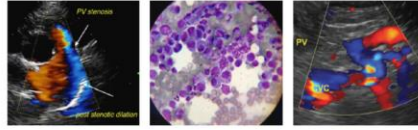


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**Jasper Makovec-
266711**SPECIES**

Canine

BREED

Golden Retriever

SEX

MI

AGE

6 months

WEIGHT

24.7 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Ritzman

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13644

DATE

4/8/22

PRESENTING CLINICAL SIGNS

Jasper presented for vomiting. Last night Jasper had some plastic in his mouth that the owner removed. After dinner he vomited his food. Overnight he vomited some foreign material that looked like cloth/stuffing. This morning the owner only offered 1/2cup kibble soaked in some water. He ate immediately but then vomited it up 1-2 minutes later. She tried 1/2 cup kibble again about 1 hour later and the same thing happened (ate readily and then vomited). Around 10am he vomited some pine needles/twigs/dirt. She went to her pDVM and they performed an exam, no imaging, and recommended coming to WVRC. On 4/3/22 Jasper was seen by ER for ingesting part of a nylabone. Vomiting once induced and a small piece of nylabone was recovered, but owner believed some of the nylabone was still missing.

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 was noted.

The prostate was of expected size and presentation for a young intact male canine.

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 6.4 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

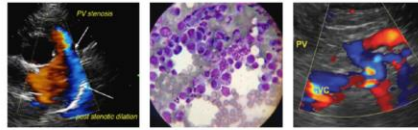
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.52 cm width at the cranial 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

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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 mild gas distention with strongly shadowing curvilinear appearing luminal echo subjectively in the area of the antrum and pylorus measuring approximately 2.0 cm in diameter.

The small intestine exhibited concurrent segmental similar-appearing shadowing echo along with segmental areas of intestinal plication with concurrent linear echo within the segmental intestinal plication likely involving the duodenum and upper to possible mid jejunum. Concurrent intussusception was also present, suspected to be jejunal in location.

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 were evident.

Free Abdomen

Mild reactive mesentery was noted around the intestinal tract with intermittent subjectively benign / reactive mesenteric lymphadenopathy. An example of a mesenteric lymph node measured 3.9 cm x 1.1 cm. No evidence of overt peritonitis or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body - likely anchored in antrum / pylorus
- Concurrent segmental small bowel foreign body with segmental intestinal linear foreign body and secondary plication along with focal intussusception
- Associated mild peri intestinal reactive mesentery and intermittent benign / reactive mesenteric lymphadenopathy - no overt peritonitis or evidence of intestinal perforation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward gastrotomy and likely multiple enterotomies with gross inspection of the remainder of the intestinal tract is recommended. Overall, subjectively, the intestine maintained discernable wall layering and was without overt evidence of significant inflammatory changes. However, potential for resection anastomosis, especially given the presence of a focal intussusception, may be required.

