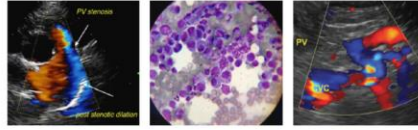


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**Luna Tomblin
40769A**SPECIES**

Canine

BREED

Doberman Pinscher

SEX

Female

AGE

2Y

WEIGHT

21.2 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists-Dr. Maller**INVOICE**

15041

DATE

9/30/22

PRESENTING CLINICAL SIGNS

3.5 weeks ago Luna chewed up a fleace blanket and ate approximately 24" x 12" piece. After that she started vomiting a yellow bile mostly at night but was still eating/drinking and had normal stools. On 9/21 seen by PCDVM and got abdominal x-rays that were inconclusive(non-fasted x-rays) and was sent home on Maropitant for 2 days. Luna didn't vomit during those 2 days but then started liquid diarrhea every 30minutes to 1 hour which has continued since. Luna was started on a bland diet 5 days ago but the diarrhea has not gotten any better. Last night about 20 minutes after eating Luna vomited her dinner back up and then this morning dry heaved this morning. PCDVM did check a fecal several days ago that per owner is negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

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 6.6 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

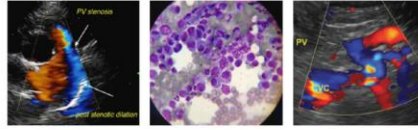
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach exhibited moderate distention containing strongly shadowing ingesta to luminal echoes noted in the gastric body extending into the area of the antrum and pylorus. The gastric body wall width measured 0.30 cm.

Concurrent similar appearing shadowing echo exhibiting nearfield hyperechogenicity was present in the upper duodenal lumen measuring approximately 4.0 cm in diameter. Subtle to mild upper duodenal retained fluid was also present. The mid to distal descending duodenum, as well as the generalized jejunum and ileum to the level of the ileocolic junction were empty with minor segmental gas to potential chyme, yet without evidence of additional small intestinal foreign material or mechanical obstructive pattern. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.28 cm width.

The colon was normal containing formed to semi-formed fecal matter and luminal gas. The descending colon wall width measured 0.32 cm.

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.

Free Abdomen

Intermittent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric and upper duodenal ingesta / echo - supportive of gastric and upper duodenal foreign material, given reported documented NPO and patient history
- Sonographically normal generalized small bowel - no evidence of additional foreign material or mechanical obstructive pattern
- Intermittent mild subjective benign / reactive mesenteric and medial iliac lymphadenopathy

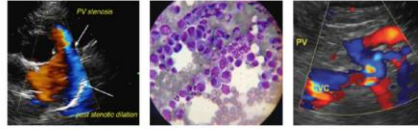
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation towards gastrotomy and potential massage of the upper duodenal shadowing echo into the gastric lumen is warranted. Endoscopy could also be considered for further assessment, yet given the degree of shadowing ingesta in the stomach, complete retrieval of suspected foreign material may be limited.

Gastrointestinal biopsies to assess for underlying gastrointestinal disease should be considered despite exploratory findings.

