



PATIENT PRESENTING CLINICAL SIGNS

Molly Milan

History: Ate a wooden skewer use for BBQing meat on June 19th Went to BVER and had 3 view abdominal rads - opted to monitor at home Vomiting and passed pieces on June 20th Started acting strange when eating June 21-22 - hesitating and walking away from food Stretching out and swallowing hard Started vomiting again and defecating pieces on evening June 23 Opted for further medical intervention today. No meds.

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

18 Months

WEIGHT

30.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hedon Forrest AH

REFERRING VET

Dr. Wallace

INVOICE

16257

DATE

6/24/22

Abnormal PE/Chem/CBC/UA Results: June 19th 3 view Abdominal Radiographs: Appropriate technique. The extra abdominal structures are within normal. The diaphragm is intact. The gastric axis is within normal. There is moderate ingesta and gas present within the gastric lumen. The liver and spleen are unremarkable. The kidneys are within normal limits. The small intestine and large intestine are within normal limits. The urinary bladder is within normal. Interpretation No significant abnormalities noted. Wooden skewer cannot be visualized, however cannot r/o risk for GI obstruction or perforation Recommendations Recommend GI ultrasound

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 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 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 5.6 cm in length. The right kidney measured 6.1 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 2.8 cm in length x 0.48 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 0.60 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

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.



PATIENT

Gastrointestinal

Molly Milan

The stomach exhibited intact visualized wall layering. The stomach exhibited moderate ingesta exhibiting mild and near field hyperechogenicity with strong distal acoustic shadowing present in the fundus, body and within the area of the pylorus. No overt evidence of mechanical pyloric outflow obstruction or pyloric mural hypertrophy. The ventral gastric body wall measured 0.40 cm.

SPECIES

Canine

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with areas of mild hyperechoic chyme, as well as subjective mild increased segmental gas pattern. No obvious evidence of mechanical/metabolic small intestinal ileus or definitive obstructive foreign material.

BREED

Golden Retriever

The colon was normal, exhibiting strongly shadowing fecal matter.

SEX

Spayed Female

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.

AGE

18 Months

Free Abdomen

No evidence of lymphadenopathy or peritoneal effusion. No evidence of peritonitis, which may suggest intestinal perforation. The omentum was of uninform echogenicity.

WEIGHT

30.8 kg

ULTRASONOGRAPHIC FINDINGS

- Moderate strongly shadowing gastric ingesta
- Segmental small bowel hyperechoic ingesta/chyme with subjective mild increased segmental intestinal gas pattern- no overt evidence of mechanical/metabolic small intestinal ileus or obstructive pattern
- Normal free abdomen- no evidence of peritonitis

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive foreign body, such as previously ingested wooden skewer was not definitively visualized. The strongly shadowing gastric ingesta, along with areas of concurrent hyperechoic small intestinal chyme and increased intestinal gas pattern is nonspecific. This may potentially indicate most recent meal ingestion, correlation with last noted meal ingestion is recommended. Given the strongly shadowing nature of the gastric ingesta, the possibility of gastric or potential minor nonobstructive areas of small intestinal foreign material is of concern yet not definitive.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hedon Forrest AH

REFERRING VET

Dr. Wallace

Hospitalization with 24-hour IV fluid, gastrointestinal support and documented NPO with radiographic and/or sonographic monitoring for evidence of gastric emptying is suggested. If not done, three-view chest radiographs are recommended to rule out esophageal pathology or foreign material. If persistent evidence of retained ingesta, despite NPO, in conjunction with continued inappetence and/or vomiting, exploratory laparotomy could be indicated.