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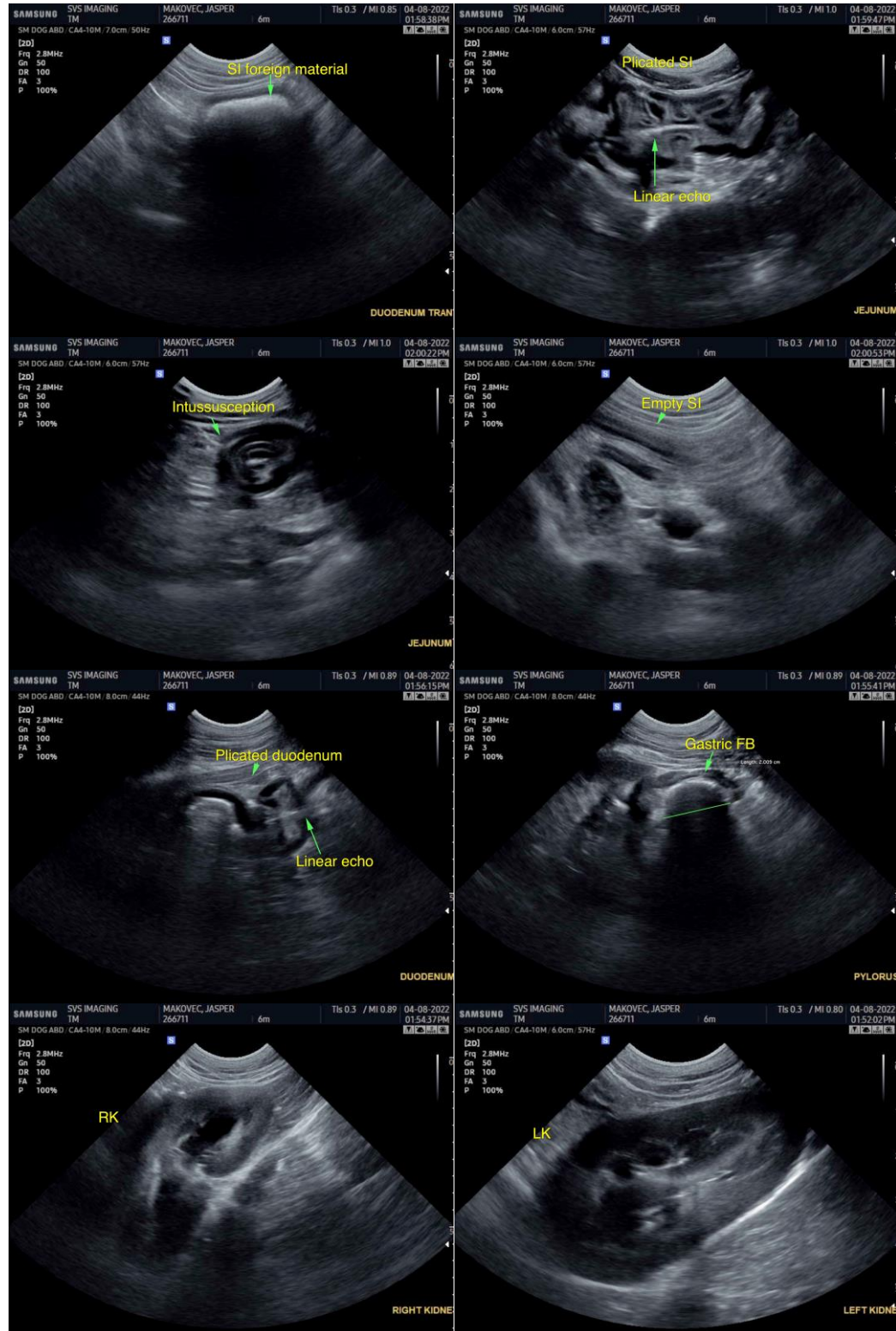
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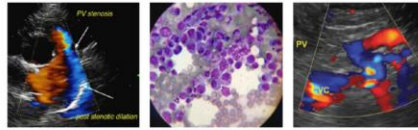
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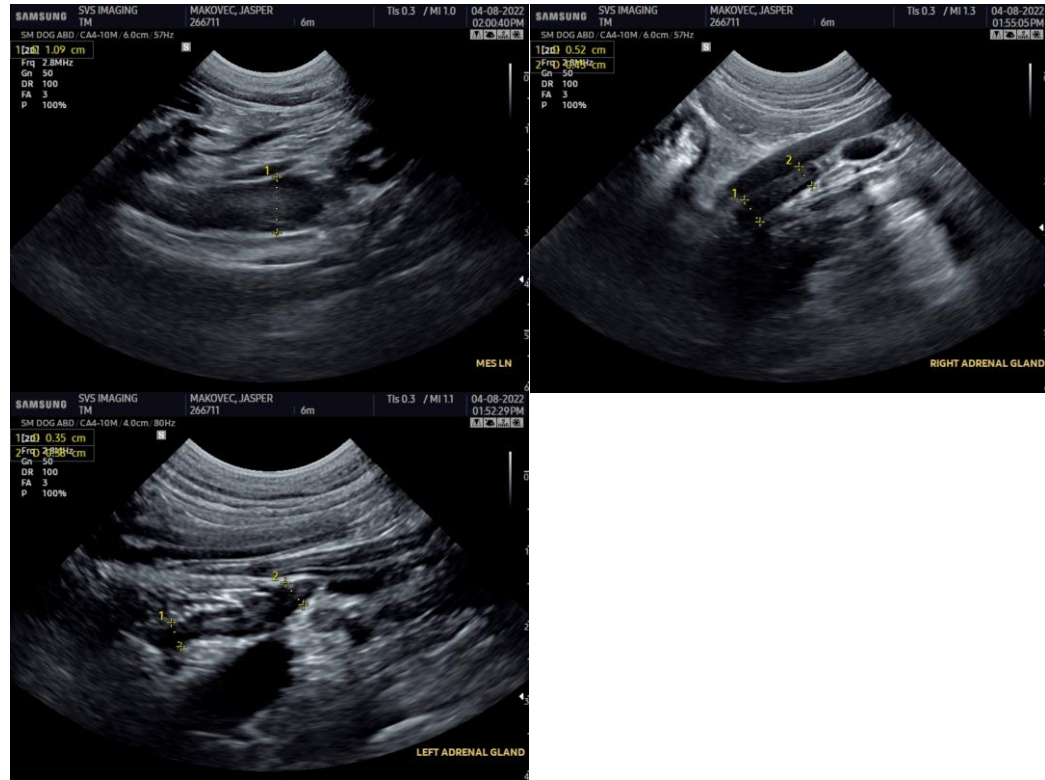
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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