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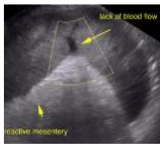
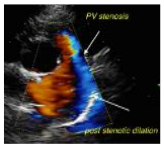
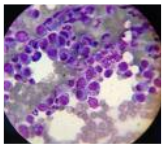
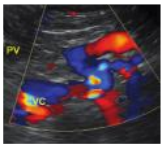

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1-800-838-4268 info@sonopath.com

**PATIENT**

Tate Nelson

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

44 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Crook- SDEP Certified Clinical Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. David Gray

**INVOICE**

21862

**DATE**

3/31/23

## PRESENTING CLINICAL SIGNS

History: Potential ingestion of corn cob, found pieces of it - P ate 1/2 cup of kibble with pumpkin puree early this morning - no oral medications at this time

Abnormal PE/Chem/CBC/UA Results: See attached lab work and radiographs Lab work WNL Potential abnormal gas pattern radiographs

## 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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.0 cm in length. The right kidney measured 5.5 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 2.2 cm length x 0.38 cm width at the caudal pole.

No overt pathology was noted in the area of the right adrenal gland.

### *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*

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 wall layering. The stomach contained a moderate amount of nonshadowing ingesta with concurrent strongly shadowing echoes. The largest shadowing gastric echo measured approximately 2.3 cm in diameter within the gastric body. The shadowing ingesta appeared to extend into the area of the pyloric outflow without evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.30 cm.

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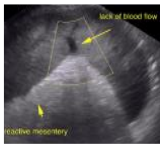

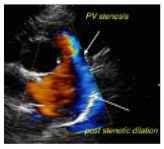

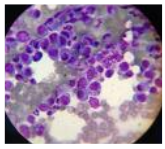
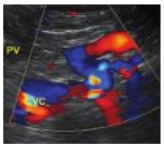


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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental minor ingesta/chyme and luminal gas. No intestinal obstructive pattern noted.

Normal visible colon wall layers were present with apparent 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*

Intermittent, enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm in diameter. No evidence of peritoneal free fluid was noted.

## ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric ingesta/echoes
- Sonographically unremarkable small bowel- no evidence of small bowel obstructive pattern
- Intermittent, nonspecific yet subjective benign mesenteric lymph nodes- suspect hyperplasia or immunologic immaturity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the strongly shadowing gastric echoes, primary concern for gastric foreign material or pieces of foreign material, which may correlate with history of corn cob ingestion. The shadowing gastric echoes did not overtly appear to be obstructive to pyloric outflow at this time yet potential for movement out of the stomach with secondary intestinal obstruction is of concern. Endoscopy, if available, could be considered for further clarification, although given the size of the larger shadowing echo, retrieval via endoscopy may not be possible. Conservatively, sonographic monitoring of the echoes for evidence of persistence or evidence of gastric emptying could be considered with consideration for potential intestinal obstruction going forward. Given this presentation, laparotomy with gastrotomy should be considered in this case.

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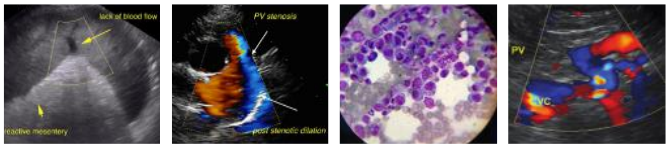