INVOICE

16257

DATE

6/24/22



PATIENT

Molly Milan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

18 Months

WEIGHT

30.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hedon Forrest AH

REFERRING VET

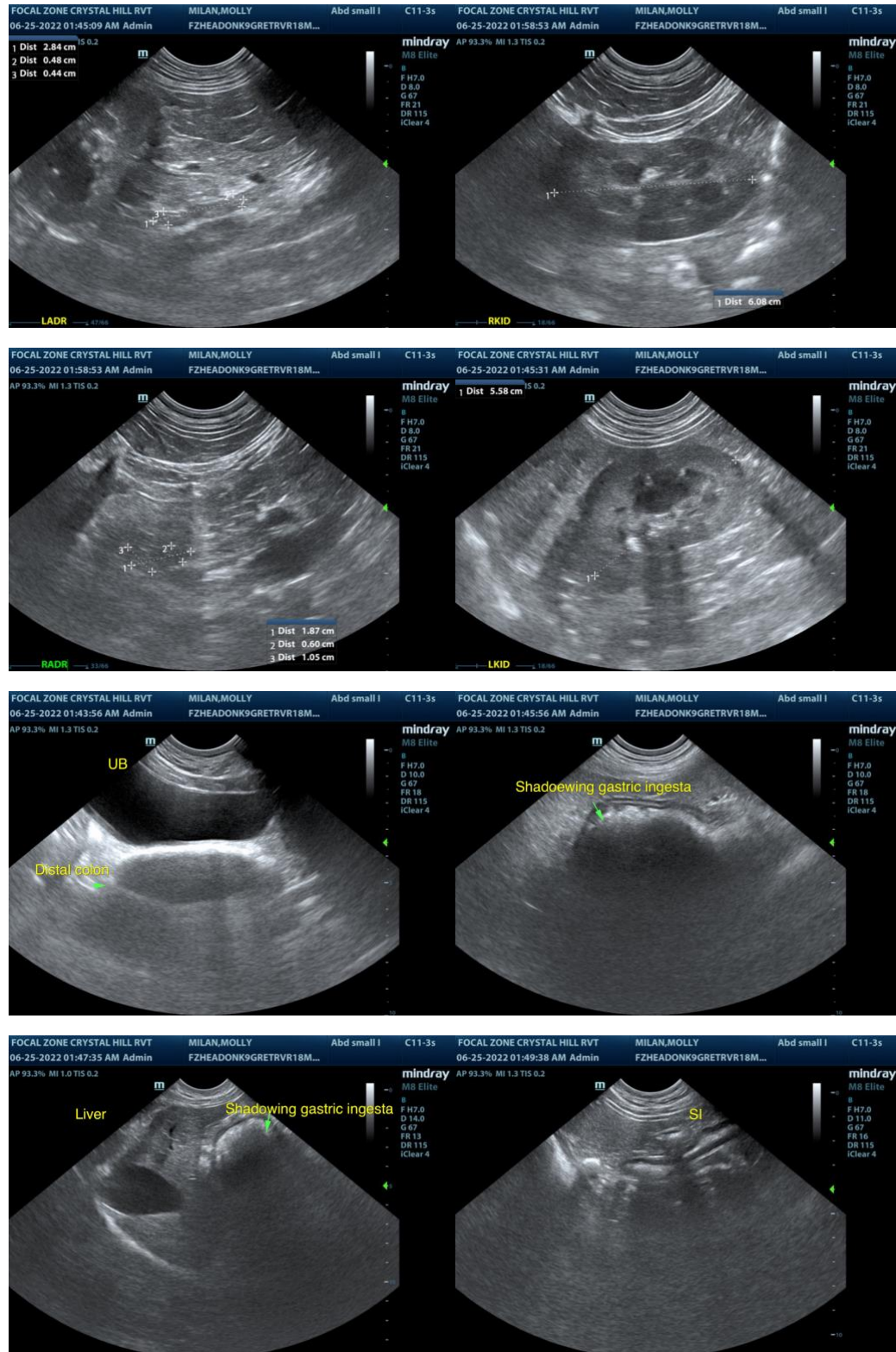
Dr. Wallace

INVOICE

16257

DATE

6/24/22





PATIENT

Molly Milan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

18 Months

WEIGHT

30.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hedon Forrest AH

REFERRING VET

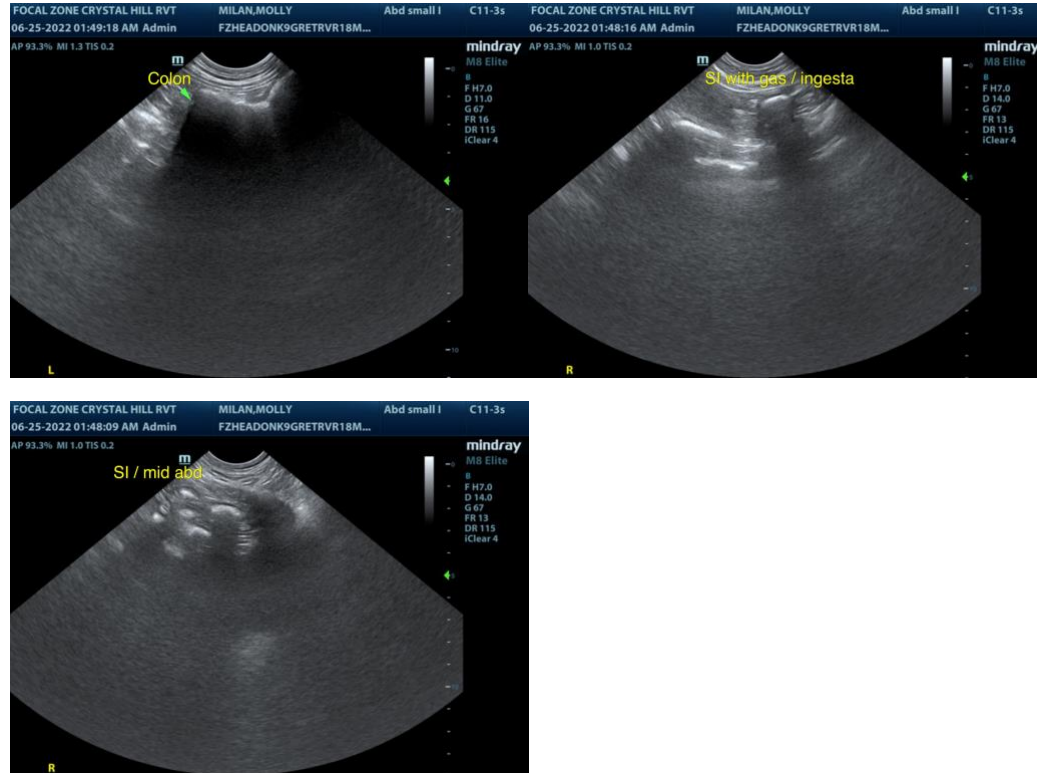
Dr. Wallace

INVOICE

16257

DATE

6/24/22



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