



**PATIENT**

Apple Hart

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

1yr

**WEIGHT**

82lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Gray

**INVOICE**

13461ag

**DATE**

04/14/2023

**PRESENTING CLINICAL SIGNS**

P seen at rDVM yesterday for vomiting 1-2 days after eating bedding. P sent home and then returned due to not getting better. P started on IVF at rDVM before being transferred to us.

Abnormal PE/Chem/CBC/UA Results: See attached labs from rDVM: Increased PCV See attached rad: distended stomach/ loss of dentail in abd

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 7.6 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

No obvious pathology was present in the area of the bilateral adrenal glands.

**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 exhibited marked distention with retained anechoic fluid. Mild irregular variably echogenic to shadowing foreign material was noted in the stomach and pyloric lumen. Extension of the foreign material into the duodenum and into the upper to possible mid jejunum with concurrent linear like hyperechoic duodenal echo and secondary duodenal plication was present. Concurrent shadowing echoes within the segmental upper to mid intestine and associated obstructive pattern were present. Segments of empty small intestine exhibiting intact wall layering and without evidence of mechanical/metabolic ileus were present distal extending to the level of the colon.

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



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**Pancreas**

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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.

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**Free Abdomen**

Subtle peri intestinal reactive omentum was present. No overt evidence of peri intestinal free fluid or peritonitis.

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Golden Retriever

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).

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Severe fluid distended stomach with gastropyloric foreign body, extension of foreign material into proximal to mid small bowel with linear-like component, secondary duodenal plication and segmental obstructive pattern. Empty small intestine distal.
- Intermittent subjective benign/reactive mesenteric lymph nodes and mild peri intestinal/perilymphatic reactive omentum.

**AGE**

1yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As soon as this patient is stable enough for surgery, laparotomy with gastronomy and enterotomy/ies is recommended. Sonographically the intestine appeared to maintain intact wall layering although the possibility for resection and anastomosis pending gross inspection of the intestine cannot be excluded. No overt evidence of intestinal perforation or peritonitis. A guarded prognosis is indicated.

