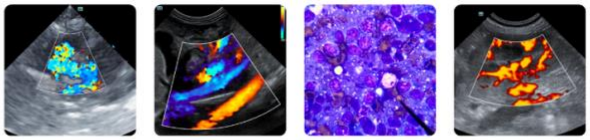


PATIENT

Tucker Marks

SPECIES

Canine

BREED

Poodle Mix

SEX

Intact Male

AGE

9 Months

WEIGHT

12.2 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE

13358

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Seen at HAEC 1/20 for vomiting and continued nausea. Large volume gas and suspect gastritis vs esophagitis secondary to a recent esophageal FB. Recheck 1/21 for recheck rads, vomited once and hard swallowing. Gas largely resolving, no FBO seen. Today - eating, but lip licking/hard swallowing, restless and uncomfortable. Vomited in car.
- Patient repeatedly licking and belching. Vomited numerous times in the exam room.
- 5-6% dehydration

Abnormal PE/Chem/CBC/UA Results: 1/21 rads: Radiographs: significant GI gas, no clear foreign body or marked dilation, mild esophageal gas; images sent to radiologist for further review 1/21: Abdominal radiographs: Gas distension largely resolved compared to prior; stomach empty with clear pylorus; persistent gas pocket consistent with cecum; formed fecal material in colon; no obvious foreign body or obstruction noted; images sent for radiology review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 5.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 3.7 mm width at the cranial pole and 3.9 mm width at the caudal pole. The right adrenal gland measured 4.3 mm width at the cranial pole and 5.1 mm width at the caudal pole.

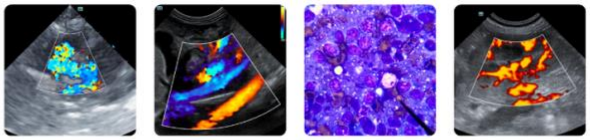
Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is mildly distended with gas and fluid. The gastric wall is 2.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering measuring 1.9 mm. The ileocecal junction was not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 2.5 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although there is still a fair amount of gas in the gastrointestinal tract which does cause some shadowing artifact, there was no evidence of gastrointestinal pathology or obstruction on today's ultrasound. Treatment with simethicone may be beneficial in helping relieve the ongoing gas bloat. Based on the history provided, it is possible that this patient is experiencing aerophagia, secondary to heavy swallowing, and it sounds as though the patient may have esophagitis as the underlying cause for this heavy swallowing.

Treatment with gastroprotectants such as omeprazole and sucralfate may be helpful in the treatment of esophagitis. If the patient had a confirmed esophageal foreign body, endoscopic evaluation of the esophagus may end up being necessary to rule out the possibility of ongoing pathology. Trials with a hydrolyzed protein diet may also be beneficial, in case the patient's gastrointestinal signs are secondary to an emerging food allergy. Ultimately, gastrointestinal biopsies may be necessary for definitive diagnosis.

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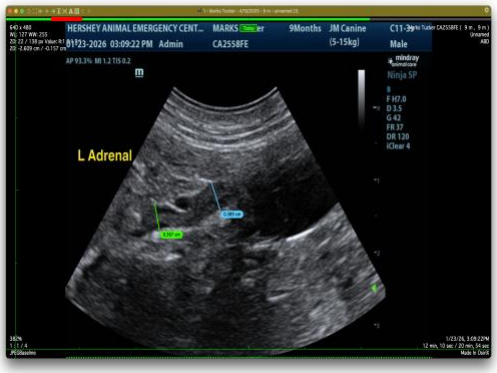

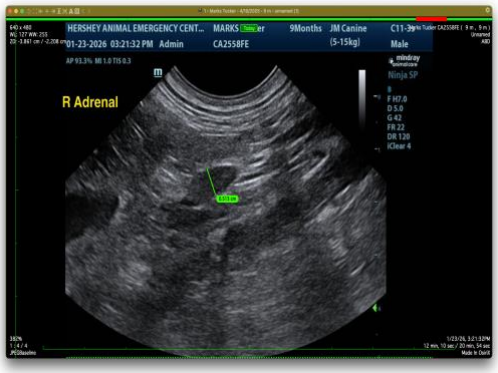

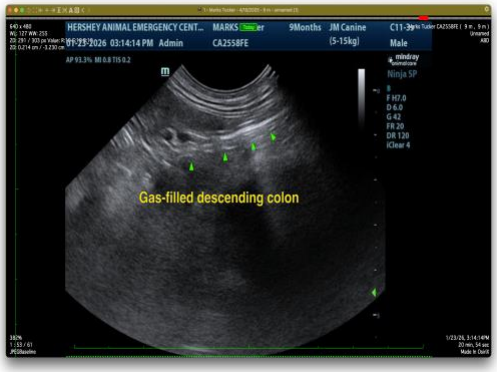

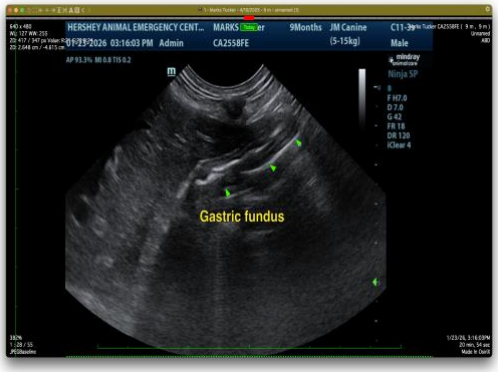

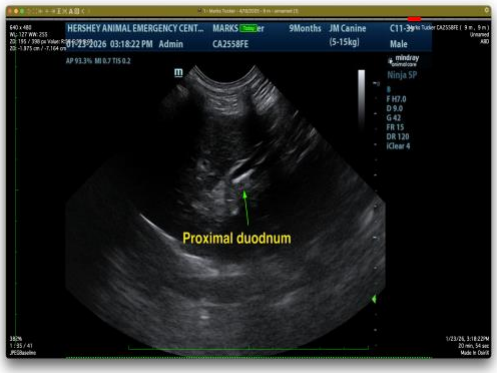

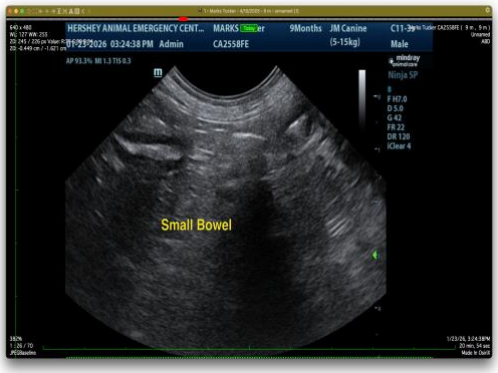

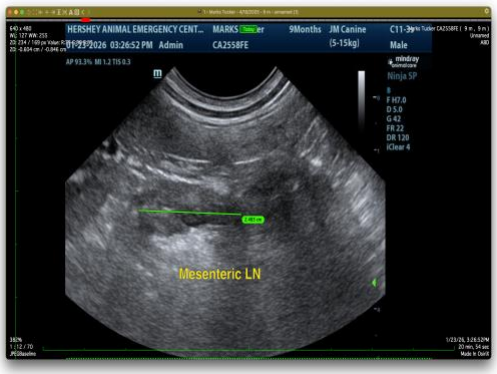

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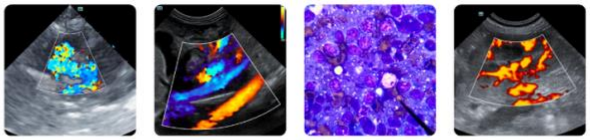

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com