

PATIENT PRESENTING CLINICAL SIGNS

Bo Hyponen concern for possible FB, ate some sanitary napkins from the garbage a few nights ago, vomited 5 times yesterday, did not eat today.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Beagle X

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.

SEX

Neutered Male

No overt pathology in the area of the residual prostate.

AGE

1 1 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 5.4 cm.

Adrenal Glands

WEIGHT

Neutered Male

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.52 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to overlying colonic gas, yet without overt pathology. The right adrenal gland subjectively measured 0.70 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Nelson Animal Hospital

REFERRING VET

Dr. Frederick

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable visualized wall layering. The stomach contained a moderate amount of ingesta exhibiting mild near field hyperechogenicity with distal progressive to strongly shadowing. Ventral gastric body wall measured 0.33 cm.

INVOICE

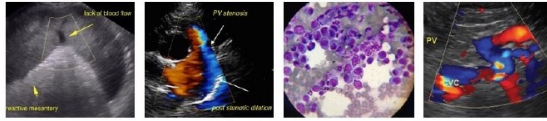
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. Jejunum wall measured 0.38 cm. Duodenum wall measured 0.43 cm.

DATE

2/22/22

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



PATIENT *Pancreas*

Bo Hyponen 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.

SPECIES

Canine

BREED

Beagle X

ULTRASONOGRAPHIC FINDINGS

- Moderate progressive to strongly shadowing gastric ingesta
- Sonographically unremarkable small intestine - no evidence of small intestinal mechanical/metabolic ileus or foreign body.
- Mild gallbladder debris - likely incidental, potentially owing to fasting or non-clinical cholestasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Given the patient's history of foreign body ingestion, repeated vomiting, and documented NPO prior to the ultrasound, the progressive to strongly shadowing gastric ingesta is consistent with suspected retained gastric foreign material. Further assessment may include endoscopy if available for further clarification. Repeat abdominal radiographs or sonogram to assess for continued shadowing gastric ingesta approximately 24 hours from initial ultrasound would be ideal. If this finding is noted, or if persistent gastric ingesta despite fasting noted on radiographs, exploratory laparotomy with expectation towards gastrotomy would be warranted.

AGE

1 1 Years

WEIGHT

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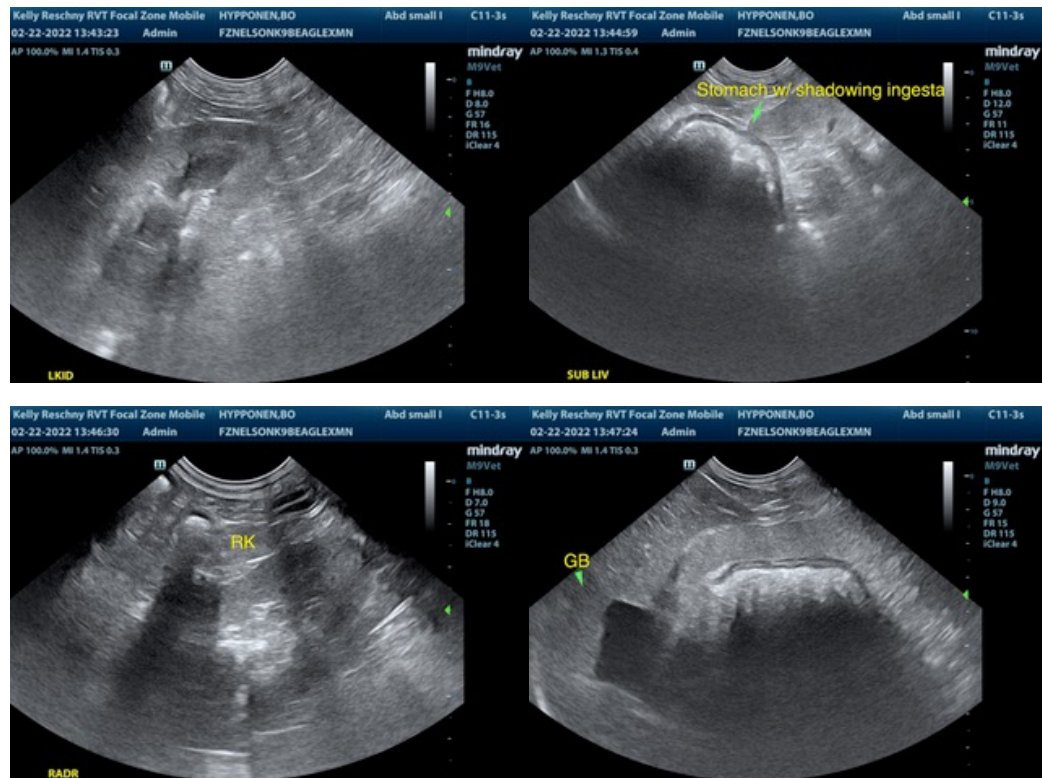
Dr. Frederick

