



**PATIENT**

Lexi Lewis

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

47.6 lbs.

**PRESENTING CLINICAL SIGNS**

Abd. pain, vomiting, diarrhea. Current meds: Pheno, KBr, Torb iv for u/s  
Abnormal PE/Chem/CBC/UA Results: USG 1.013

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.1 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length x 0.68 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Spleen**

The spleen was not visualized owing to previous splenectomy. No evidence of pathology was noted in the area of the previous spleen.

**HOSPITAL NAME**

Animal Care Clinic of  
Flanders

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. Normal hepatic parenchyma echogenicity exhibiting mild parenchymal remodeling was noted with a moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume was noted with no masses or nodules present. The gallbladder was indistinctly visualized potentially owing to subnormal gallbladder size. No overt pathology was noted in the area of the gallbladder. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Villari

**INVOICE**

16374

**DATE**

3/15/23

**Gastrointestinal**

The stomach was markedly distended with retained echogenic fluid and hyperechoic ingesta. No overt evidence of mechanical pyloric outflow obstruction was noted.

The small intestine exhibited strongly shadowing segmental echo in the mid to cranioventral abdomen. The echo measured approximately 5.0-6.0 cm in diameter. Concurrent segmental empty adjacent to regional small intestine exhibiting intact wall layering and empty lumen was noted. Subtle subjective inflammatory intestinal mural changes were present associated with the segment of the intestine



## PATIENT

Lexi Lewis

## SPECIES

Canine

## BREED

Lab Mix

## SEX

FS

## AGE

11 years

## WEIGHT

47.6 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Animal Care Clinic of  
Flanders

## REFERRING VET

Dr. Villari

## INVOICE

16374

## DATE

3/15/23

containing the strongly shadowing echo. The small intestine wall width measured 0.42 cm. Subtle evidence of regional peri intestinal mild hyperechoic omentum and possible very scant peri intestinal free fluid was noted around the segmental intestine containing the strongly shadowing intestinal echo.

The visualized colon exhibited overtly normal wall layering containing semi-formed to soft liquid fecal matter consistent with patient history.

### **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**

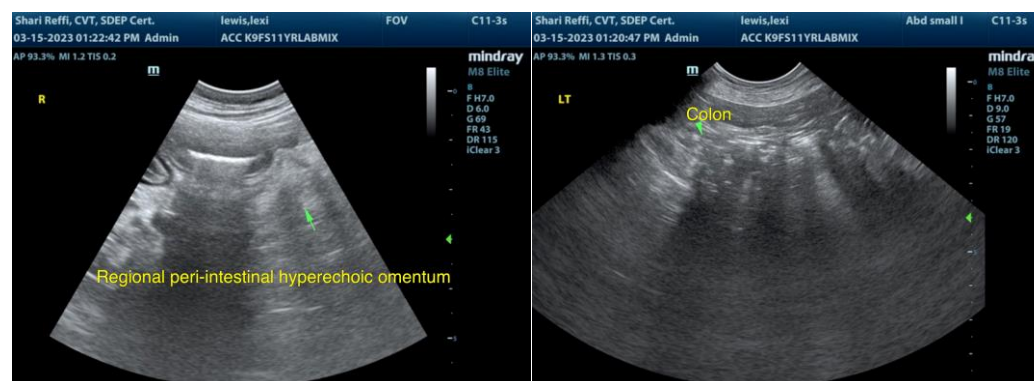
No evidence of significant lymphadenopathy was noted.

## ULTRASONOGRAPHIC FINDINGS

- Marked gastric distention exhibiting retained fluid / ingesta
- Segmental small intestinal strongly shadowing echo - consistent with intestinal foreign body
- Mild regional peri intestinal hyperechoic omentum, possible scant peri intestinal free fluid
- Mild chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy is recommended. Suspect location of the intestinal foreign body is likely coinciding with distal duodenal or jejunal location. Suspect regional reactive or mild inflammatory and peri intestinal omental changes are possible. The possibility of emerging regional peri intestinal peritonitis cannot be definitively excluded. Probable mild secondary inflammatory intestinal mural changes are likely. No overt suspicion of neoplastic criteria. Potential for resection anastomosis of segmental intestine at the time of surgery would likely be based on gross inspection of the intestinal tract.





