



|  |  |
|--|--|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>   |
| Harper Gaeta   | History: Ate part of Leather Sandal top a few weeks ago. Has been hacking, gagging and spitting up bile for few weeks. Rads at VEG 5 days ago w review saw esophageal relax. No direct FB. Started on Omprazole 10 mg BID and not helping at all. Appetite decreased. Did not eat today that owner aware of.   |
| <b>SPECIES</b>   |  |
| Canine   | Abnormal PE/Chem/CBC/UA Results: Exam overall unremarkable except odor to breath Radiographs show empty stomach, BW pending.   |
| <b>BREED</b>   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Goldendoodle   | <b>Urinary System</b>  |
| <b>SEX</b>   | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.   |
| Spayed Female  |  |
| <b>AGE</b>   | 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 4.7 cm in length. The right kidney measured 4.3 cm in length. |
| 1 Year 7 Months  |  |
| <b>WEIGHT</b>  | <b>Adrenal Glands</b>  |
| 21 Pounds  | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.48 cm width at the cranial pole.   |
| <b>INTERPRETED BY</b>                                    | The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.59 cm width at the cranial pole.   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | <b>Spleen</b>  |
| <b>IMAGING PERFORMED BY</b>                              | 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.  |
| John Ammeraal  | <b>Liver</b>   |
| <b>HOSPITAL NAME</b>                                     | 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.   |
| Sova AH  | The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.  |
| <b>REFERRING VET</b>                                     | <b>Gastrointestinal</b>  |
| John Ammeraal  | The stomach exhibited intact and sonographically unremarkable wall layering. The stomach appeared to be mild to moderately gas distended with retained ingesta/chyme present in the gastric lumen, extending into the area of the pylorus. Within the area of the gastric ingesta/chyme, extending into the  |
| <b>INVOICE</b>   |  |
| 17127  |  |
| <b>DATE</b>  |  |
| 9/1/22   |  |



## PATIENT

Harper Gaeta

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed Female

## AGE

1 Year 7 Months

## WEIGHT

21 Pounds

area of the pylorus, a strongly shadowing echo was present, measuring approximately 2.5 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor upper duodenal ingesta/chyme. No evidence of small intestinal mechanical/metabolic ileus or foreign material.

Normal visible colon wall layers were present with formed fecal matter in lumen.

## 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 was evident.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric/pyloric luminal echo, mild gastric distention with gas and nonshadowing ingesta/chyme
- Sonographically unremarkable small bowel- no evidence of small bowel mechanical/metabolic ileus

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history in conjunction with clinical signs, the shadowing echo within the area of the gastric lumen and pylorus is strongly suggestive of foreign body. Endoscopy, if available, may be considered for further assessment and potential retrieval. However, exploratory laparotomy with expectation toward gastrotomy is warranted. Recheck three view chest radiographs prior to surgery to rule out evidence of concurrent esophageal pathology or dilation is suggested. Likewise, a thorough oral exam, to rule out evidence of oral foreign material or other abnormalities while under anesthesia is suggested.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

John Ammeraal

## HOSPITAL NAME

Sova AH

## REFERRING VET

John Ammeraal

## INVOICE

17127

## DATE

9/1/22





**PATIENT**

Harper Gaeta

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Spayed Female

**AGE**

1 Year 7 Months

**WEIGHT**

21 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

John Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

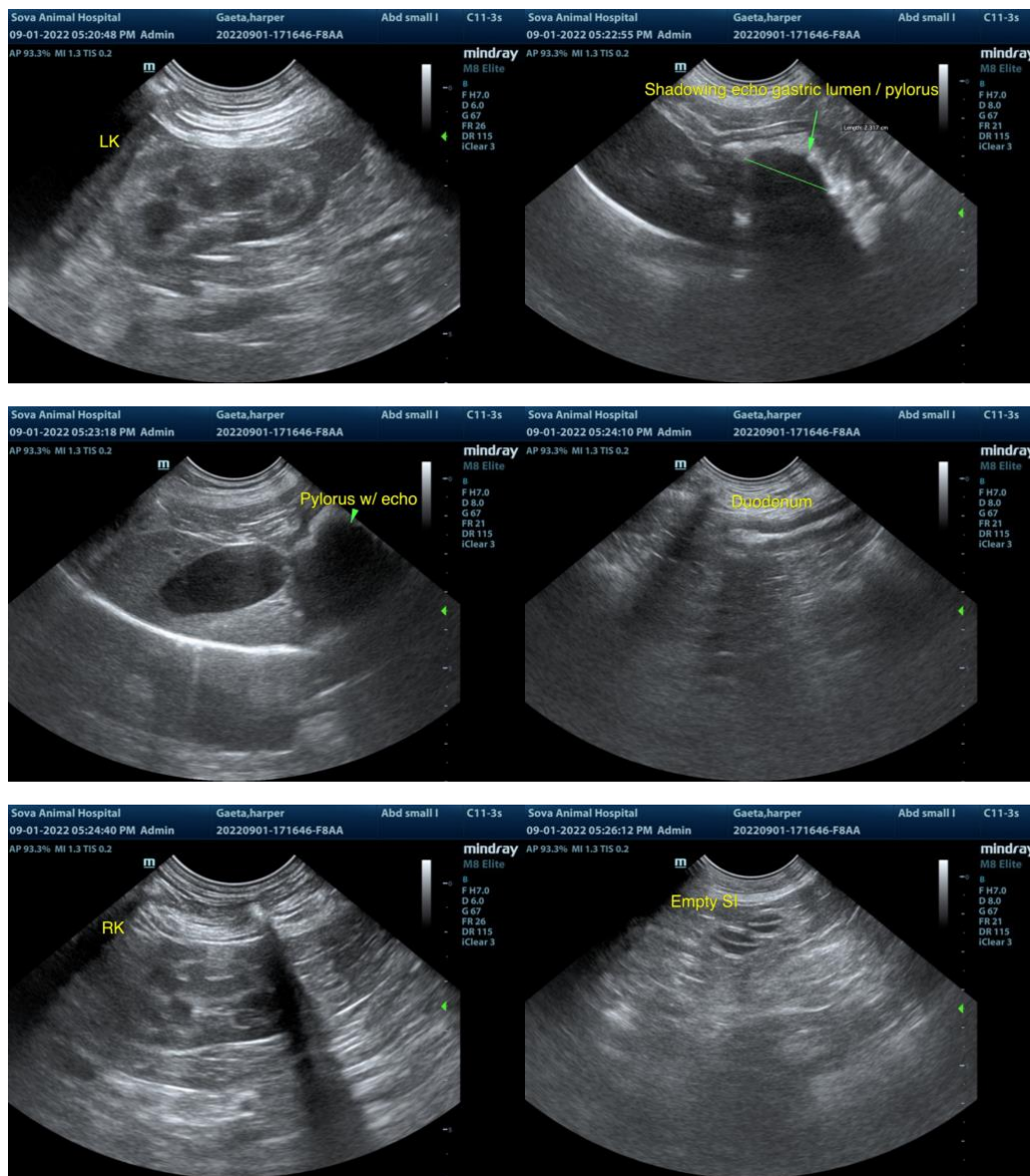
John Ammeraal

**INVOICE**

17127

**DATE**

9/1/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com