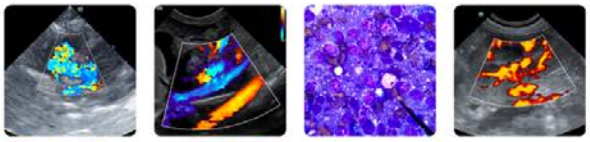


PATIENT

Zeus Patterson

SPECIES

Canine

BREED

Pit Bull

SEX

MC

AGE

2 Years

WEIGHT

32.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

74202

DATE

4/5/26

PRESENTING CLINICAL SIGNS

Presented Saturday 4/4 at 11a for vomiting/diarrhea with blood and no interest in food after discharging on 4/3. Had originally presented originally 4/2 for vomiting and lethargy. Dx with FB on radiographs. Went home 4/3 and passed the FB around 3:45am on 4/4.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: pink moist hypersalivating mm, crt <2s Abd: Uncomfortable on palpation, regurgitated multiple times walking inside, bloody diarrhea Abd rads, radiologist interpretation: 1. A small amount mottled content is noted within a segment of bowel within the cranial/ventral abdomen. Differentiating location within the small intestine from the transverse colon is not entirely possible in these projections. Partial obstructive small intestinal foreign material, or feces/foreign material within the transverse colon cannot be excluded radiographically. 2. There is generalized colonic gas and fluid distention suggestive of impending diarrhea. Enterocolitis may be considered. PCV/TS: 51%/7.4 EPOC: pO2 72.3 (H) cSO2 92.8 (H) pH 7.314 (L) Glu 176 (H) Panc Lipase: <30 (n)

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 4.0 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). Left measures 7.5 cm. Right measures 7.1 cm.

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. Left measures 6.0 mm at the cranial pole and 6.2 mm at the caudal pole. Right measures 7.3 mm at the caudal pole.

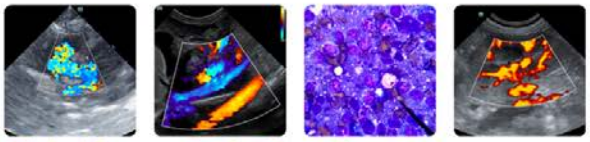
Spleen

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 moderately distended with ingesta. The gastric wall is 2.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. There are segments of the fundic wall that are hazy, likely secondary to inflammation in the region. 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 small bowel is diffusely filled with fluid, chyme or gas, without excessive distention.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering. The ileocecal junction is 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 3.6 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

- Stomach and small bowel, moderately distended with normal ingest, fluid and gas, without evidence of obstruction, no foreign-material seen
- Subtly hazy gastric wall, likely indicative of inflammation
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of continued gastrointestinal obstruction. The hazy gastric wall and reactive mesenteric lymph nodes are consistent with non-specific gastroenteritis, perhaps secondary to recently passing a foreign object. Continued supportive care is recommended, and the following additional diagnostics could be considered if symptoms are persistent:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A resting cortisol level and a GI panel could be considered.
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.

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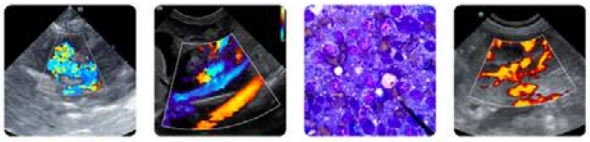

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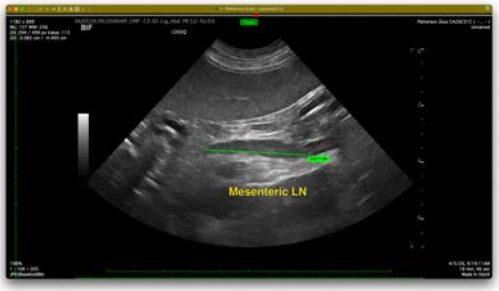

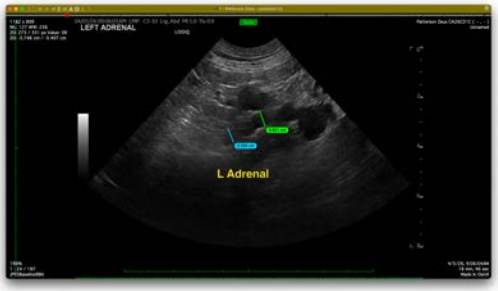

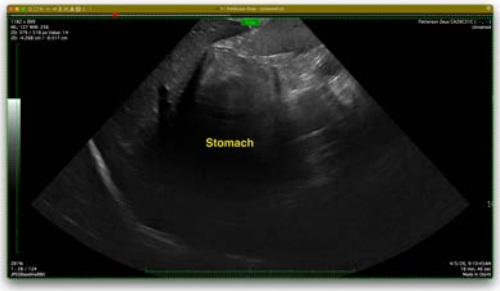

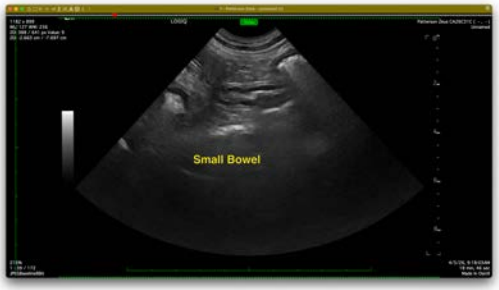

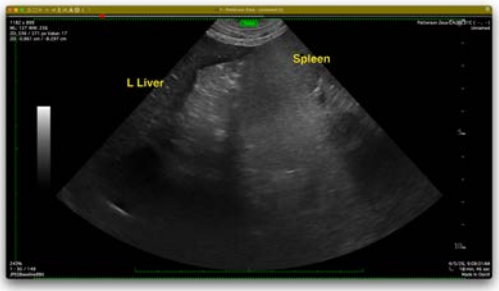

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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