glands were not definitively visualized.

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 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 with mild hyperechoic congealed non-organized luminal



PATIENT	debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Owen Hughes	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mild to moderately distended with luminal gas which prohibited full evaluation of the gastric lumen. No obvious evidence of ileus, obstruction or foreign material.
BREED	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.
Shepherd Mix	Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen.
SEX	Pancreas
MN	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.
AGE	Free Abdomen
8yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
81.3lb	<ul style="list-style-type: none"> Mild to moderate gas distended stomach Sonographically unremarkable small bowel and colon Gallbladder debris (non-mucocele)
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No obvious evidence of GI foreign material or mechanical pyloric outflow obstruction was present. The possibility of retained gastric foreign body given the patient's history which may be obscured by luminal gas cannot be definitively excluded. No indication for immediate surgical intervention given the patient's history of continued appetite. Potential for mild acute inflammatory bowel episode secondary to dietary indiscretion possible. Hospitalization with 24 hour IVF and GI support, monitoring of the GI via radiographs or recheck sonogram if persistent GI signs would be reasonable. If concern for gastric foreign material recheck sonogram and/or endoscopy may be indicated. Although considered unlikely a resting cortisol level to rule out occult Addison's disease is recommended.
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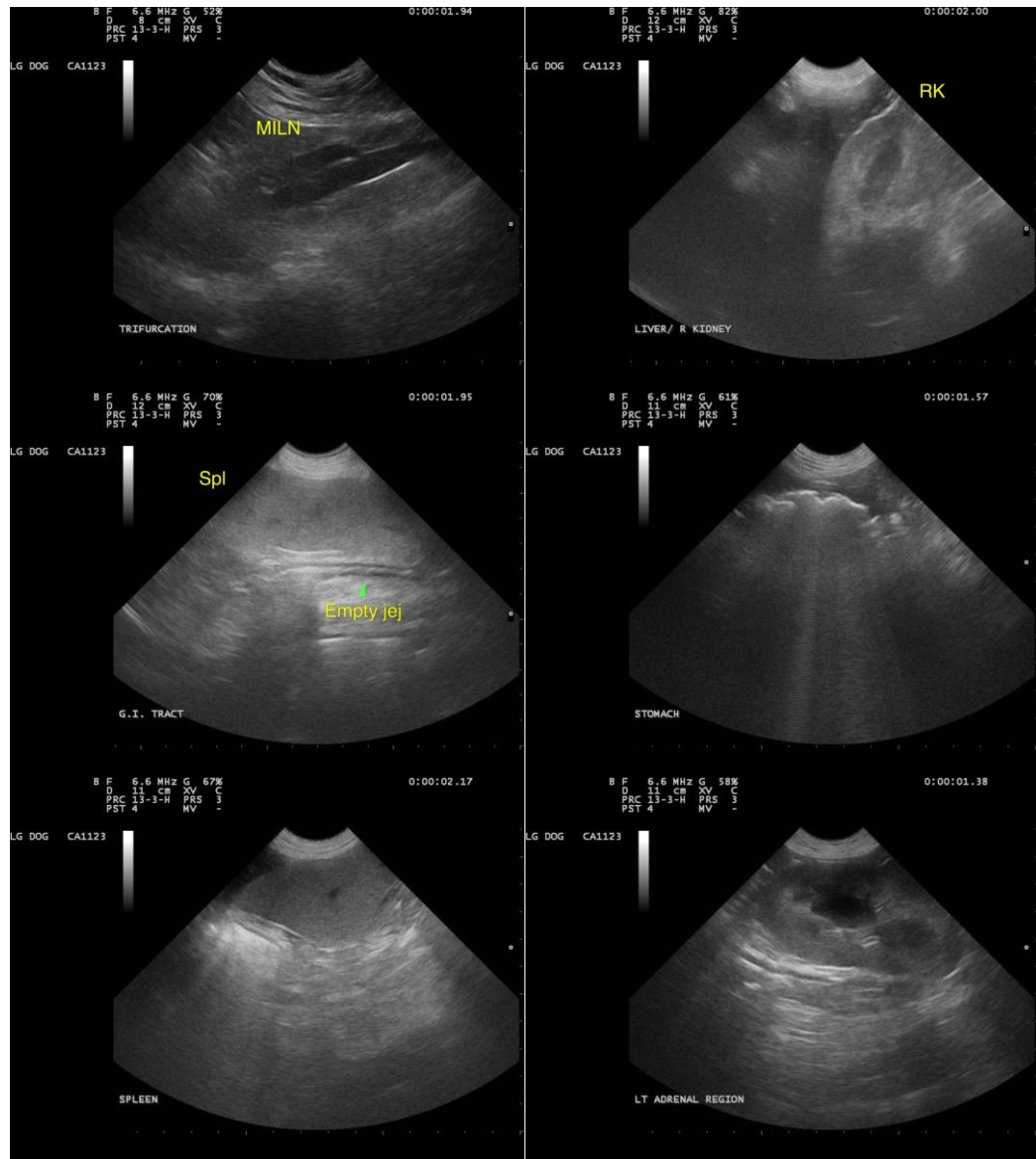
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com