



PATIENT

Chewy Anderson

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

5yr

WEIGHT

53.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services Ltd

REFERRING VET

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doctor

INVOICE

24201

DATE

03/15/2026

PRESENTING CLINICAL SIGNS

- Patient presented yesterday after ingesting approximately two used sanitary napkins ~3 hours prior to presentation. Emesis was induced with apomorphine and produced multiple pieces of chewed sanitary napkins; however, there is concern that not all material was retrieved. Radiographs were declined at the initial visit.
- On recheck today, the patient developed anorexia, lethargy, abdominal discomfort, intermittent panting, and one episode of soft stool. Owner suspects only one of the ingested napkins may have been vomited. The dog ate dinner last night but refused breakfast this morning. Increased water intake overnight reported.

Abnormal PE/Chem/CBC/UA Results: BAR but anxious (FAS 5) BCS 8/9 T 38.7°C, HR 132 bpm, RR 32 bpm MM pink, CRT <2 sec Abdomen tense on palpation with suspected abdominal pain Grade 2/6 systolic heart murmur auscultated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 7.8 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 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 0.57 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. Normal vascular volume. The hepatic



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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 wall layering with a normal wall layer ratio. The stomach was non-distended containing mild retained anechoic fluid and intermittent areas of hyperechoic to progressively shadowing gastric content measuring 1.5 cm in diameter. The hyperechoic content appeared to be in the area of the pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental non-shadowing jejunal ingesta/ chyme without obstructive pattern to the level of the colon.

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

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 was evident.

Free Abdomen

No evidence of peritoneal effusion was present.

Focally intermittent mildly prominent to enlarged 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). An example measured 1.7 cm x 0.75 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hypomotile stomach containing retained fluid and mild hyperechoic progressively shadowing content.
- Normal primarily empty small intestine with mild segmental non-shadowing to jejunal ingesta / chyme.
- Formed fecal matter in colon.
- Normal area of pancreas.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient history in conjunction with clinical signs, persistent mild to non-obstructive partial fluid absorbing gastric foreign material is probable. No visualized small intestine shadowing content or obstructive pattern. If available, upper gastrointestinal endoscopy is recommended for further clarification of the gastric content and potential for retrieval.

Without evidence of gastrointestinal obstructive pattern, documented 12 to 18 hour NPO and sonographic monitoring of the gastric content for evidence of persistence or resolution may be considered. If persistent or non-responsive gastrointestinal signs and unresolved gastric content



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despite fast, laparotomy with gastrotomy may be indicated.

