



PATIENT

Daisy Mae Tipson

SPECIES

Canine

BREED

Pitbull X

SEX

FS

AGE

6 years 1 month

WEIGHT

50.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Lacey-
Crook - SDEP
Certified

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

13338

DATE

2/14/22

PRESENTING CLINICAL SIGNS

Ate cloth/bedding 18 hours ago and now vomiting

Abnormal PE/Chem/CBC/UA Results: No labwork at this time Radiographs: Possible cloth Fb

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

Focal, medial Iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.8 cm x 0.37 cm. The lymph node is considered incidental and not consistent with inflammatory or neoplastic criteria.

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 6.5 cm in length. The right kidney measured 5.0 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 2.4 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.58 cm width at the caudal pole.

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/ Gallbladder

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.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach was mild to moderately distended with retained strongly shadowing ingesta exhibiting mild nearfield hyperechogenicity. The shadowing areas of ingesta measured 3.0-4.0 cm in diameter. Focal areas of



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shadowing ingesta measured approximately 1.0 cm in diameter. The shadowing ingesta appeared to extend into the area of the pyloric outflow.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Overt evidence of concurrent small Intestinal shadowing echoes or evidence of obstructive pattern was not noted. The small intestinal wall width measured 0.37 cm.

Normal visualized colon exhibited sonographically unremarkable wall layering containing strongly shadowing fecal matter.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric ingesta / echo to potential multiple echoes
- Overtly normal small bowel - no overt evidence of concurrent shadowing echoes or obstructive pattern
- Strongly shadowing feces in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of Ingestion of foreign material with concurrent vomiting and documented NPO, the strongly shadowing gastric ingesta to echoes is consistent with gastric foreign material likely consistent with reported Ingestion of cloth bedding or similar. If available, endoscopy could be considered for confirmation or further clarification. Otherwise, exploratory laparotomy with expectation toward gastrotomy is warranted. The possibility of passage of foreign material into the colon cannot be definitively excluded yet is considered less likely, as no evidence of small bowel inflammatory pattern or ileus was noted.





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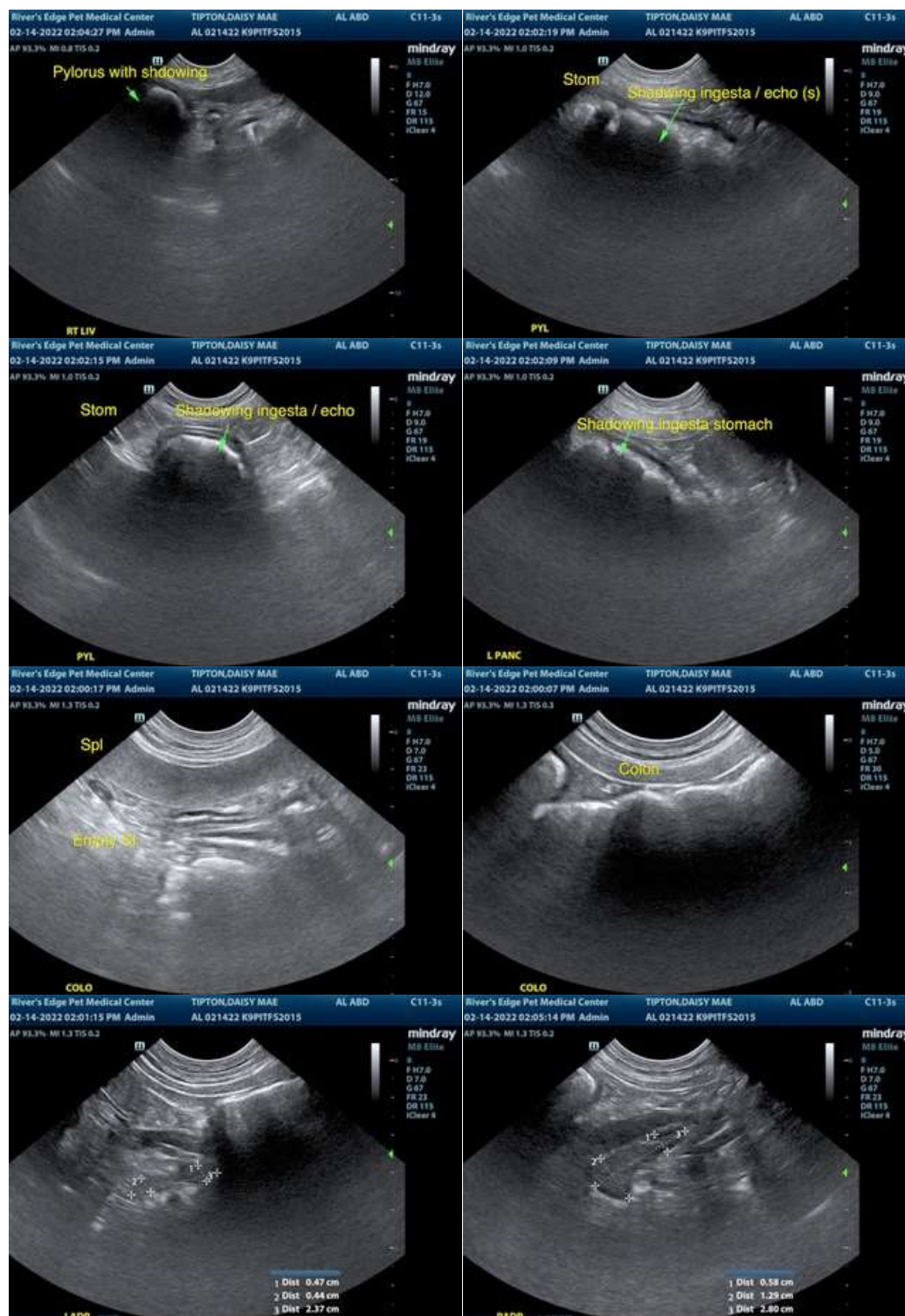
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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