



**PATIENT**

Stetson Caruso

**SPECIES**

Canine

**BREED**

Mix

**SEX**

MN

**AGE**

3 years

**WEIGHT**

52 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Hummel

**INVOICE**

16365

**DATE**

3/15/23

**PRESENTING CLINICAL SIGNS**

Possible FB, vomiting. Prev. R & A 4/2022  
Abnormal PE/Chem/CBC/UA Results: n/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of pathology.

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 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 5.7 cm in length. The right kidney measured 6.7 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 2.5 cm length x 0.69 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 0.46 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 sonographically normal wall layering. The stomach exhibited moderate distention containing retained echogenic fluid and mildly shadowing ingesta. Focal mildly shadowing gastric ingesta was noted in the area of the pyloric outflow, yet no definitive evidence of mechanical pyloric outflow obstruction was noted.



<b>PATIENT</b>	Strongly shadowing midabdominal intestinal echo was present measuring approximately 4.0-5.0 cm in diameter. Fluid and chyme distended small intestine likely proximal to the strongly shadowing intestinal echo extending into the duodenum was present. Empty small intestine exhibiting intact wall layering, maintained 1:3 muscularis/mucosa ratio and without evidence of fluid dilation, likely distal to the shadowing echo was noted.
Stetson Caruso	
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Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Mix	<b>Pancreas</b>
<b>SEX</b>	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.
MN	<b>Free Abdomen</b>
