



PATIENT	PRESENTING CLINICAL SIGNS
Cabella Fosdick	History: Pet started vomiting over the last 2 days and is having a hard time keeping food down. P not currently on any medications.
SPECIES	Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC- Neutrophilia 12.06 K/uL Chem-Hyperprotenemia (TP) 8.5 g/dL, hypochloremia 105 mmol/L, hypokalemia 3.3 mmol/L See attached radiographs: Digital radiography- Roughly 3.5 x 3.5cm radiolucent object present potentially in the large colon, but low in quadrant potential for jejunal region
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Labrador Retriever	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
FS	
AGE	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 7.2 cm in length. The right kidney measured 6.6 cm in length.
3 years	
WEIGHT	The area of the aortic trifurcation was free of pathology.
89 lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. No pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Jasmine Palacios	Liver
HOSPITAL NAME	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.
Rivers Edge Pet Medical Center	Gastrointestinal
REFERRING VET	The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of retained anechoic fluid with no signs of ileus, obstruction or foreign material.
Dr. Travis Gibson	The small intestine revealed a strongly shadowing spherical echo within a mid abdominal intestinal segment, likely jejunal in location measuring approximately 3.5 – 4 cm in diameter. Inflamed intestine
INVOICE	
11059ag	
DATE	
07/08/2022	



PATIENT

Cabella Fosdick

exhibiting mild ileus was noted adjacent to the shadowing echo and suspected to be proximal with concurrent empty normal appearing noninflamed small intestine distal to the shadowing echo. Subtle evidence of peri intestinal reactive mesentery along with likely intermittent prominent jejunal lymphadenopathy was present.

SPECIES

Canine

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

Pancreas

BREED

Labrador Retriever

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

SEX

FS

No peritoneal effusion was present.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing small intestinal echo with concurrent enteritis pattern likely proximal, empty small intestine likely distal
- Mild retained anechoic gastric fluid

WEIGHT

89 lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a suspect partially obstructed small intestinal foreign body, likely jejunal in location with secondary gastroduodenitis proximal. A rock or similar dense object is suspected. Exploratory laparotomy with enterotomy +/- GI biopsies and general gross inspection of the GI tract is recommended.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