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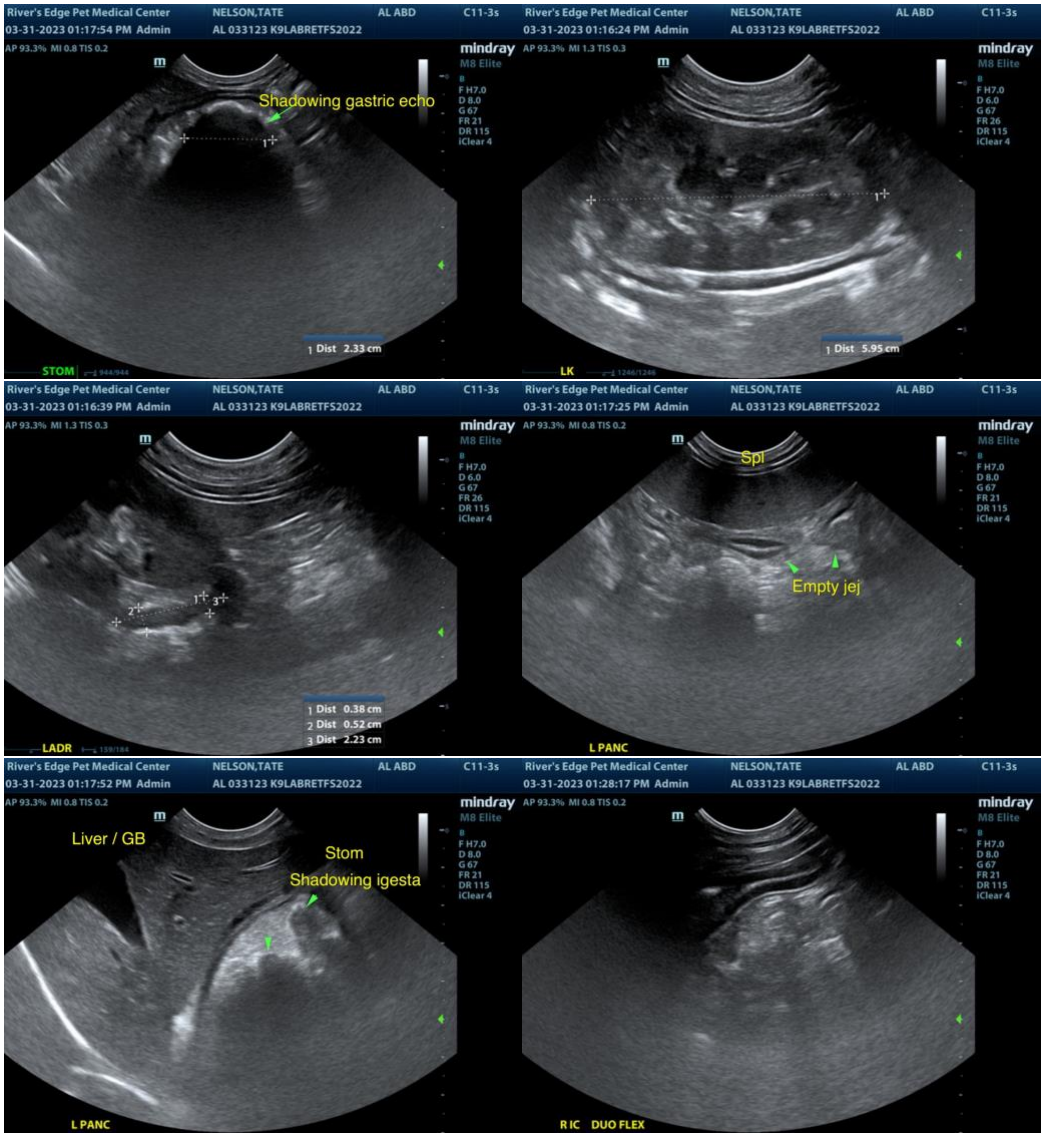

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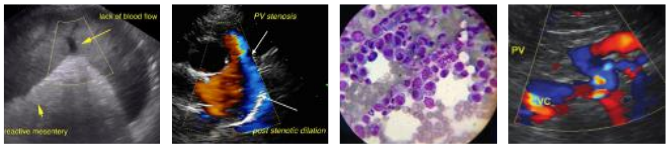

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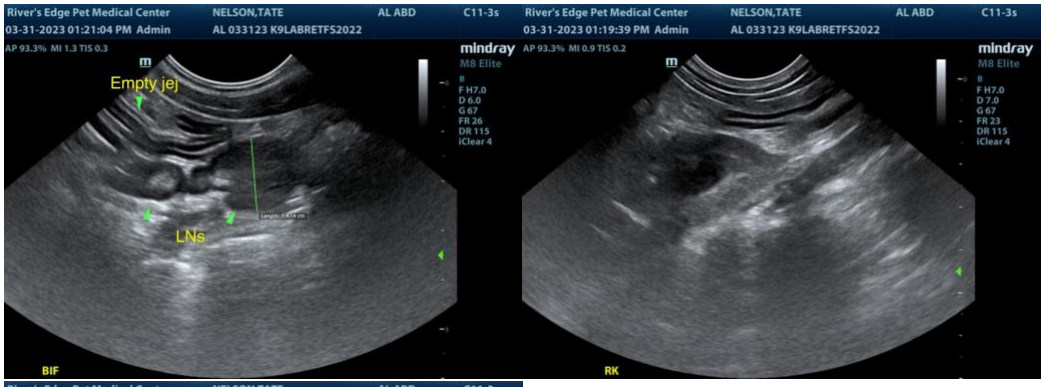


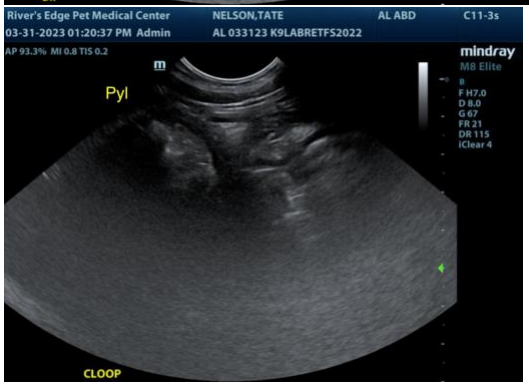


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**