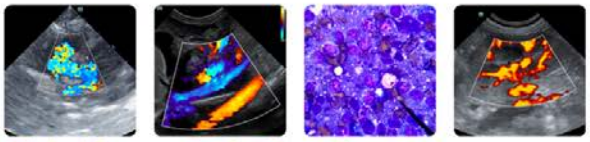


PATIENT

Gizmo Aschilman

SPECIES

Canine

BREED

Pug x

SEX

MC

AGE

15 Years

WEIGHT

7.32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

74226

DATE

4/6/26

PRESENTING CLINICAL SIGNS

Presents for abdominal distension, pain and panting that started today. History of excessive reverse sneezing after eating.

Abnormal PE/Chem/CBC/UA Results: Eyes: NS OU Oral Cavity: advanced PD disease Cardiovascular: weak/synchronous pulses Abdominal: Marked firm mass effect/organomegaly cranial abdomen - confirmed gastric distension on rads Integument: lobulated SQ mass RH rump Musculoskeletal: Weakness Rectal: 5mm dermal mass 1 o'clock of rectum Radiographic findings The stomach is moderately to to markedly distended with fluid/soft tissue opaque contents and gas. Conclusions: Gastric distention as described. This could be seen secondary to functional ileus (gastroenteritis, pancreatitis), pyloric outflow obstruction or an obstruction within the proximal aspect of the duodenum. vs food bloat

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 residual prostate appeared normal and 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 4.2 cm. Right kidney measured 4.9 cm.

Adrenal Glands

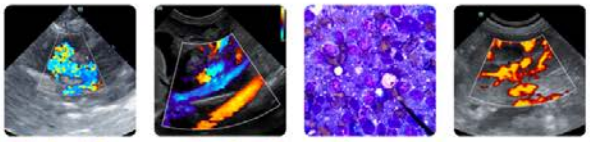
The adrenal glands were mildly enlarged. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Right measured 0.94 cm at the caudal pole. Left measured 0.92 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, perihilar to medial parenchymal non-capsule deforming to consolidating hyperechoic nodules are noted in the spleen. A mildly expansive non-homogeneous craniolateral splenic nodule with mild associated capsule distortion is noted, measuring 1.5 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild to moderate non-dependent, non-organized, non-mineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended at the time of the ultrasound, containing a mild to moderate amount of retained anechoic to mildly echogenic fluid. Within the pylorus lumen there is a small amount of shadowing content, which did not appear to extend through the pyloric outflow, measuring 2.5 cm in diameter.

The small intestine presented overall intact wall layering with maintained wall layer ratio. The lumen of the small intestine was overall empty with mild segmental intestinal gas and similar appearing mild shadowing content. Suspect segmental mild to moderate jejunal shadowing content in the mid to caudal abdomen without evidence of small intestinal obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with formed shadowing to semi-formed thick content and luminal gas.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Peri intestinal mildly hyperechoic omentum and minor pockets of peritoneal effusion present. No obvious visualized significant or swollen mesenteric lymphadenopathy.

PRIMARY FINDINGS

- Non-distended stomach with retained fluid and shadowing pyloric content.
- Non-obstructive small intestine with segmental mild to moderate jejunal similar appearing shadowing content.
- Peri intestinal hyperechoic omentum and minor peritoneal effusion.
- Heterogeneous pancreas.
- Mildly expansive heterogeneous splenic nodule with concurrent probable myelolipomas.

SECONDARY FINDINGS

- Bilateral chronic renal changes.
- Non-organized gallbladder debris (non-mucocele).
- Non-specific mildly enlarged non-homogeneous adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given relieved gastric distention, the shadowing pyloric and segmental intestinal content is highly suspicious for pyloric and segmental intestinal foreign material i.e., fabric stuffing or similar. Retained pyloric and segmental intestinal dense ingesta with metabolic gastrointestinal ileus not definitively excluded, with potential for current passing of material through the intestinal tract without evidence of current intestinal obstructive pattern.