**PATIENT**

Lexi Lewis

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

47.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Care Clinic of  
Flanders

**REFERRING VET**

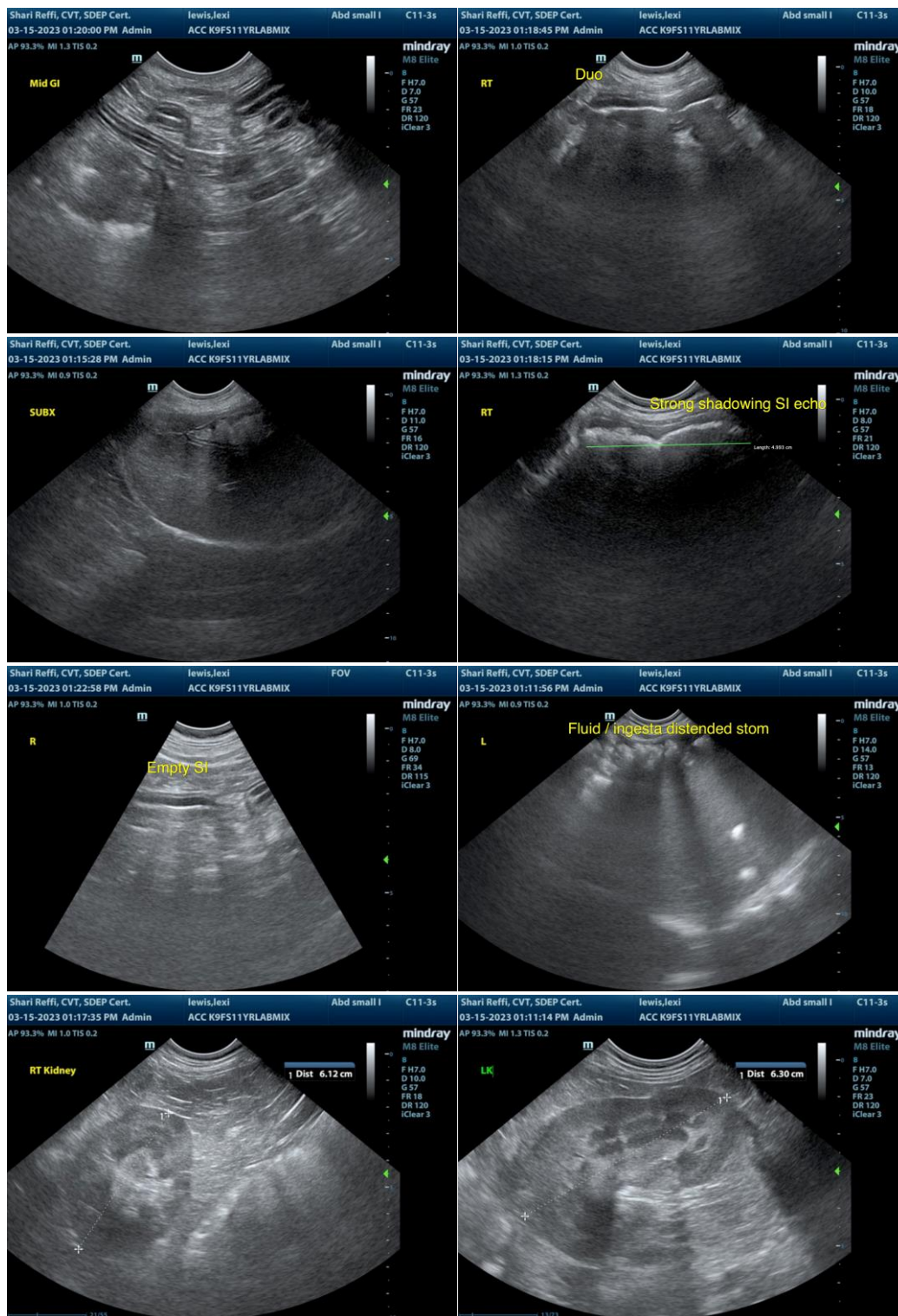
Dr. Villari

**INVOICE**

16374

**DATE**

3/15/23





**PATIENT**

Lexi Lewis

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

47.6 lbs.



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.

**INTERPRETED BY**

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

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Care Clinic of Flanders

**REFERRING VET**

Dr. Villari

**INVOICE**

16374

**DATE**

3/15/23