



**PATIENT PRESENTING CLINICAL SIGNS**

Remington Williams (Emp pet)  
 History: Vomiting, lethargy, decreased appetite, shaking  
 Medication: Cerenia, Metronidazole

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine  
**Urinary System**

**BREED** 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 were noted.

**SEX** The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

Neutered Male  
 The area of the aortic trifurcation was free of pathology.

**AGE** 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 6.7 cm in length. The right kidney measured 6.8 cm in length.

**WEIGHT**  
 57 Pounds  
**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm in length x 0.59 cm width at the caudal pole.

**INTERPRETED BY** The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm in length x 0.54 cm width.  
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**  
**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.

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Thompson

**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. The cystic and common bile ducts were normal.

**INVOICE**  
**Gastrointestinal**

13705 The stomach presented intact yet subjective mild prominent wall layering. The stomach contained a moderate amount of retained fluid and chyme, extending into the pylorus and gastroduodenal junction. No overt evidence of mechanical pyloric outflow obstruction.

**DATE**

2.1.2022



**PATIENT**

Remington Williams  
(Emp pet)

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

57 Pounds

The duodenum exhibited intact yet prominent wall layering with mild generalized duodenal ileus. Nonspecific strongly shadowing echo was present, subjectively in the area of the distal duodenum to potential proximal jejunum. The colon, adjacent to the distal duodenum and upper jejunum, containing semi-formed feces was present. The strongly shadowing echo measured approximately 2.0 cm in diameter. Empty, sonographically unremarkable small intestine was noted within the mid to caudal abdomen, suspected to be distal to the strongly shadowing, nonspecific intestinal echo. Regional periintestinal reactive mesentery, primary around the duodenum and stomach was present. No overt lymphadenopathy or overt free fluid was present.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate gastroduodenitis pattern with moderate retained gastric fluid/chyme, associated regional reactive mesentery
- Strongly shadowing intestinal luminal echo, subjectively in the area of the distal duodenum or potential upper jejunum
- Overtly normal colon, containing semi-formed feces

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographic findings strongly consistent with incomplete to partially obstructive foreign body is suspected within the upper gastrointestinal tract, specifically in the area of the distal duodenum or upper jejunum. Potential for colonic location is thought less likely yet cannot be definitively excluded. Regardless, given the inflammatory pattern in the upper gastrointestinal tract, with associated secondary reactive mesentery, exploratory laparotomy for gross inspection of the gastrointestinal tract with expectation toward enterotomy is recommended. Intestinal biopsies are considered essential despite exploratory findings.

**INTERPRETED BY**

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

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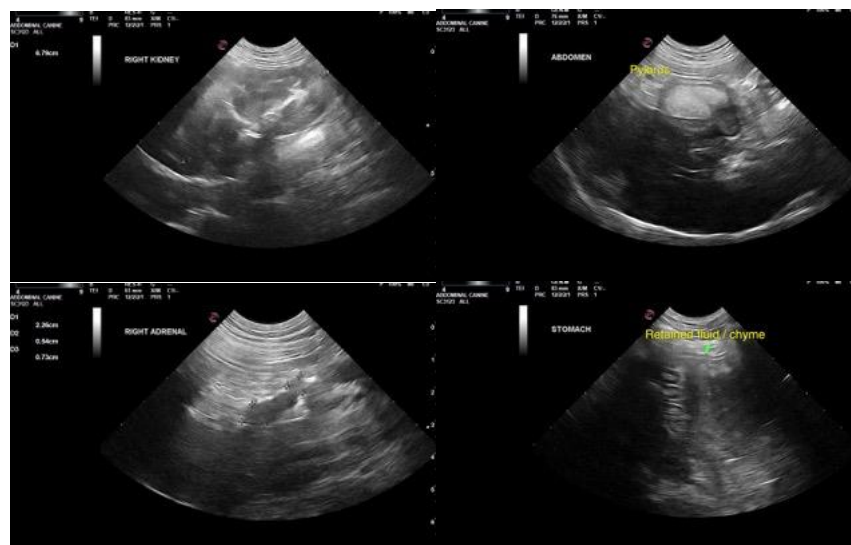
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(Emp pet)

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

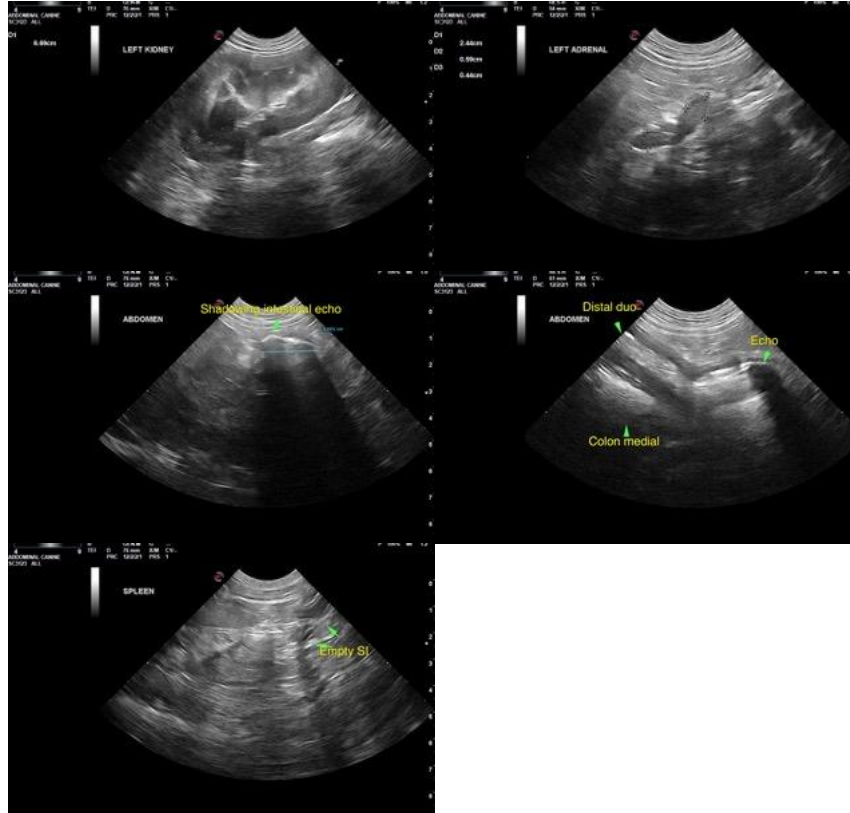
Neutered Male

**AGE**

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**WEIGHT**

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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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