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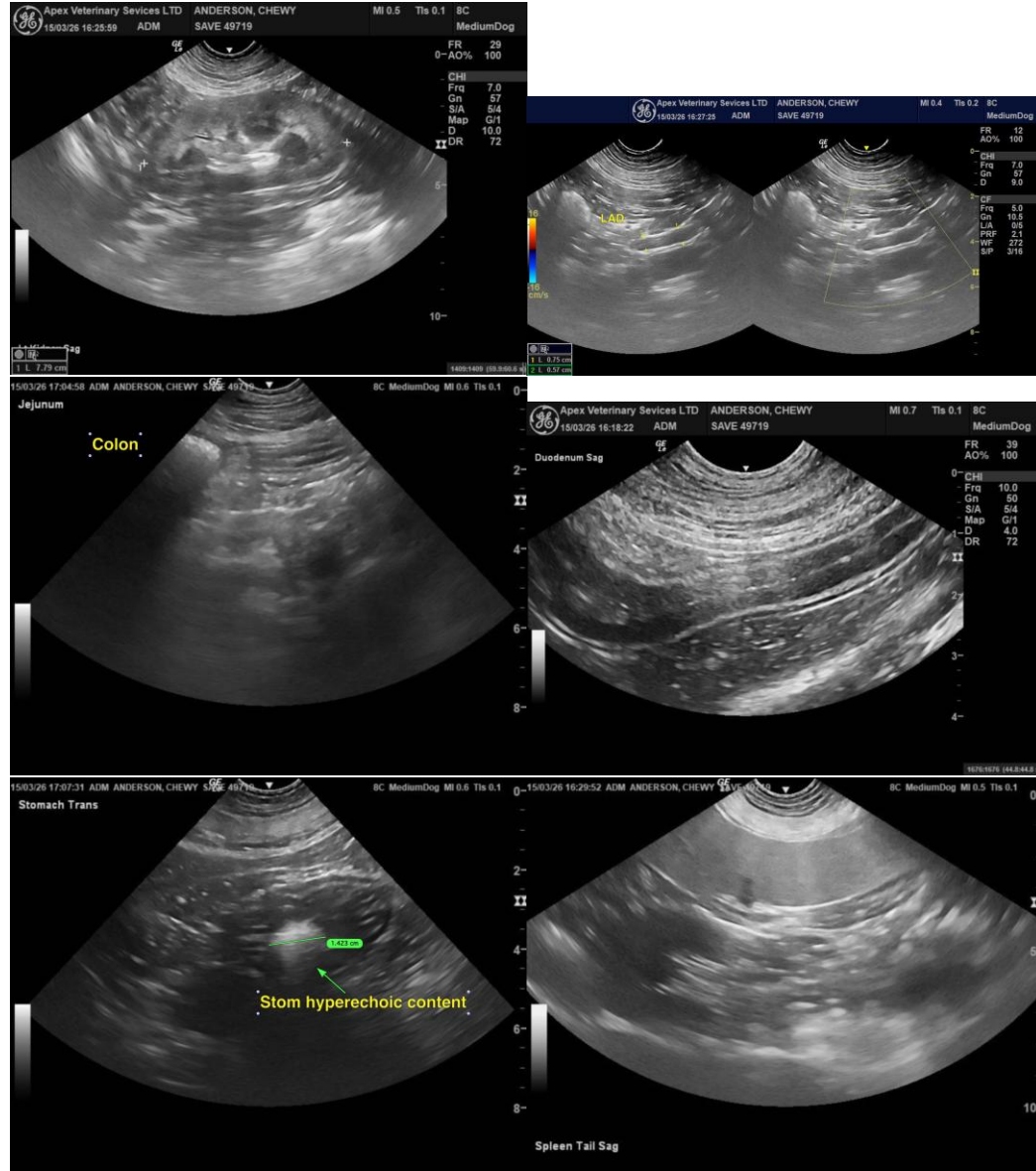
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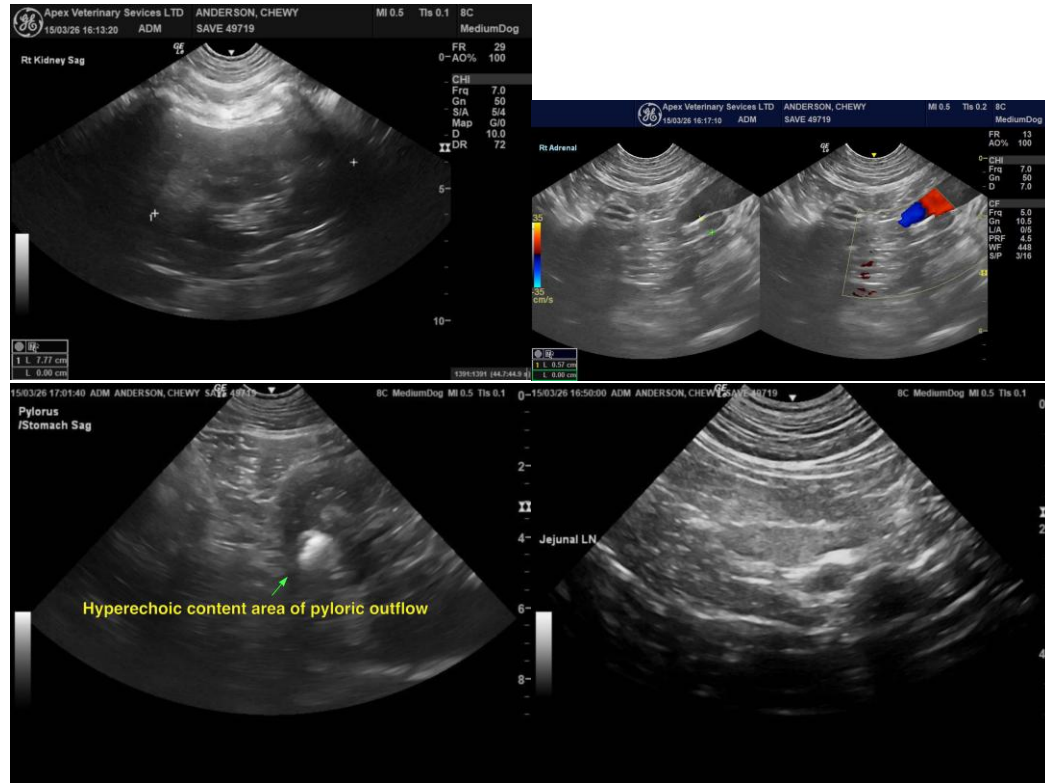
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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