

PATIENT

Brooks Ortiz

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

2

WEIGHT

87

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

12278

DATE

11/15/25

PRESENTING CLINICAL SIGNS

Yesterday O's mother noted that P was eating tree bark. He usually does this and will eat anything that he can put his mouth on. Usually food motivated - today wanted nothing to do with it. Refused ice chips, cubes, food. This morning P was lethargic. Vomited multiple times overnight - tree bark in the vomit, also had some food and grass. Asking to go outside a lot last night, could have been having diarrhea. Had surgery 5 mo ago for GI FB. Had another incident after that, was able to pass with IV fluids.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 6.6 cm. The right kidney measures 6.0 cm.

Adrenal Glands

Both adrenal glands are not definitively visualized but the left splenorenal and right hepatorenal quadrants are unremarkable and free of masses or evidence of vascular invasion.

Spleen

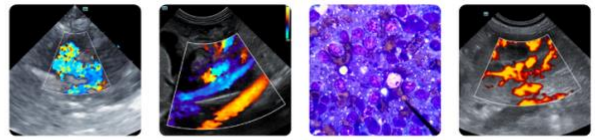
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 2.5 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is mildly distended with echogenic contents. The pylorus and pyloroduodenal junction are not discretely visualized. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. There is diffuse small intestinal distention with echogenic fluid contents. There are some regions of small intestine with partially shadowing material within the otherwise fluid-like



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echogenic ingesta. The ileocecal colic junction is not discretely imaged. The colon contains normal shadowing feces.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

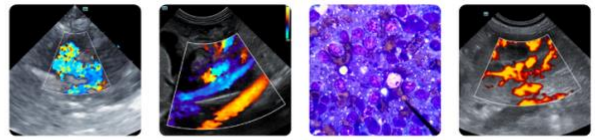
There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- The mild gastrointestinal dilation with shadowing echogenic contents and fluid likely represent an acute gastritis or gastroenteritis and an occult mechanical small intestinal obstruction cannot be definitively excluded at this time, however, in the absence of more significant small intestinal dilation, this is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider hospitalization and supportive care with IV fluid therapy and additional gastroprotectant medications as clinically indicated with serial imaging and reevaluation in 12-24 hours. Alternatively, an exploratory laparotomy could be considered given the patient's history and the concern for potential gastrointestinal adhesions after previous abdominal surgery making even small foreign objects more difficult to pass.



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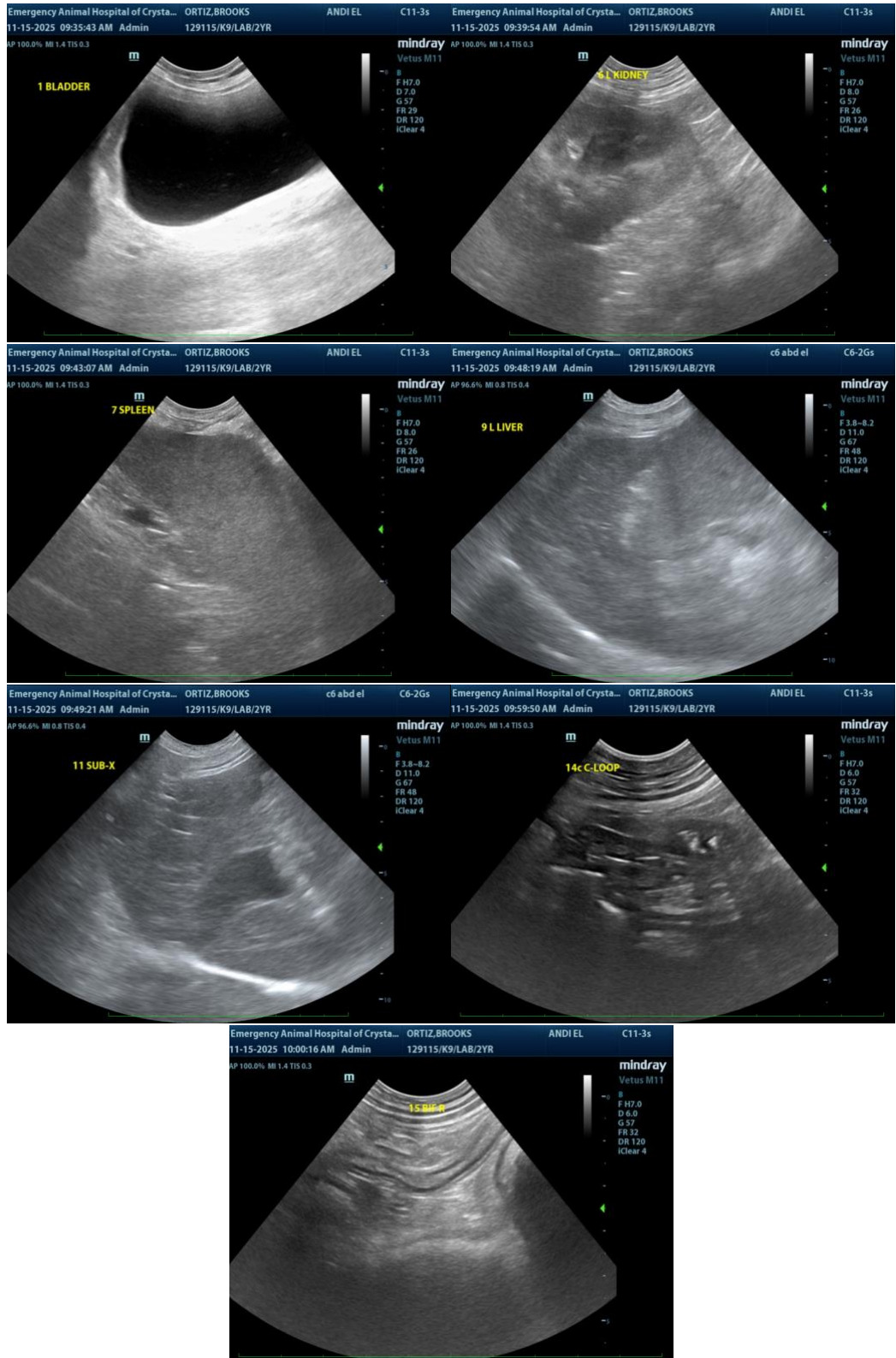
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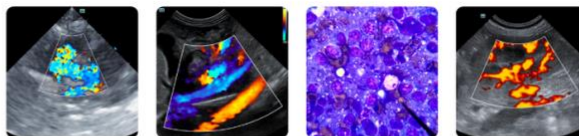
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com