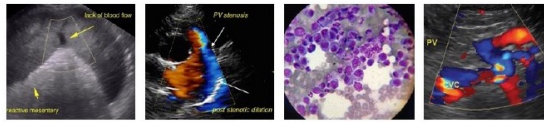


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Argo Shannon	Feb-12th-2022: vomiting - since this morning 6 times, yellow bile, ate breakfast this morning hasn't E/D since no Diarrhea, hasn't gotten into anything , Mild discomfort upon abdominal palpation in general, no focal pain. Feb-13th-2022: still throwing up from yesterday , bile small amount , drank little bit of water, ate a little after appointment yesterday , no Diarrhea, Pancreatitis, poss FB? meds: Metronidazole 15mg/ml ( 5mg/ml) - 26.7ml IV slowly Ampicillin 22mg/kg ( 100mg/ml ) - 2ml IV slowly Buprenorphine 0.02mg/kg ( 0.3mg/ml) - 0.6ml IV slow release as effect Sucralfate PO - 5ml, Cerenia inj 0.9ml SC. SID Abnormal PE/Chem/CBC/UA Results: BW- Mild incr RBC, HGB, Retic & Basophils. Elevated ALT & Amyl and Lipa . cPL abnormal UA- WBC 2/hpf, RBC 3/hpf , cocci suspect & EPI sq & non sq cells spg 1.050 rads:RAD REPORT CONCLUSIONS: There is no evidence of radiopaque gastrointestinal foreign material or complete obstructive pattern at this time. This does not rule out non opaque non obstructive foreign material. If there is no improvement of vomiting further imaging would be warranted including abdominal ultrasound or upper GI barium series to rule out non opaque foreign material
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Boston Terrier	
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	
2 Years	
<b>WEIGHT</b>	
8.9 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Urinary System</i>
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
	<i>Adrenal Glands</i>
	No overt pathology in the area of the residual prostate.
	The aortic trifurcation was normal.
	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 4.0 cm. The right kidney measured 4.3 cm.
	<i>Spleen</i>
	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.62 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.41 cm at the caudal pole.
	<i>Liver</i>
	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.
	<i>Liver</i>
	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>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	
BPH Burlington	
<b>REFERRING VET</b>	
Dr. Murota	
<b>INVOICE</b>	
35645	
<b>DATE</b>	
2/14/22	



**PATIENT**

**Gastrointestinal**

Argo Shannon

The stomach presented intact yet mildly prominent wall layering. The stomach exhibited mild to moderate distention, containing strongly shadowing ingesta to echo. Area of shadowing measured 2-3 cm in diameter.

**SPECIES**

Canine

The small bowel exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Segmental areas of small bowel dilation noted with retained ingesta/chyme along with concurrent shadowing echo to echoes. Areas of empty small bowel likely distal to the areas of distended bowel with retained chyme and ingesta along with shadowing echo was present. Suspect mid to cranial abdominal intussusception exhibited by segmental distended intestine containing luminal intestine exhibiting intact wall layering along with suspect shadowing focal to possibly linear echo. Mild perigastrointestinal reactive mesentery. No overt evidence of free fluid.

**BREED**

Boston Terrier

**SEX**

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

Neutered Male

**Pancreas**

**AGE**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

2 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

8.9 kg

- Strongly shadowing gastric echo with retained ingesta and fluid
- Segmental fluid distended small bowel containing strongly shadowing echo to possible echoes, suspect mid to cranial abdominal segmental intussusception with potential focal to linear shadowing echo.
- Mild perigastrointestinal reactive mesentery

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strongly shadowing gastric echo is consistent with foreign body, which may be anchored within the gastric lumen, resulting in secondary small intestinal focal to linear foreign body with concurrent areas of intestinal plication and suspect probable concurrent intussusception. Exploratory laparotomy for further clarification with expectation toward gastrotomy, enterotomy to potential multiple enterotomies likely. The small intestine exhibited subtle inflammatory changes, yet overall maintained intact wall layering. Gross inspection of the intestine at the time of surgery recommended. The possibility of resection and anastomosis involving the small intestine cannot be definitively excluded.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