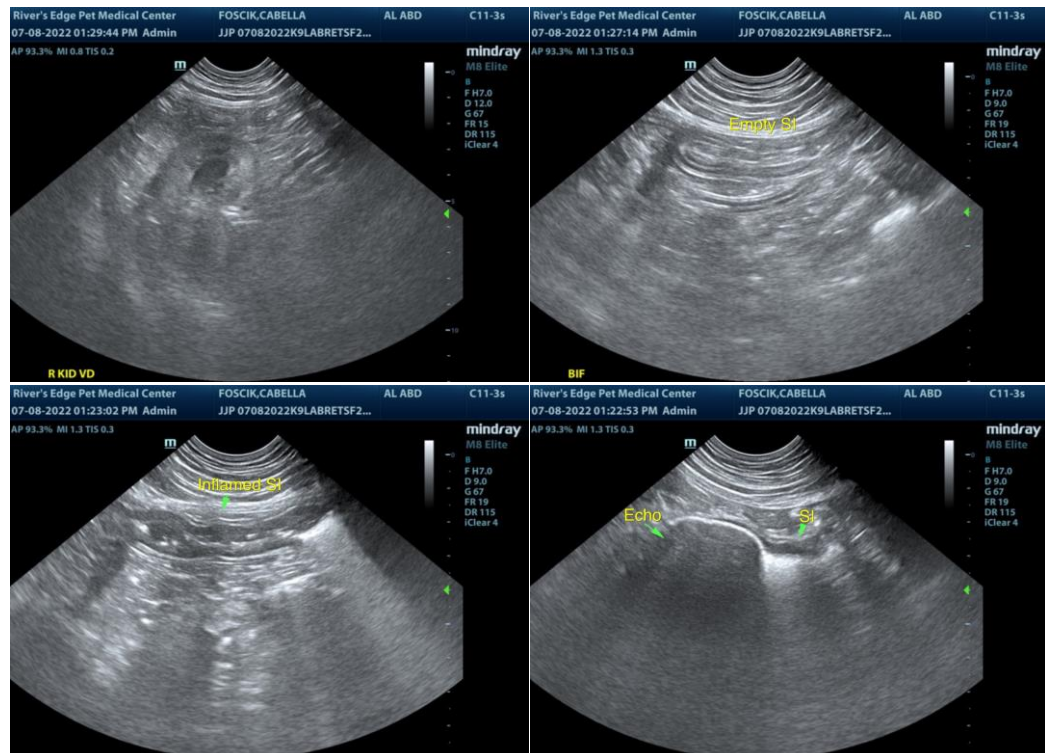
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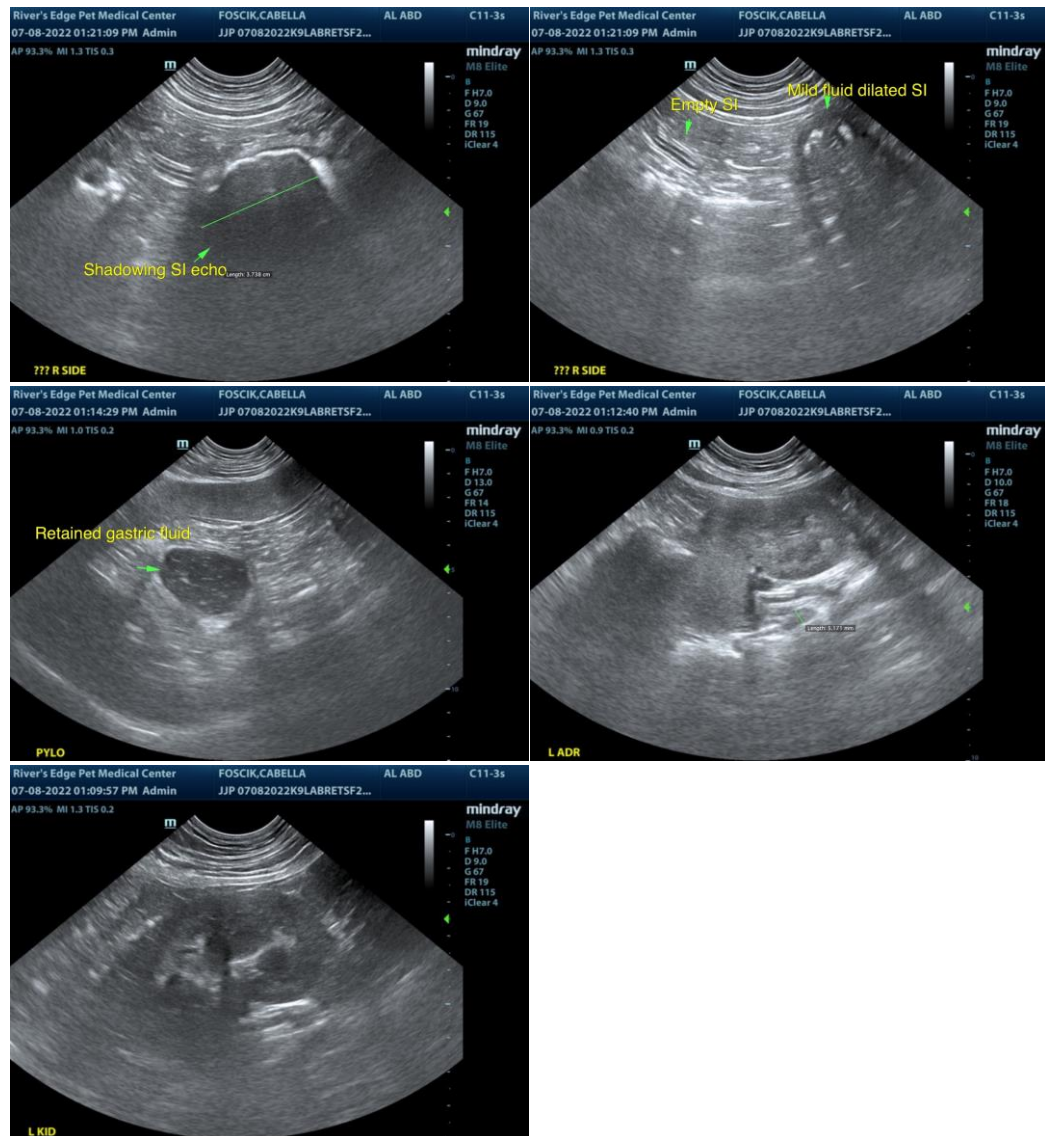
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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