<b>AGE</b>	Intermittent, mildly prominent, midabdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Intermittent scant pockets of peri intestinal free fluid and mild peri intestinal hyperechoic omentum were present.
3 years	
<b>WEIGHT</b>	
52 lbs.	
<b>ULTRASONOGRAPHIC FINDINGS</b>	
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Moderate gastric distention with retained echogenic fluid / mildly shadowing ingesta</li> <li>Strongly shadowing small intestinal echo with obstructive intestinal pattern likely proximal, empty small intestine likely distal - consistent with intestinal foreign material with secondary proximal intestinal obstructive pattern</li> <li>Associated mild subjective benign / reactive mesenteric lymph nodes, mild peri intestinal reactive mesentery, and scant peri intestinal free fluid - suspect secondary reactive to mild inflammatory peri intestinal omental changes and reactive lymphadenopathy</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Shari Reffi, CVT	
<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>	
<b>HOSPITAL NAME</b>	Exploratory laparotomy with expectation toward enterotomy / enterotomies +/- gastrotomy if clinically indicated is recommended. Minor potential for emerging mild peri intestinal peritonitis cannot be definitively excluded. Probable mild secondary inflammatory intestinal mural changes are likely. Potential for resection anastomosis at the time of surgery would be based on gross inspection of the intestinal tract.
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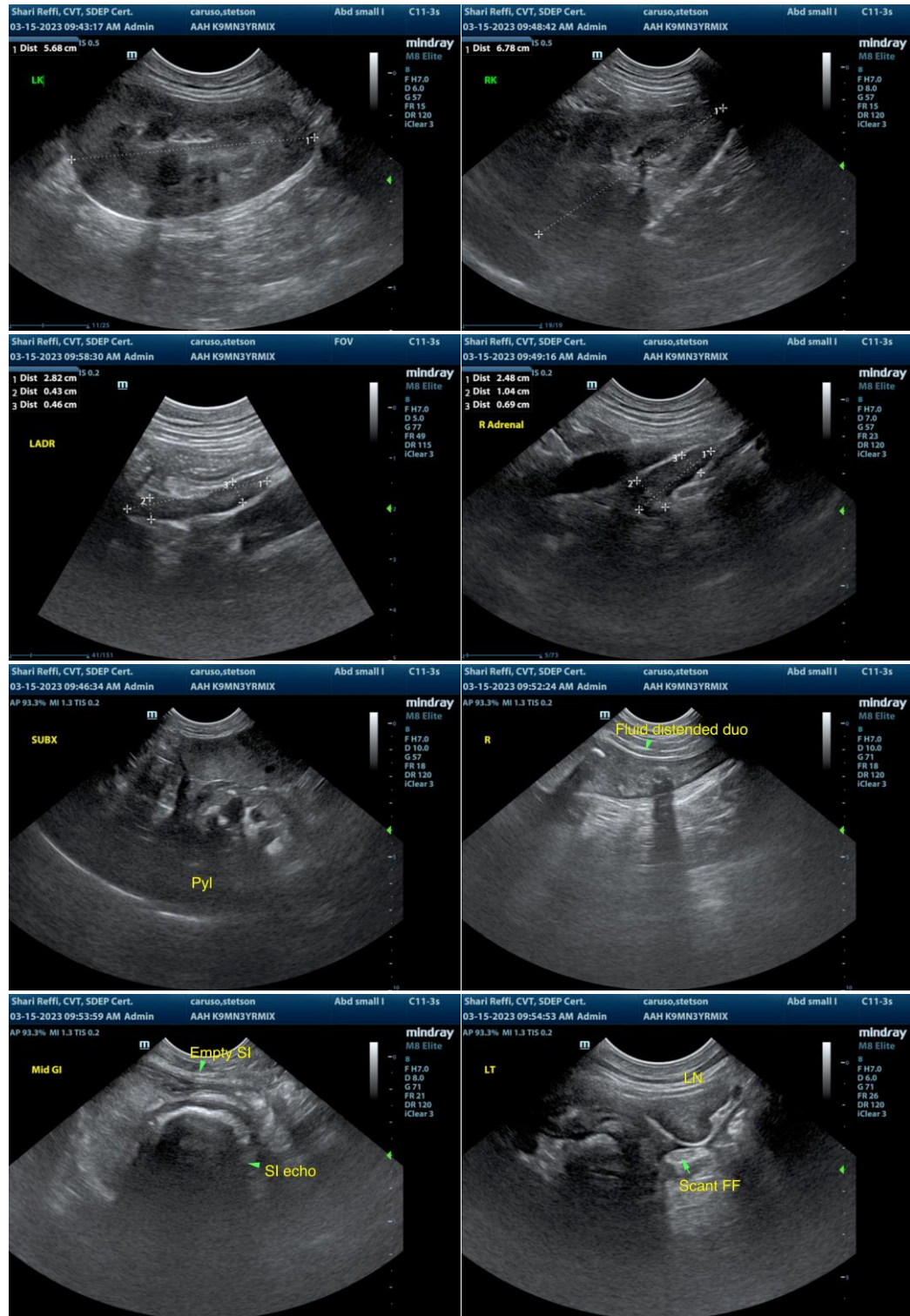
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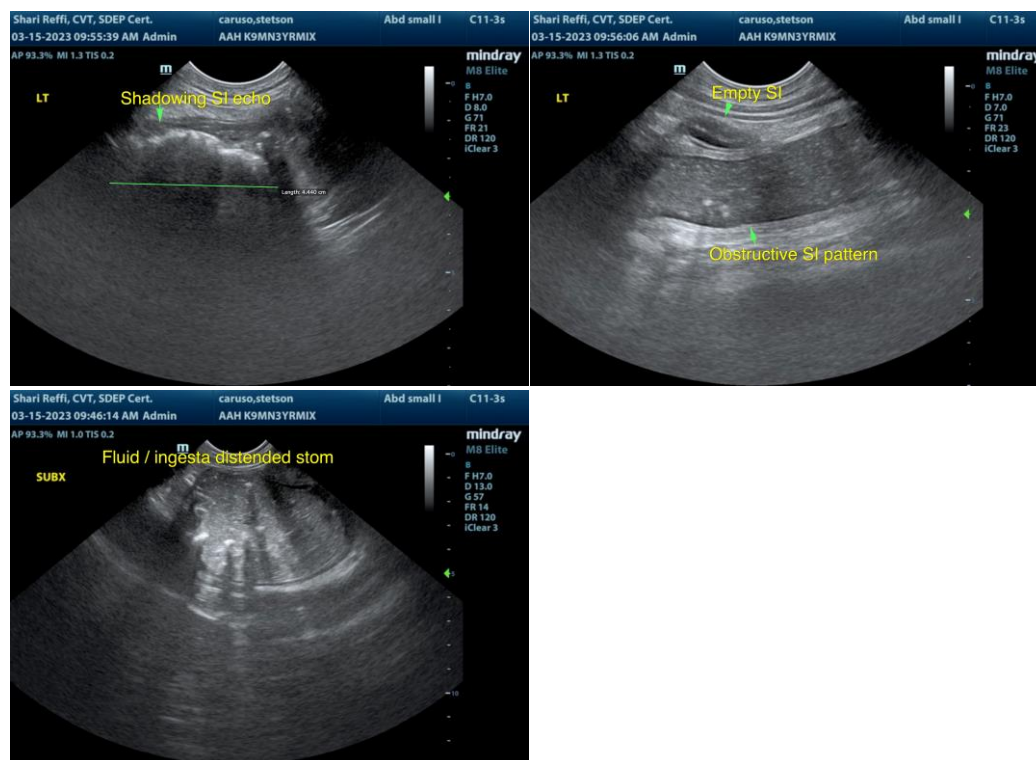
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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