



PATIENT

Luna Schmidt

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

4 years

WEIGHT

33.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Pandya

INVOICE

14871

DATE

8/22/23

PRESENTING CLINICAL SIGNS

Owner had corn on the cob last monday and caught Luna with some in her mouth. Pulled it out, but unsure how much she may have ingested. Normal activity so far but has not had a BM, not really eating well but is drinking water. First vomited a piece of the cob, then was vomiting food after that, after a few days the vomit became like liquid/bile. Has vomited about 4 times this past week. Temp 37.7, HR 133, RR 37. PE - BAR, maybe tense/painful abdomen. No meds.

Abnormal PE/Chem/CBC/UA Results: Rads confirm presence of Comb at large intestine. When owner out to collect urine, dog pooped out a piece of the Comb, more rads taken and sent for interpretation.

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 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 6.5 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland measured 0.49 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/ 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 normal in appearance without signs of congestion. The gallbladder was non-distended in size



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containing primarily anechoic content with mild, nonorganized gallbladder sediment. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented overtly normal intact wall layering. The stomach contained a mild to moderate amount of variable to strongly shadowing ingesta extending into the area of the gastric antrum. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical / metabolic ileus or foreign body.

Normal visible colon wall layers were present with subjective adequately formed fecal matter.

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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.

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Free Abdomen

Intermittent, minor, sonographically benign / reactive mesenteric lymph nodes were present maintaining a normal width: length ratio (<0.5). There was no evidence of peritoneal effusion. Normal omental echogenicity was noted.

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ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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Primary Findings

- Mild to moderate variably to strongly shadowing gastric ingesta
- Sonographically unremarkable small intestine - no evidence of intestinal mechanical / metabolic ileus or foreign body

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Secondary Findings

- Mild gallbladder sediment was noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of a gastrointestinal obstructive pattern. The primary finding of strongly shadowing potentially retained gastric ingesta in conjunction with reported documented NPO may suggest retained dense ingesta potentially owing to some degree of metabolic or functional gastric stasis. However, in conjunction with patient history, there is concern for intermixed nonobstructive gastric foreign material i.e., corn cob or similar within the gastric lumen.

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Recommend hospitalization with 24/hour IV fluids, as-needed gastrointestinal support, documented 12-18 hour NPO, and sonographic reassessment of the stomach. If persistent retained strongly shadowing gastric ingesta, endoscopy or potential laparotomy may be indicated especially if continued vomiting and inappetence, are noted. Correlation with pending radiographic interpretation is suggested.