BPH Burlington

**REFERRING VET**

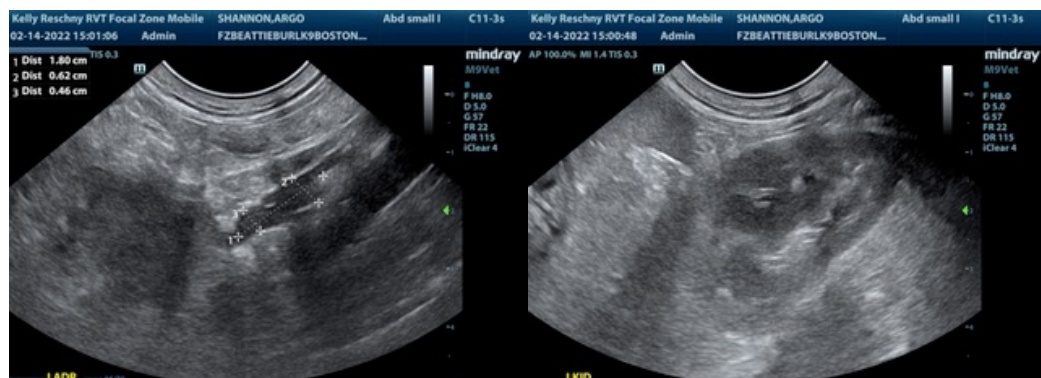
Dr. Murota

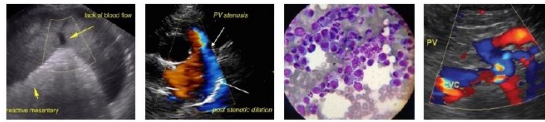
**INVOICE**

35645

**DATE**

2/14/22





**PATIENT**

Argo Shannon

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

8.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

BPH Burlington

**REFERRING VET**

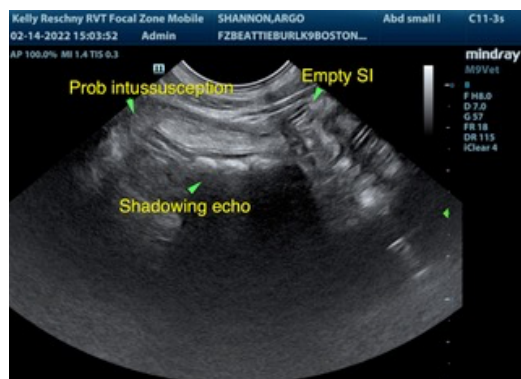
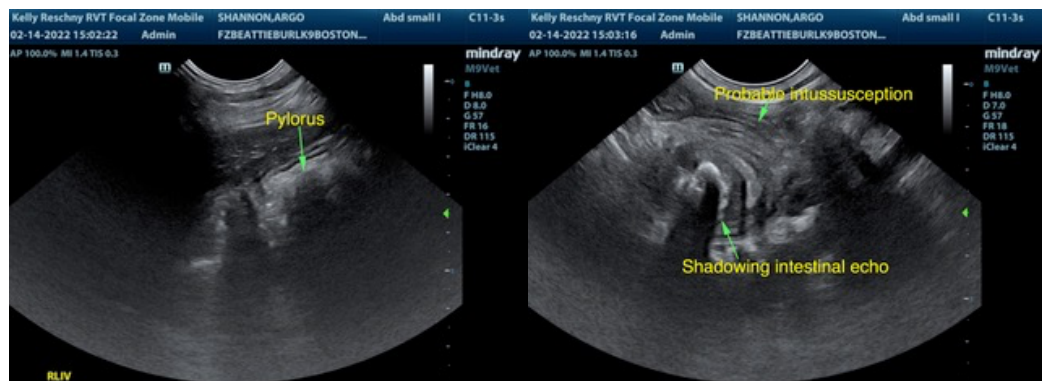
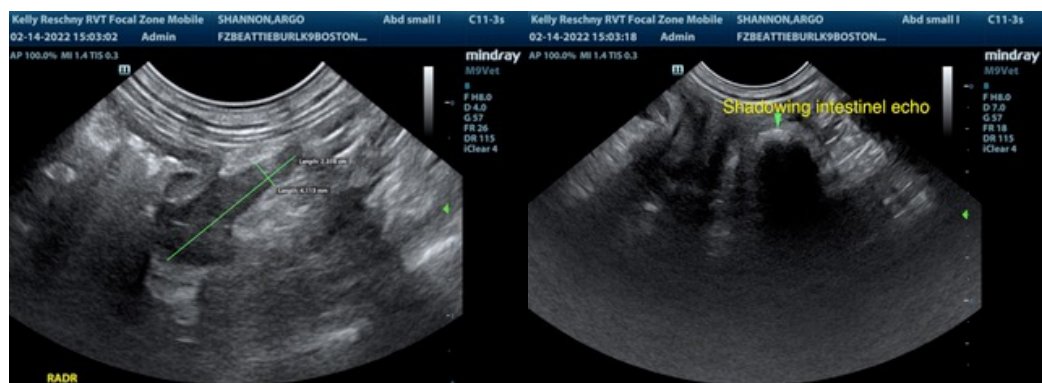
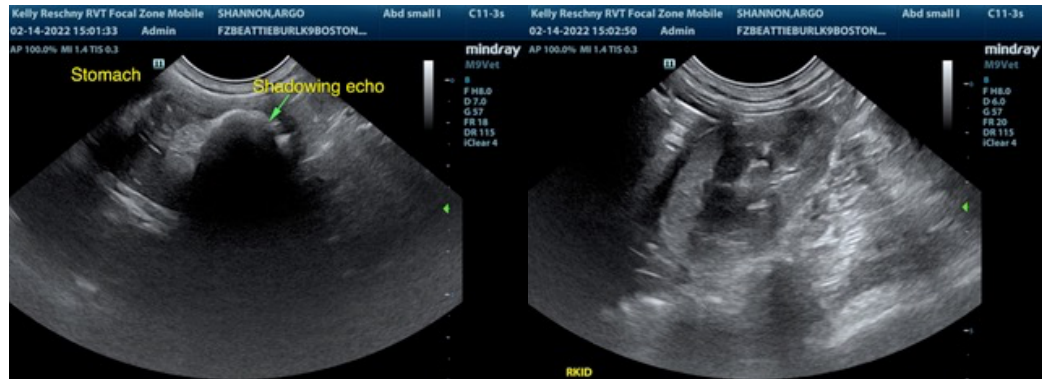
Dr. Murota

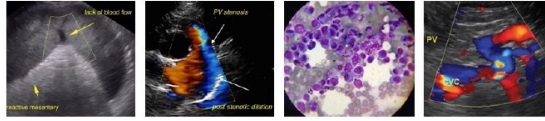
**INVOICE**

35645

**DATE**

2/14/22





**PATIENT**

Argo Shannon

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.

**SPECIES**

Canine

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.

**BREED**

Boston Terrier

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

8.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

BPH Burlington

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Dr. Murota

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**DATE**

2/14/22