



PATIENT

Gus Peterson

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

5 Years

WEIGHT

21.5 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Dogar

INVOICE

72849

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Lethargic, eating less, threw up pieces of tennis ball that was ingested in October. Anxious. Drooling. HR 110 RR 24. Normal heart and lungs. Moist pink mm's. CRT < 2 sec. No obvious oral FB but hard to tell due to drooling. According to O' he wasn't drooling at home but happened during the car ride Tensed up abdomen; reactive when abdomen palpated Current Medications METRONIDAZOLE, SULCRATE, FAMOTIDINE, TRAMADOL

Abnormal PE/Chem/CBC/UA Results: ALP: 20; rest normal Radiographic Findings gas in pylorus. Small amount of gas and radio-opacity in stomach. Intestines appear thickened. Stool in colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary 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, and anechoic urine is present. 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. Left measures 5.7 cm. Right measures 4.75 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. Left measures 0.64 cm x 2.19 cm. Right measures 0.45 cm x 2.56 cm.

Spleen

The spleen measures 1.5 cm at the hilus. It 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.

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.



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Gastrointestinal

The stomach contains a mild amount of echogenic shadowing contents. The pylorus is not discretely imaged. However, there is no significant gastric dilation or fluid accumulation that would be consistent with a mechanical pyloric outflow obstruction. The small intestine is non-distended with no evidence of shadowing foreign material or mechanical obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

Pancreas

The visible pancreas appears normal. However, there is a mild amount of hyperechoic mesentery or omental fat that may be indicative of early steatitis.

Free Abdomen

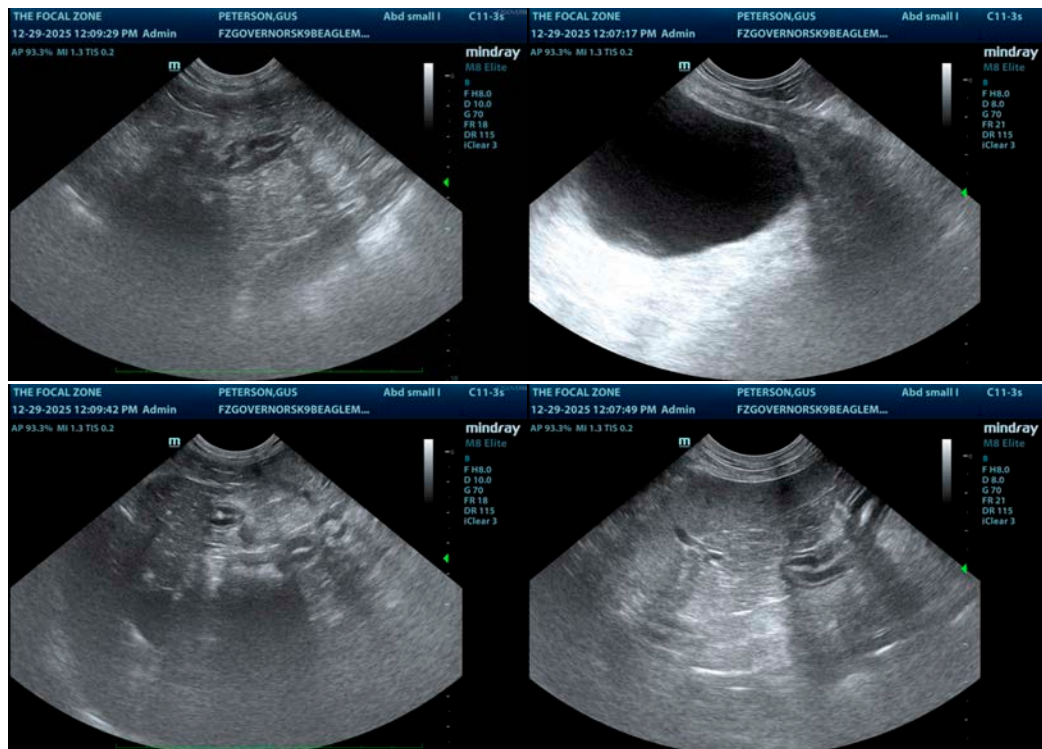
There is no significant free fluid or lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- The echogenic shadowing contents within the stomach may represent the historic foreign material. However, normal ingesta cannot be definitively excluded. There is no overt evidence on this study of a mechanical gastrointestinal tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a cPLI to further evaluate the pancreas for evidence of active pancreatitis. Continued supportive care as clinically indicated for occult pancreatitis or gastroenteritis is recommended pending additional diagnostic results.





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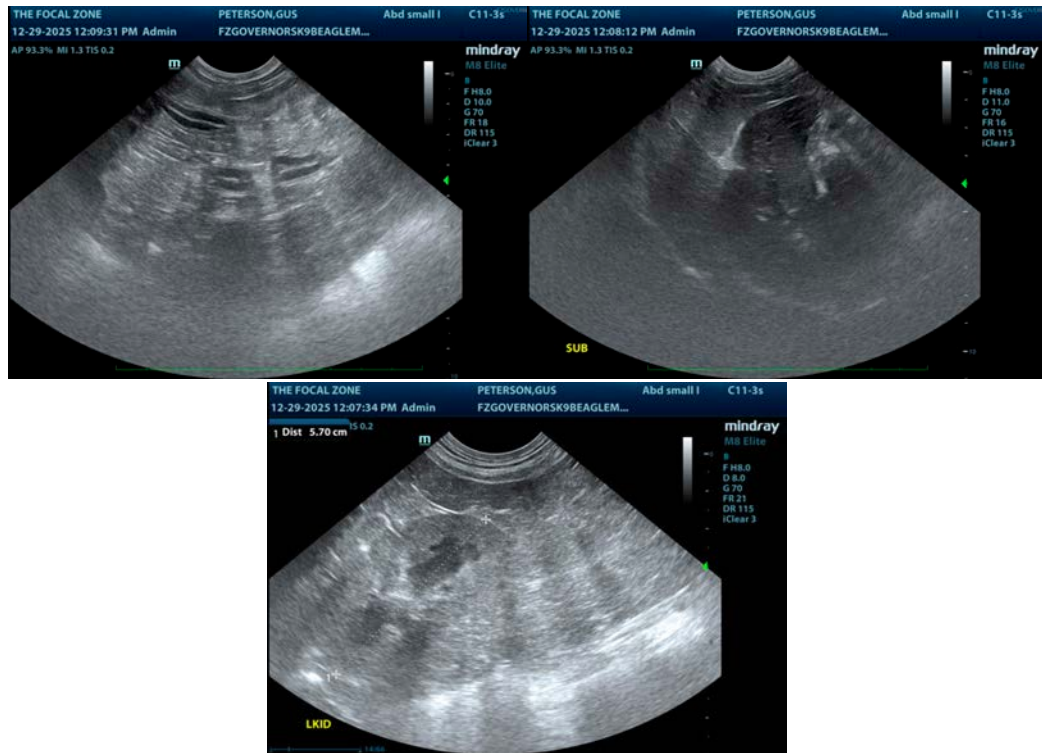
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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