



**PATIENT**

Koda Raihala

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact Male

**AGE**

8 Months

**WEIGHT**

63.8 pounds

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Albany Animal Hospital

**REFERRING VET**

Dr. Hunt

**INVOICE**

12061

**DATE**

11/04/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: ADR, history of GI indiscretion, eating sticks, bird bones. Severe dehydration and inappetence. Rads performed showed susp GI foreign body. Thorax rads showed alveolar pattern, susp aspiration pneumonia. Concern for FB surgery. ABNORMAL Labwork Values N/A Current Medications N/A Notes to Specialist (if any) N/A

**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 prostate is normal in size with a normal parenchymal echotexture and a symmetrical capsular contour. The testicles are homogenous with no significant capsular irregularities and are normal in size and contour.

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 8.11 cm. The right kidney measures 8.40 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.48 cm x 2.52 cm. The right adrenal gland measures 0.59 cm x 2.36 cm.

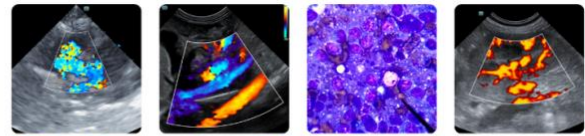
**Spleen**

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 1.45 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**



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The stomach is moderately distended with echogenic contents. There appears to be a hyperechoic shadowing linear structure within the pylorus that is concerning for potential mechanical outflow tract obstruction. There is a small amount of fluid within the stomach but the majority of the gastric lumen is distended with echogenic contents consistent with ingesta. Fabric cannot be definitively excluded. The small intestine appears nondistended. There are several focal loops with a minimal amount of echogenic partially shadowing contents but no significant shadowing foreign material or evidence for a definitive small intestinal mechanical obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The ileocecolic junction is patent and the colon contains normal shadowing feces.

**Pancreas**

The visible 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 gastric distention with echogenic luminal contents and a hyperechoic shadowing structure within the pylorus gives concern for a potential pyloric outflow obstruction.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Due to the patient's size and the amount of additional gastric contents, endoscopy is likely to prove quite challenging in this patient and a surgical exploratory laparotomy should be considered to further evaluate the gastric contents and possibility of a pyloric outflow obstruction. Alternatively, fasting and serial imaging can be considered with repeat abdominal radiographs or ultrasonography to evaluate for gastric emptying, however given the history of potential dietary indiscretion, there is potential risk of gastrointestinal perforation depending on the make-up of the potential foreign body.





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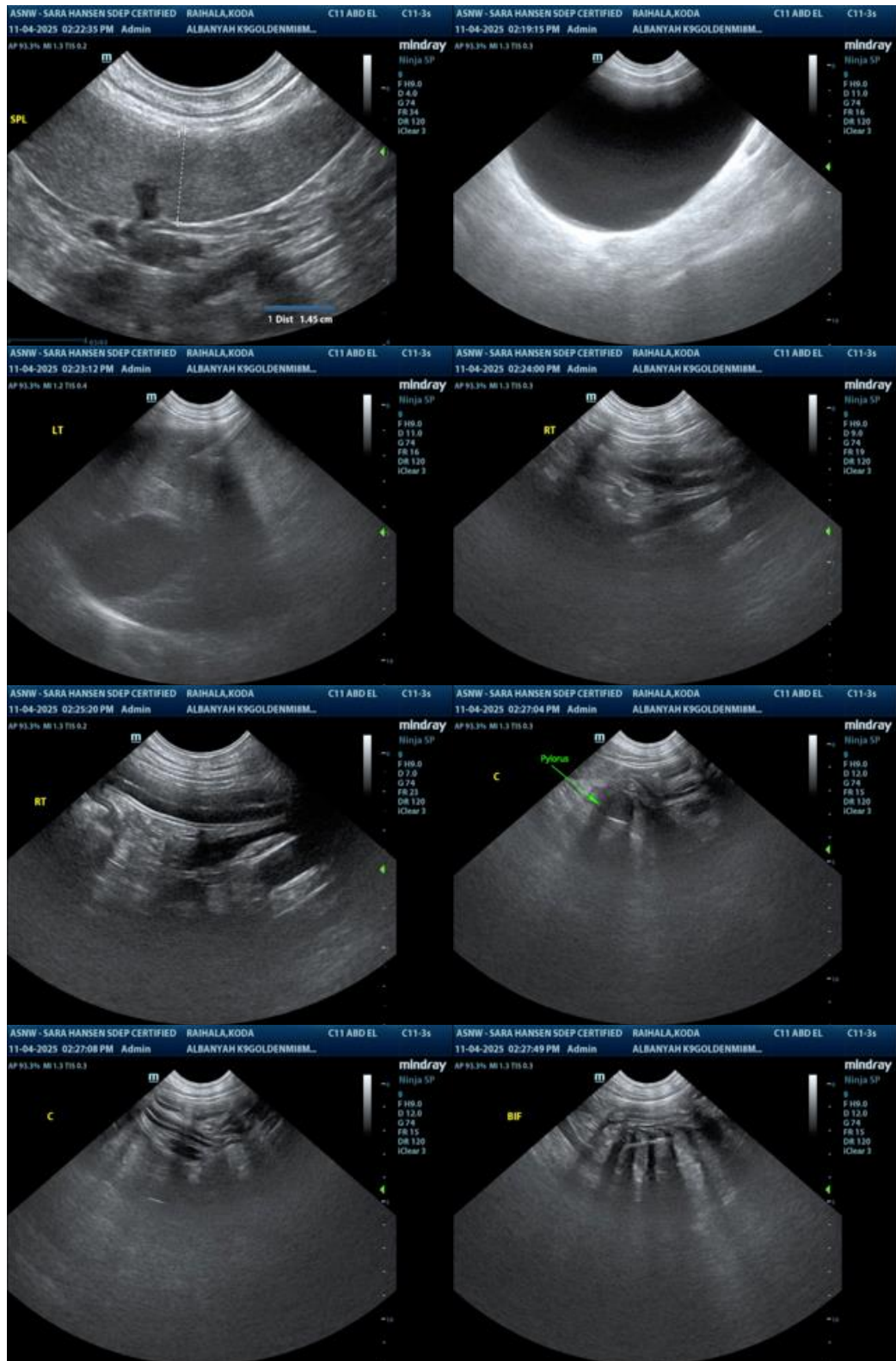
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)