



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rambo Beddingfield	Presented 12/5 for vomiting, hospitalized overnight on IVF, P ate a small amount of wet food early this morning and seemed brighter and was discharged and now declining again . Came back 12/6 for additional work up as recommended.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: See attached labwork - dehydration on CBC, BUN 6 See attached radiographs from yesterday
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Doberman	<b>Urinary System</b>
<b>SEX</b>	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 non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
<b>AGE</b>	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 8.3 cm in length. The right kidney measured 8.0 cm in length.
2021	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
108lb	The area of the residual prostate appeared normal and free of pathology.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.43 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 0.62 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Amanda Lacey Crook	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Rivers Edge Pet Medical Center	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Gray	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic fluid. Within the gastric lumen a midl irregular strongly shadowing echo was present extending into the area of the pyloric outflow measuring ~ 3.0 cm in
<b>INVOICE</b>	
12386ag	
<b>DATE</b>	
12/06/2022	



## PATIENT

Rambo Beddingfield

## SPECIES

Canine

## BREED

Doberman

## SEX

MN

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2021

## WEIGHT

108lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Lacey Crook

## HOSPITAL NAME

Rivers Edge Pet  
Medical Center

## REFERRING VET

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diameter. Concurrent linear hyperechoic duodenal echo with associated duodenal plication and obstructive pattern exhibited by mild to variable retained duodenal fluid extending caudally into the area of the duodenal flexure was present. The plicated duodenum walls exhibited intact yet prominent wall layering suggestive of secondary inflammatory mural criteria. The jejunum and ileum to the level of the colon exhibited intact wall layering with minor segmental subjectively non-obstructive jejunal ileus.

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

### 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 was evident.

### Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

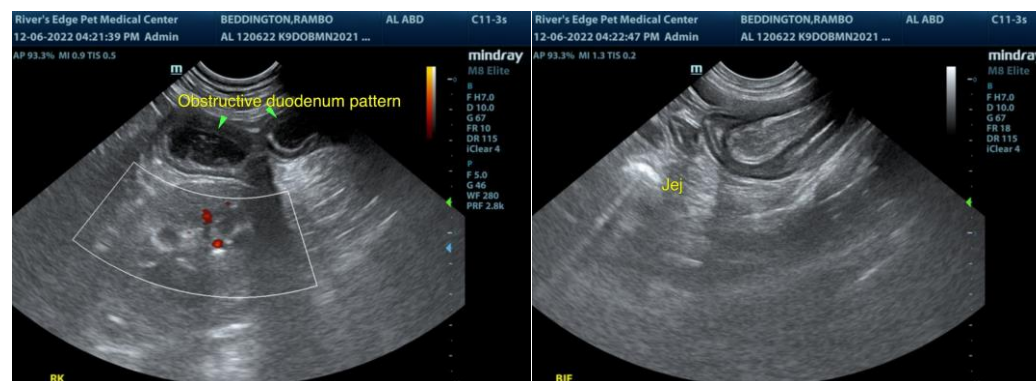
No evidence of peritonitis.

## ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body likely anchored with concurrent duodenal linear foreign body with secondary duodenal plication and obstructive pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gastrotomy and duodenotomy is recommended. No overt evidence of intestinal perforation or secondary peritonitis with secondary inflammatory duodenal mural changes noted. Potential for extension of the linear foreign body into the upper jejunum or non-visualized non-obstructive concurrent small intestinal foreign bodies could be present. Gross inspection of the entire GI tract at the time of surgery is advised. Intestinal biopsies may be considered pending gross inspection of the GI tract or if clinically indicated.





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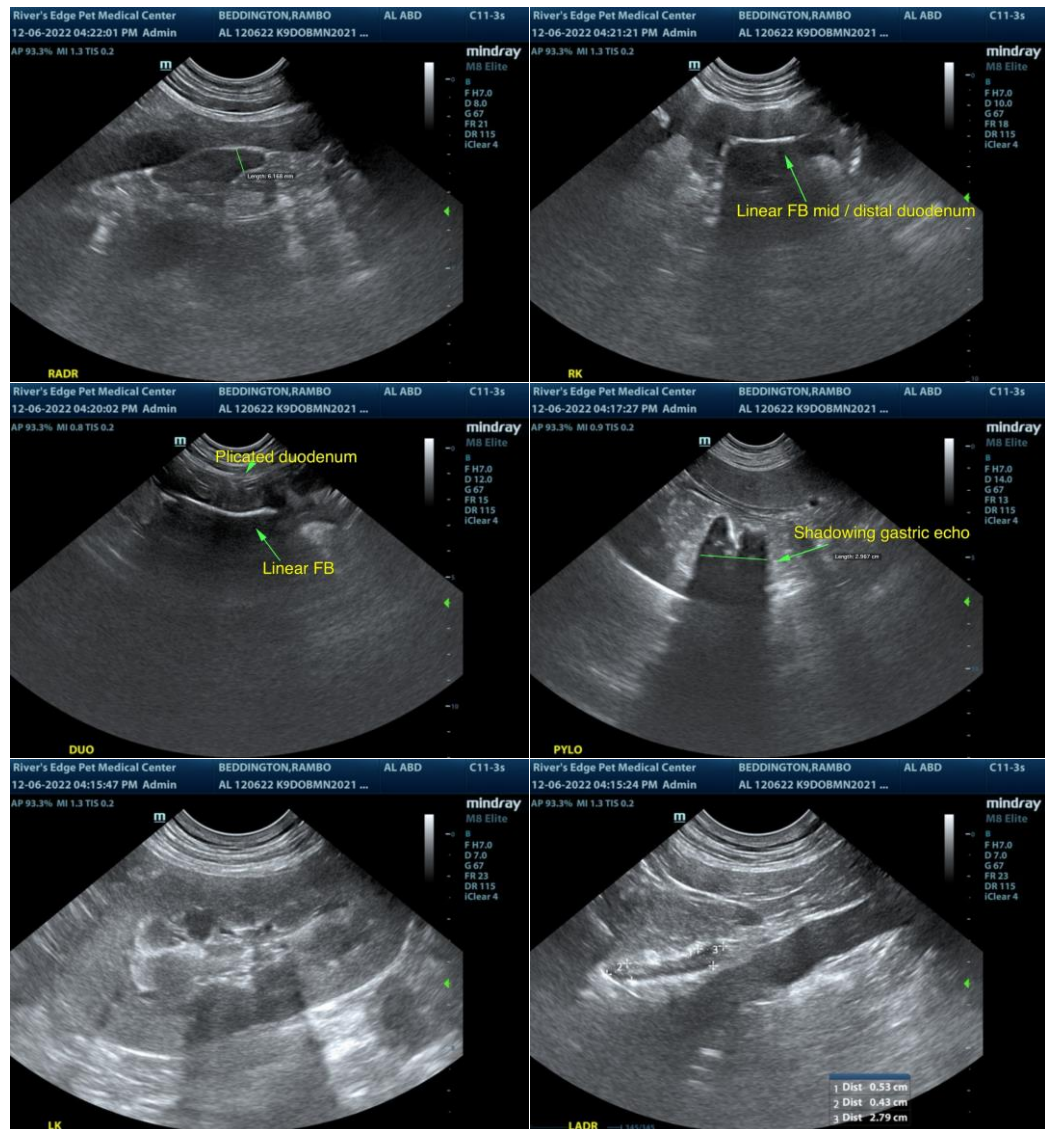
Dr. Gray

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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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