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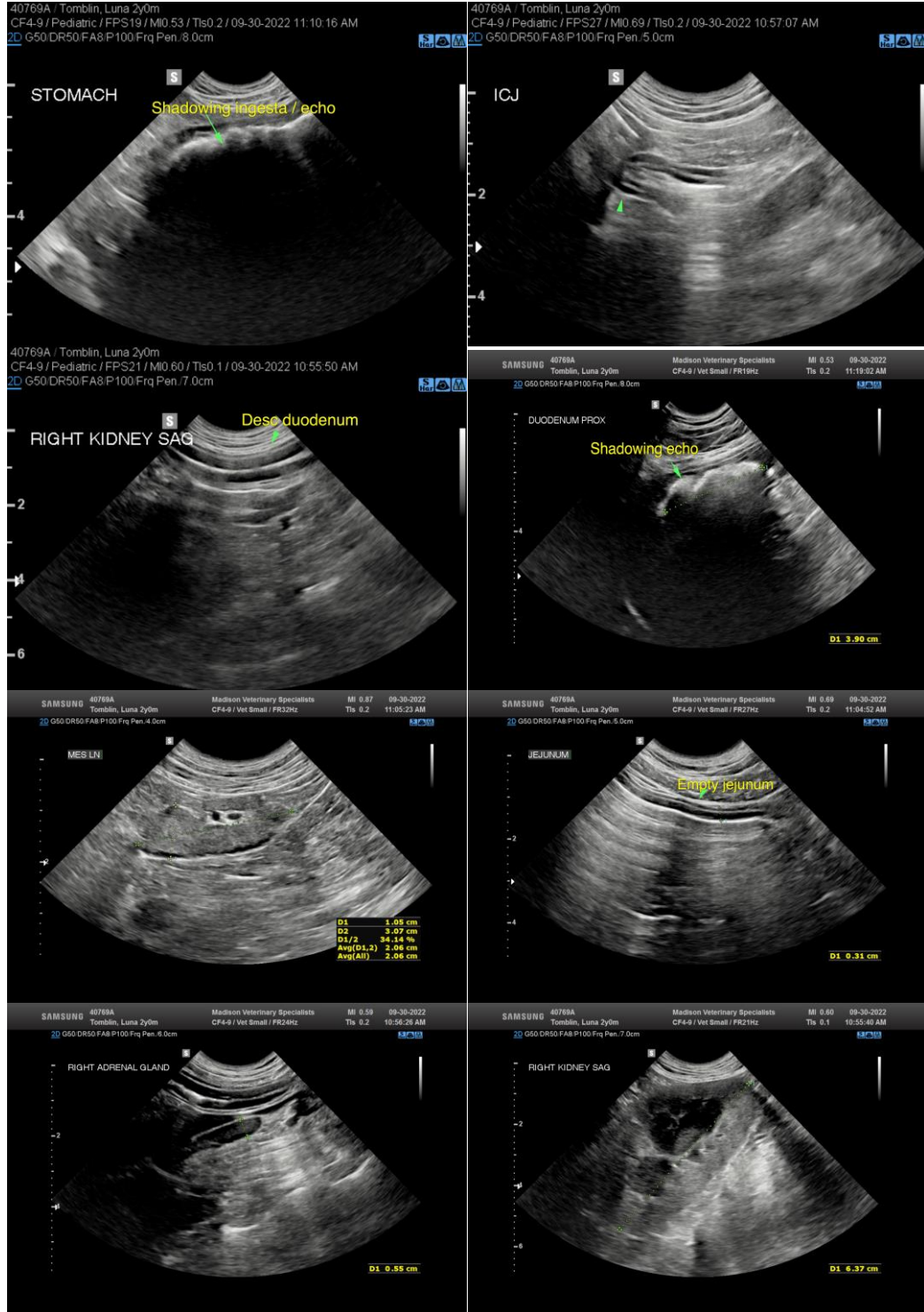
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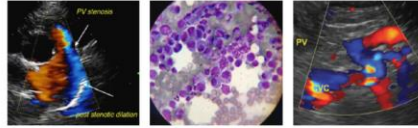
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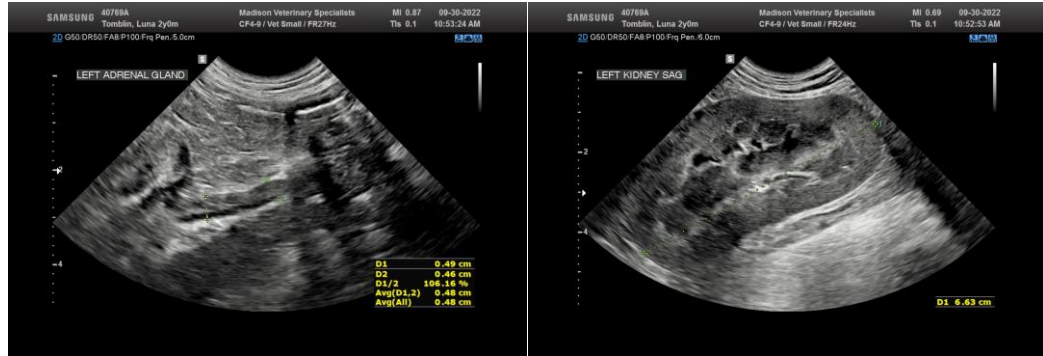
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com