



**PATIENT PRESENTING CLINICAL SIGNS**

Happy Samuel Morrison  
**SPECIES**

Clinical Exam Findings: Vomiting Current Medications Iv Fluids Radiographic Findings Foreign body in small intestine. Primary Question/Differential to Be Answered in This Exam Location and how involved. Abnormal PE/Chem/CBC/UA Results: Pending

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Greater Swiss Mtn Dog

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.

**SEX**

Intact Male

The area of the prostate was normal.

**AGE**

5 Months

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

56 Pound

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 6.2 cm. The right kidney measured 6.9 cm.

**Adrenal Glands**

**INTERPRETED BY**

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 0.59 cm at the cranial pole and 0.41 cm at the caudal pole.

**Spleen**

**IMAGING PERFORMED BY**

Jenna Walsh

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**

**HOSPITAL NAME**

West Hills AH

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.

**REFERRING VET**

Dr. Yuko Eguchi-Coe

**Gastrointestinal**

**INVOICE**

24780

The stomach exhibited intact yet prominent wall layering, primarily owing to mild mucosal hypertrophy and prominent rugal folds. A mild amount of retained anechoic fluid and luminal gas was present in the stomach. No overt evidence of mechanical pyloric outflow obstruction.

**DATE**

8/18/21

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper duodenal non-obstructive ileus was present along with focal areas of subtle jejunal corrugation, which may indicate focal areas of jejunal hypercontractility or minor dysfunctional bowel. No evidence of small intestinal mechanical obstruction or foreign material.



## PATIENT

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

Happy Samuel  
Morrison

## Pancreas

## SPECIES

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.

Canine

## BREED

## Free Abdomen

Greater Swiss Mtn Dog

Intermittent, mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. Example measured 0.85 cm in width. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No effusion.

## SEX

Intact Male

## ULTRASONOGRAPHIC FINDINGS

## AGE

- Gastroenteritis pattern with minor retained gastric fluid and luminal gas
- Intermittent minor mid abdominal mesenteric lymphadenopathy – lymphoid hyperplasia, minor reactive lymphadenitis, or immunologic immaturity probable.

5 Months

## WEIGHT

56 Pound

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

No overt evidence of mechanical gastrointestinal obstruction, gastrointestinal obstructive pattern or obvious gastrointestinal foreign material noted in this study. The presence of minor retained gastric fluid and luminal gas may suggest some degree of persistent gastric metabolic hypomotility. Technically, the possibility of a mild amount of retained non-obstructive gastric foreign material is possible, yet not visualized owing to luminal gas artifact. However, given the lack of gastrointestinal obstructive pattern, no overt indication for immediate surgical intervention.

## IMAGING PERFORMED BY

Jenna Walsh

Further assessment of gastrointestinal motility may include a barium study. Additionally, if strong clinical concern for retained non-obstructive gastric foreign material, gastric endoscopy, if available, could be considered. Empirically, continued supportive care for acute to potentially resolving gastroenteritis would be appropriate. The possibility of passed foreign material not present in the colon cannot be definitively excluded. If persistent gastrointestinal signs, resting cortisol to rule out occult Addison's disease may be considered.

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West Hills AH

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Greater Swiss Mtn Dog

**SEX**

Intact Male

**AGE**

5 Months

**WEIGHT**

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**INTERPRETED BY**

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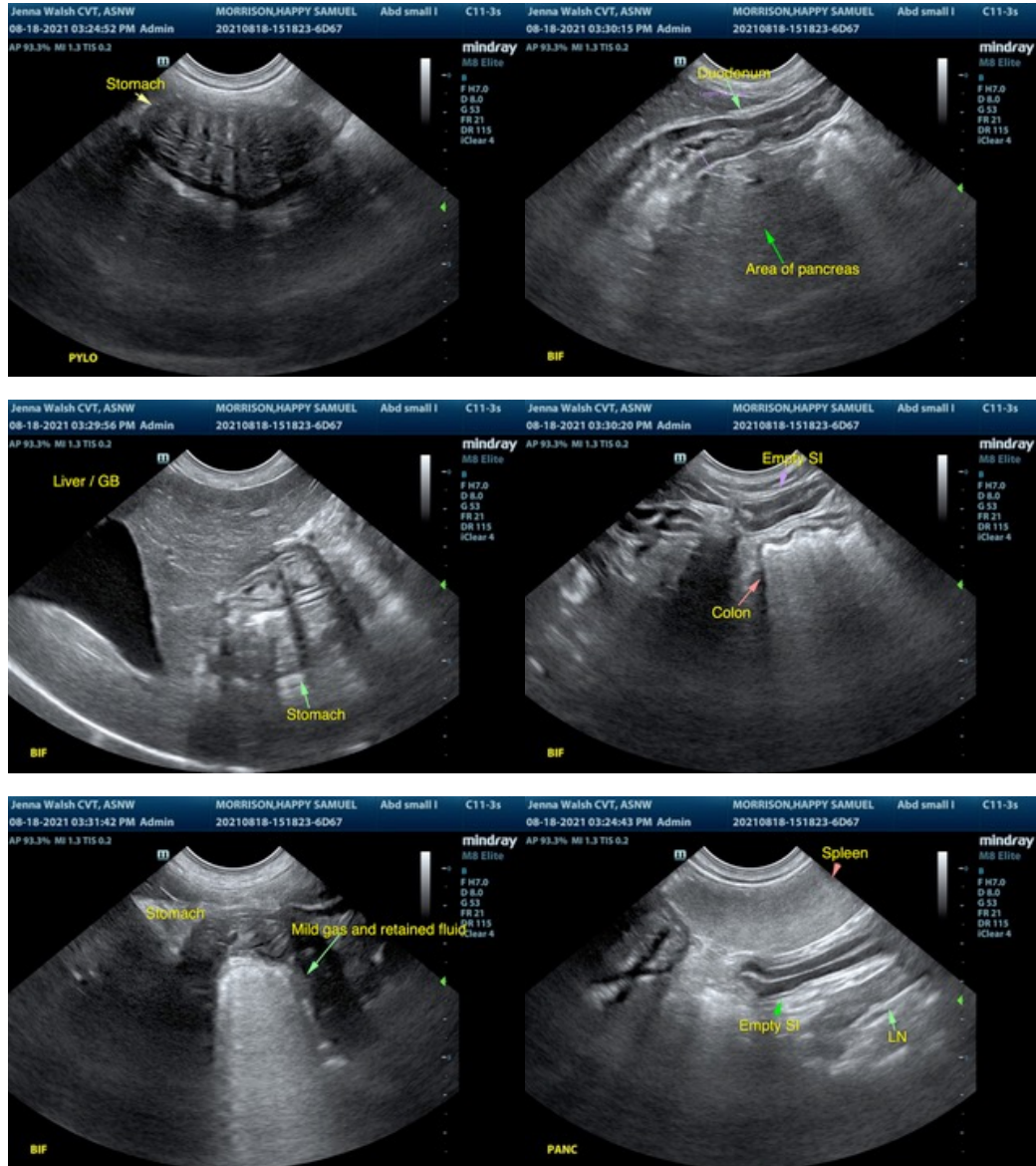
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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