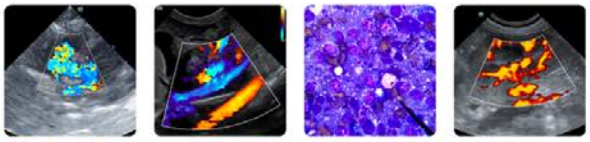

PATIENT

Clifford Zebrowski

SPECIES

Canine

BREED

Iris Setter x Poodle

SEX

Neutered Male

AGE

4 Years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

VEG

REFERRING VET

Dr. McNabb

INVOICE

75195

DATE

5/17/26

PRESENTING CLINICAL SIGNS

Ate feminine pads and tampons from trash on Friday. Vomiting started on Saturday and pieces of tampon was found in stool. Pet is currently on cerenia and zofran. Normal bloodwork. Rads taken last night show material in stomach but no overt obstructive pattern seen.

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 2.0 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 kidney measures 7.0 cm. Right kidney measures 6.7 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 3.7 mm at the cranial pole and 3.7 mm at the caudal pole. Right measures 3.4 mm at the cranial pole and 4.2 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.

Gastrointestinal

The stomach is moderately distended with anechoic shadowing material. The gastric wall is 2.6 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. There are small foci of anechoic shadowing material within the small bowel in various places without any evidence of obstruction. There is also a single fluid dilated loop of bowel, likely the duodenum, that does not exhibit obstruction.

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The visible portions of the colon are of normal thickness (1.2 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 omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

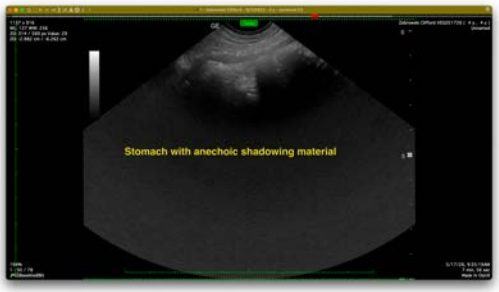
PRIMARY FINDINGS

- Large amount of material in the stomach casting an anechoic shadow
- One fluid dilated loop of bowel, without visible obstruction, and focal areas of anechoic shadowing material in the small bowel, without an associated obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The material in the stomach is consistent with the appearance of pads and/or tampon, however dense food can also have this appearance. If the patient has been fasted for 12+ hours, however, the likelihood of this being food decreases. The anechoic shadowing material in the small bowel is consistent with foreign material, but is small, and appears to be moving through. The location of the fluid-dilated loop of bowel suggests it is likely to be duodenum , and it is traced until it empties, without an obstruction seen.

If the patient is fasted, and has been on fluid support for 12+ hours, then exploratory or endoscopy may be necessary to determine the nature of the gastric contents. If the patient is not fasted, however, then the material in the stomach may be food, and so if the patient is stable, it would be reasonable to reassess the stomach via radiographs or ultrasound in 12 hours.



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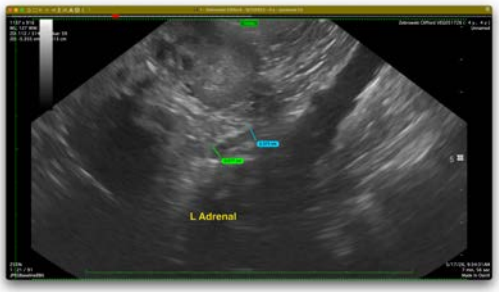

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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