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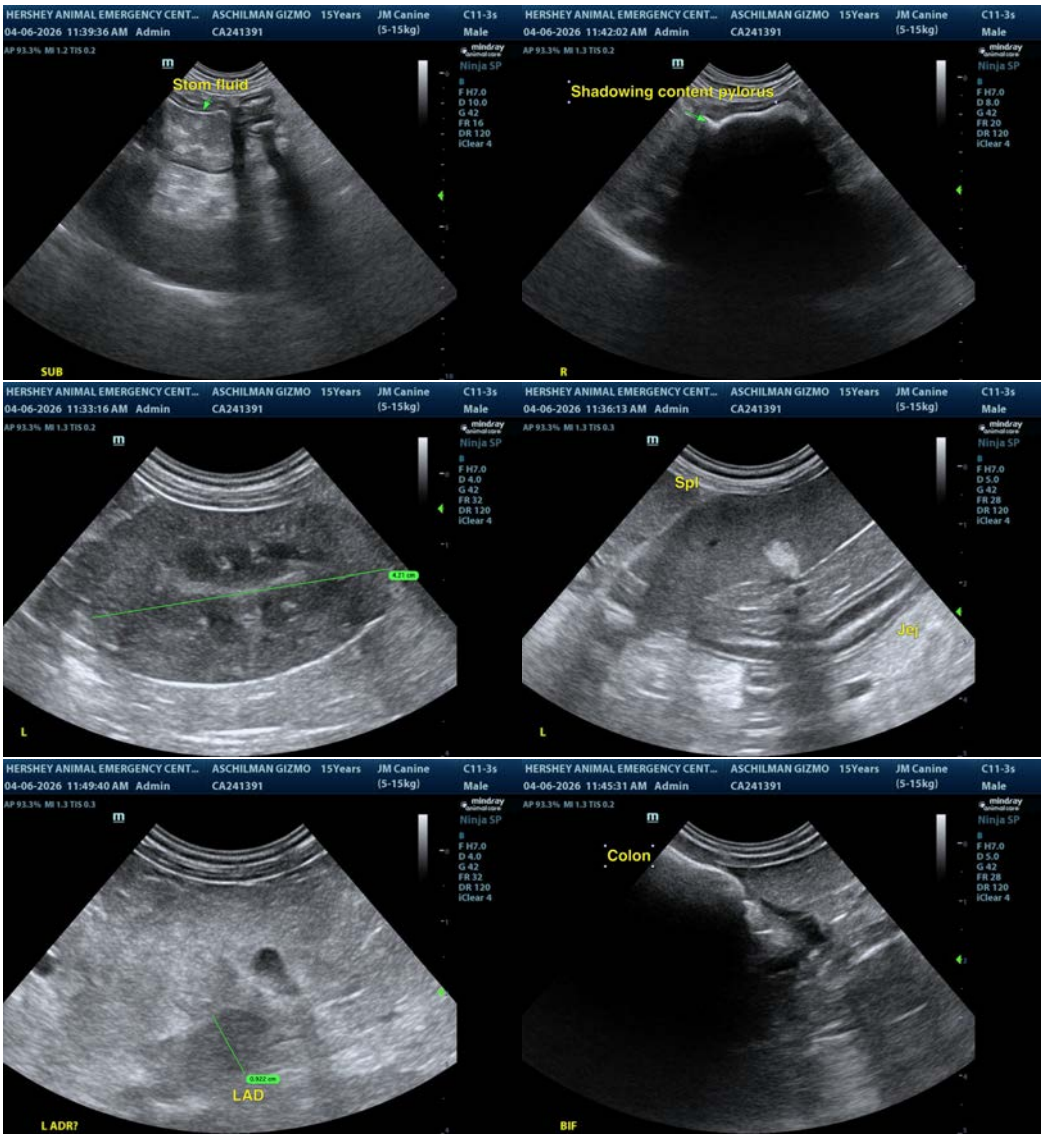
Hospitalization with gastrointestinal support including IV fluids to promote gastrointestinal motility, documented 12 hour fast, and serial monitoring of the gastrointestinal content for evidence of passage over the next 12 hours would be reasonable. If persistent, laparotomy with gastrointestinal biopsies strongly recommended despite exploratory findings, and consideration for diagnostic and prophylactic splenectomy. If available, upper gastrointestinal endoscopy could be considered for further assessment. Correlation with full lab work, urinalysis and spec cPL recommended.