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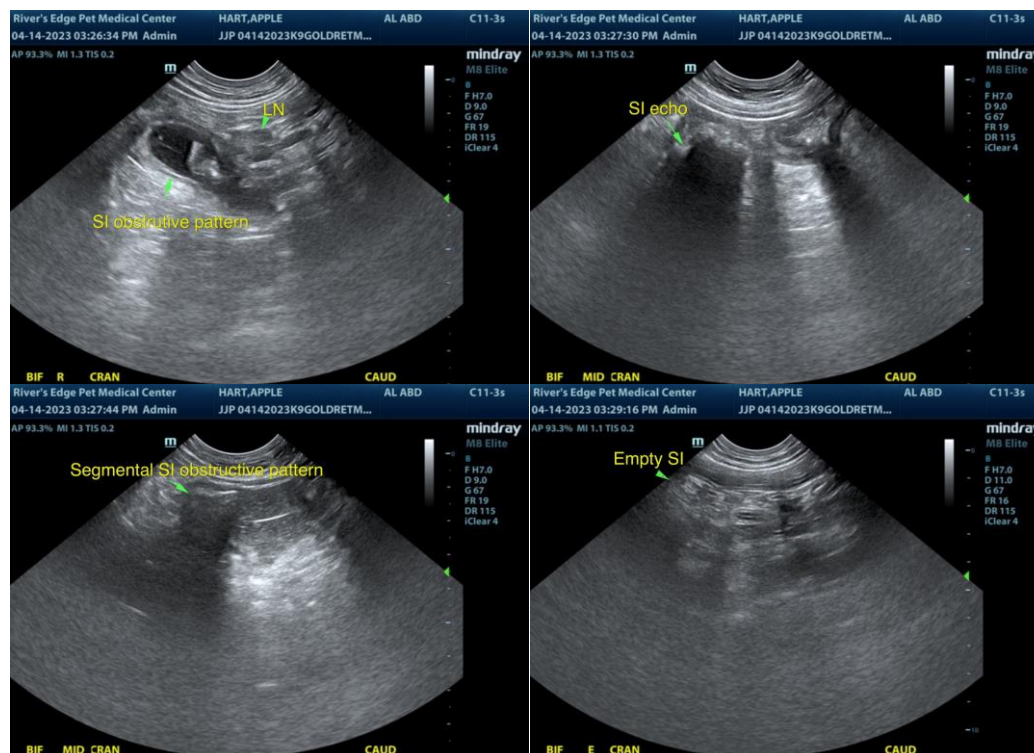
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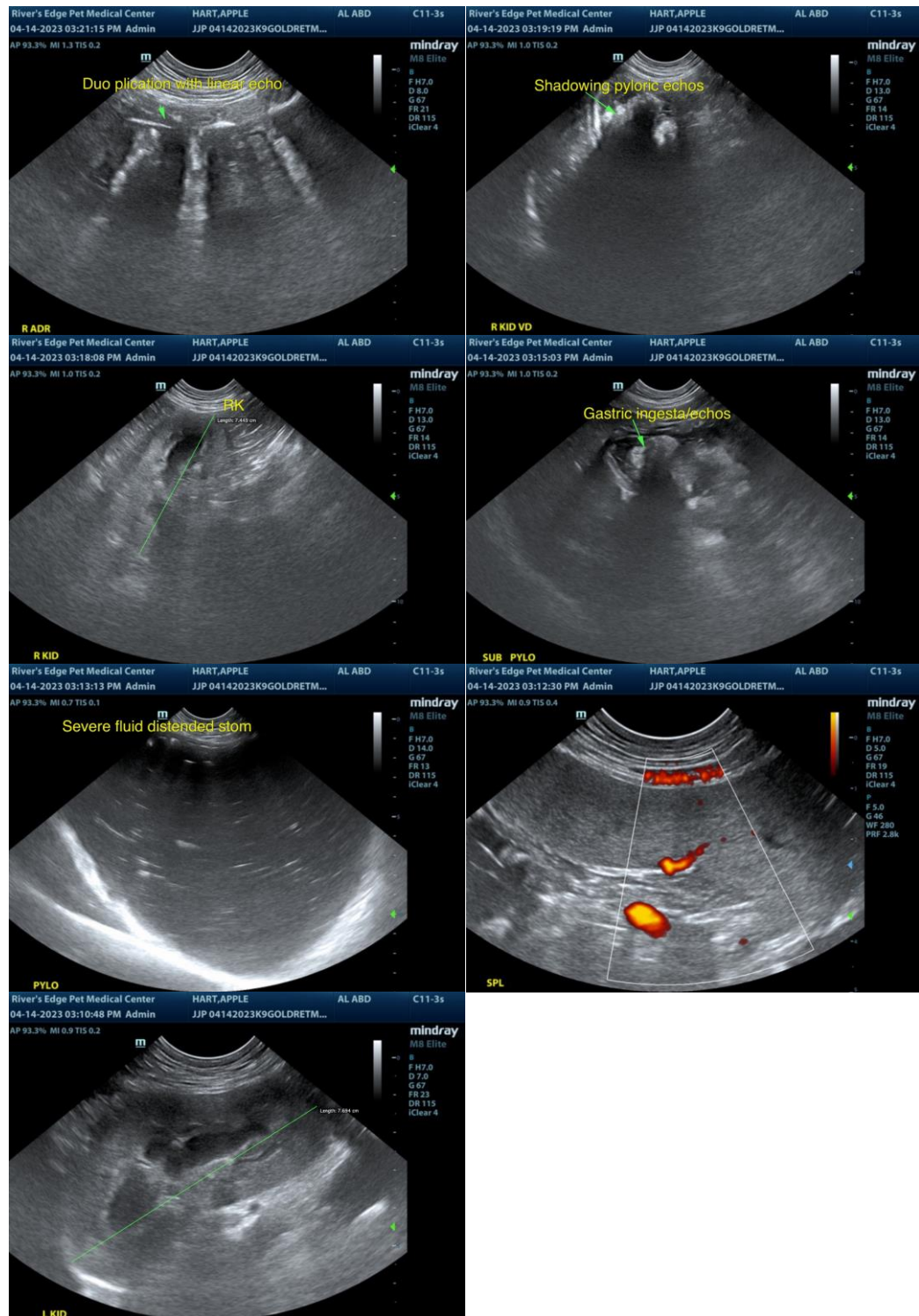
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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