



**PATIENT**

Stella Kinsley

**PRESENTING CLINICAL SIGNS**

Hx of eating child's magnetic toys. Radiographs have marked loss of serosal detail and f(x) ileus

**SPECIES**

Canine

**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. Primarily anechoic urine was present in the lumen. Mild particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**BREED**

German Shepherd

**SEX**

Spayed Female

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 7.4 cm. The right kidney measured 7.2 cm.

**AGE**

2 Years 8 Months

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.57 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

**WEIGHT**

63 Pounds

**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. The spleen exhibited subtle medial cranial and caudal folding. The splenic folding is not indicative of underlying splenic pathology and may be a patient variant.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

North Warren AH

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic ingesta exhibiting subtle distal dirty acoustic shadowing. No other evidence of strongly shadowing gastric ingesta or echoes. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.45 cm.

**REFERRING VET**

Dr. Corrado

**INVOICE**

25076

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental areas of jejunal digesta/chyme present. No evidence of mechanical small intestinal obstruction or overt foreign material. Duodenum wall measured 0.51 cm. Jejunum wall measured 0.39 cm.

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

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**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.

**SPECIES**

Canine

**Free Abdomen**

No evidence of intraabdominal lymphadenopathy. No evidence of peritoneal effusion/peritonitis.

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Mild particulate urinary bladder sediment
- Moderate gastric ingesta exhibiting subtle distal dirty acoustic shadow
- Sonographically unremarkable small bowel with segmental jejunal digesta/chyme, no overt evidence of small intestinal mechanical obstruction or foreign material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

2 Years 8 Months

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**WEIGHT**

63 Pounds

The presence of gastric ingesta is non-specific and may indicate post-prandial presentation. Correlation with most recent meal ingestion suggested. If documented NPO, some degree of gastric hypomotility or stasis may be present. Given the sonographic appearance of the gastric ingesta and lack of small intestinal obstructive pattern or overt foreign material, no indication for immediate surgical intervention. However, the possibility of intermixed foreign material within the gastric ingesta and/or subtle hair, fabric or similar opacity cannot be definitively excluded.

**INTERPRETED BY**

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(Canine and Feline)

Hospitalization with 12-24 hour IV fluid and gastrointestinal support with either radiographic or sonographic monitoring for evidence of gastric emptying is recommended. If persistent retained gastric ingesta, additional diagnostics may include barium study and/or upper gastrointestinal endoscopy if available. If exploratory laparotomy is deemed necessary, intestinal biopsies would be considered essential given the history of potential PICA and breed disposition for underlying intestinal disease.

**IMAGING PERFORMED BY**

Jessica Miller

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North Warren AH

**REFERRING VET**

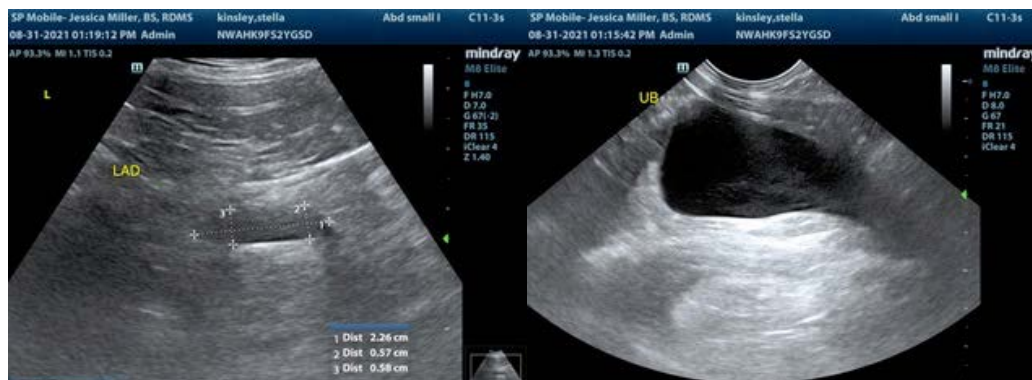
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

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