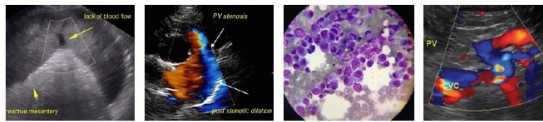
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PATIENT

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SPECIES

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BREED

Beagle X

SEX

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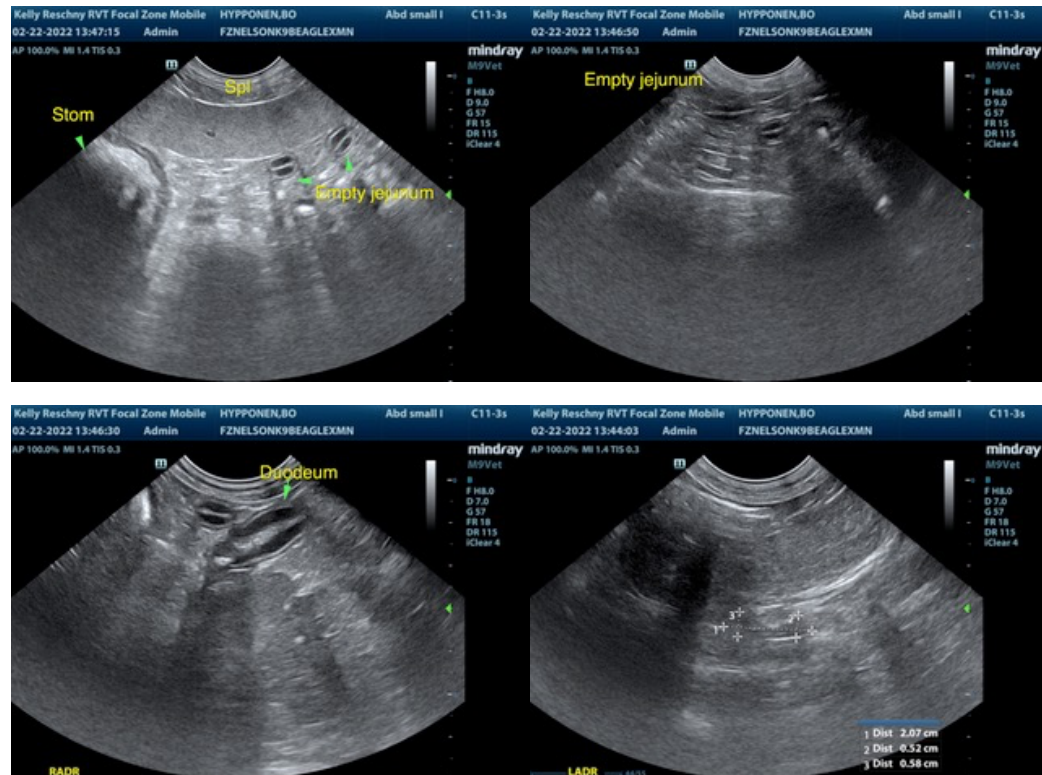
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DATE

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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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