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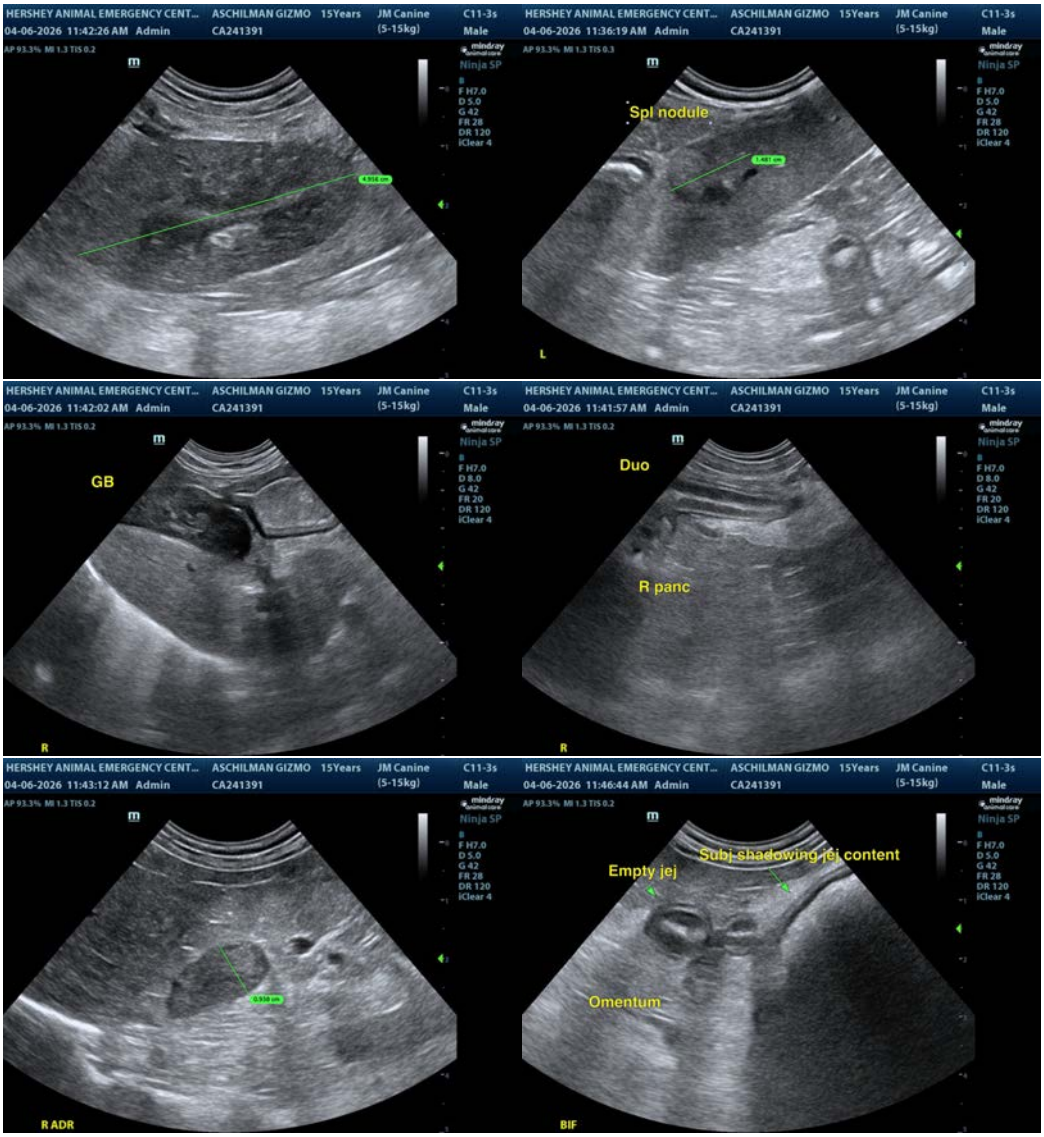

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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