



PATIENT

Peanut Ducharme

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact Female

AGE

12 Months

WEIGHT

8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Healing Traditions AH

REFERRING VET

Dr. Hen Boisen

INVOICE

16377

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: History of indiscriminate eating has radio opaque FB in stomach on x ray taken 2 days ago. Patient was fed 2 hrs prior to the scan.
Abnormal PE/Chem/CBC/UA Results: Non taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation, likely consistent with mild cellular debris/protein, crystalline debris or mucus and incidental unless abnormal urination. Correlation with urinalysis could be considered. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the ileocolic junction.

No overt pathology associated with the uterus or bilateral ovaries.

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 4.8 cm in length. The right kidney measured 4.3 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 0.42 cm width at the caudal pole and 0.33 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 0.37 cm width at the caudal pole and 0.28 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

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 and sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of nonshadowing ingesta/chyme,



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extending into the pyloric outflow. No evidence of pyloric mural pathology or mechanical pyloric outflow obstruction.

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The small intestine was normal with concurrent segmental duodenojejunal nonshadowing chyme. No evidence of mechanical small intestinal obstructive pattern or foreign material. The jejunum wall measured 0.32 cm. The duodenum wall measured 0.46 cm.

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

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.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Mild urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract with moderate nonshadowing gastric and segmental small bowel ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No evidence of gastrointestinal foreign material. The gastric and segmental small intestinal ingesta/chyme likely correlates with postprandial presentation. Monitoring for evidence of gastric emptying following documented 12-hour fast to assess gastrointestinal motility, could be considered. Correlation with recheck radiographs is recommended.

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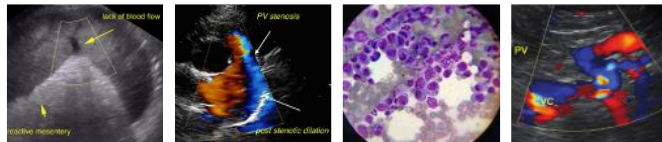
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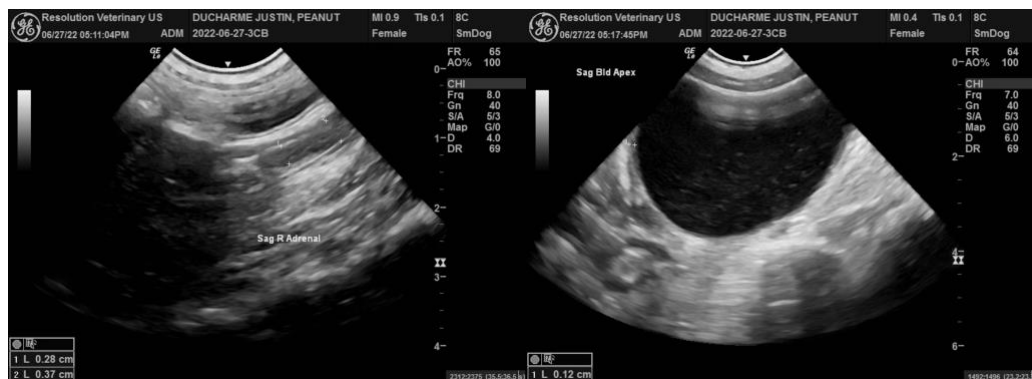
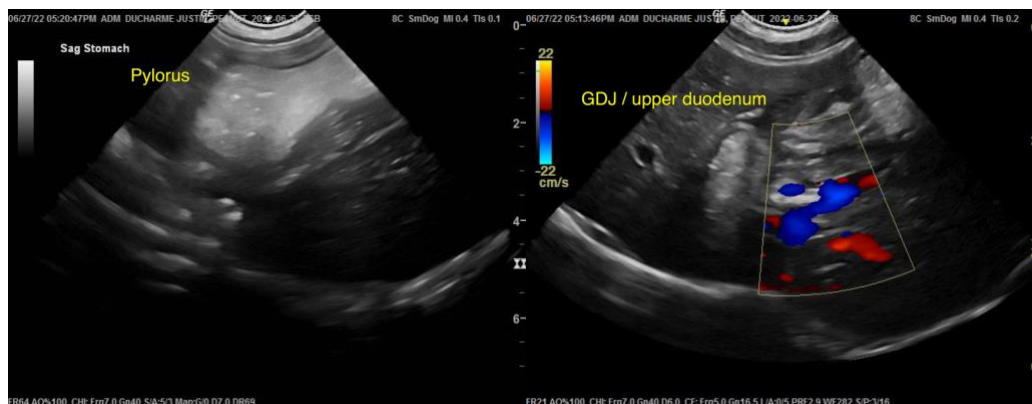
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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