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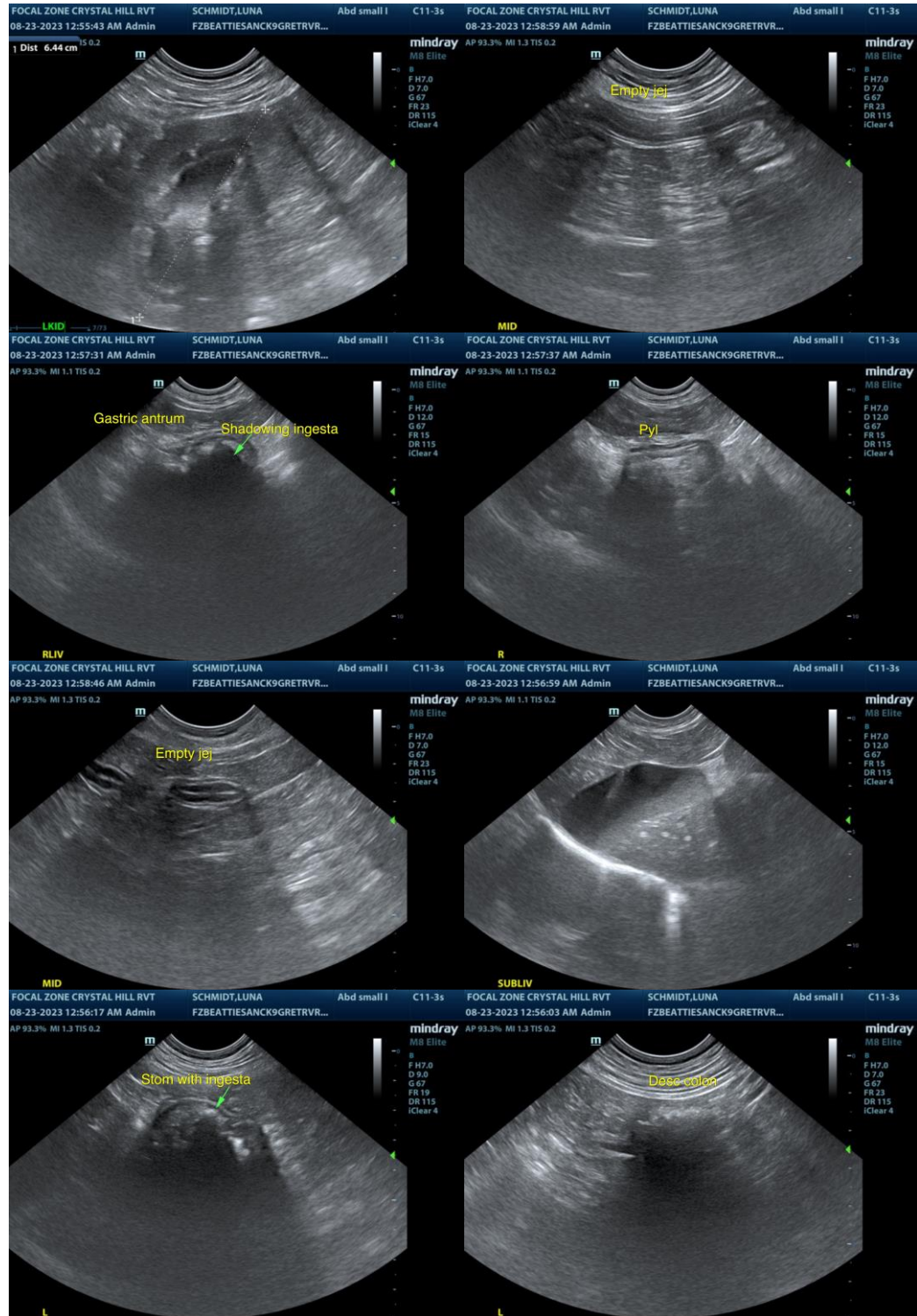
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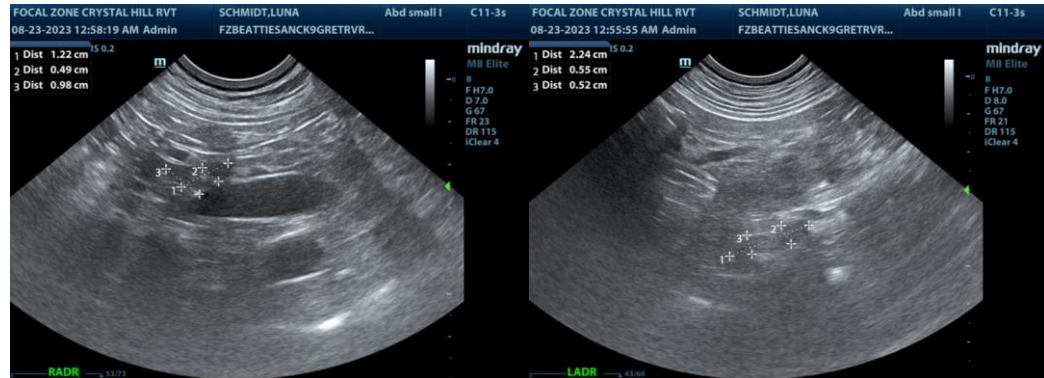
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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