



PATIENT

Raven Gordon

SPECIES

Canine

BREED

Cane Corso

SEX

Spayed Female

AGE

7 Years

WEIGHT

124.4 pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sophia Riscavage

HOSPITAL NAME

North Winds
Veterinary Services

REFERRING VET

Dr. Sarah Hosie

INVOICE

13829

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- P was presented for vomiting and not eating on 2/12.
- P was given injectable Cerenia on 2/13. P did not vomit through the Cerenia. O is unable to give oral medications.
- P did start vomiting again today, with lethargy, and not eating.
- While performing ultrasound, P was having diarrhea.

CBC- WBC 13, HCT 52 Chem- NSF Radiographs- Stomach is gas distended and has some visible thickening but does not appear to have any FB pattern or torsion. Small intestinal details not great likely due to the size of the patient but no obvious obstructive pattern. Some aspects of PE were kept limited due to P aggression.

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 7.21 cm. The right kidney measures 6.0 cm.

Adrenal Glands

Both adrenal glands were not visualized.

Spleen

The splenic parenchyma is slightly heterogeneous with a smooth capsule without significant irregularity or deformation. The vasculature is normal without evidence of congestion, spontaneous echocontrast or thrombosis The spleen measures 1.78 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 non-distended. The pylorus is not readily visualized but there's no indication of a mechanical pyloric outflow obstruction. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. The small intestine is multifocally dilated with mild echogenic



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fluid. There is no shadowing foreign material or indication of mechanical small intestinal obstruction. The ileoceccocolic junction is patent and the colon contains normal shadowing feces.

Pancreas

The visible pancreas is 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.

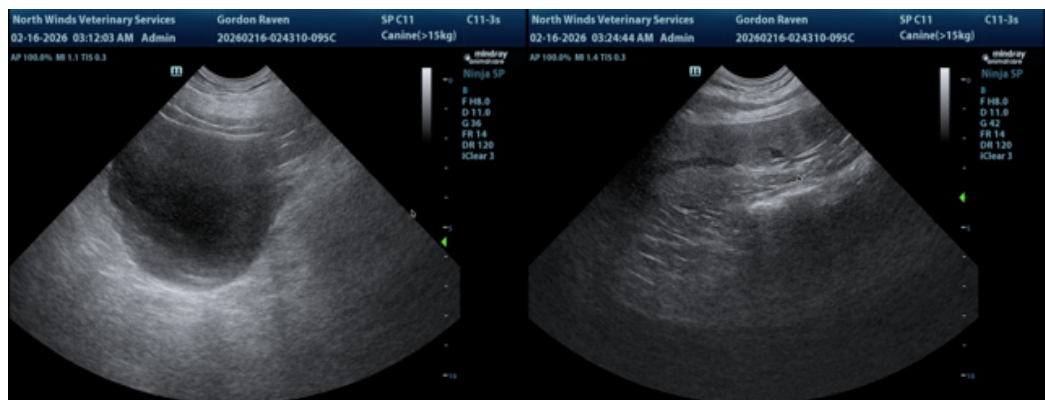
ULTRASONOGRAPHIC FINDINGS

- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.
- There are areas of minor gastrointestinal luminal fluid noted with echogenic contents and a to-fro motion consistent with ileus. There was no evidence of an obstructive pattern, and normal wall thickness and layering is retained throughout the gastrointestinal tract. This is a consistent response to irritation or inflammation. Gastroenteritis or pancreatitis should be considered.
- While there is no discrete mechanical small intestinal obstruction, an occult gastrointestinal obstruction cannot be definitively excluded at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

A spec cPLI is recommended to further evaluate the pancreas for evidence of pancreatic inflammation or pancreatitis. Consider supportive care for acute gastroenteritis or occult pancreatitis as clinically indicated pending additional diagnostics.





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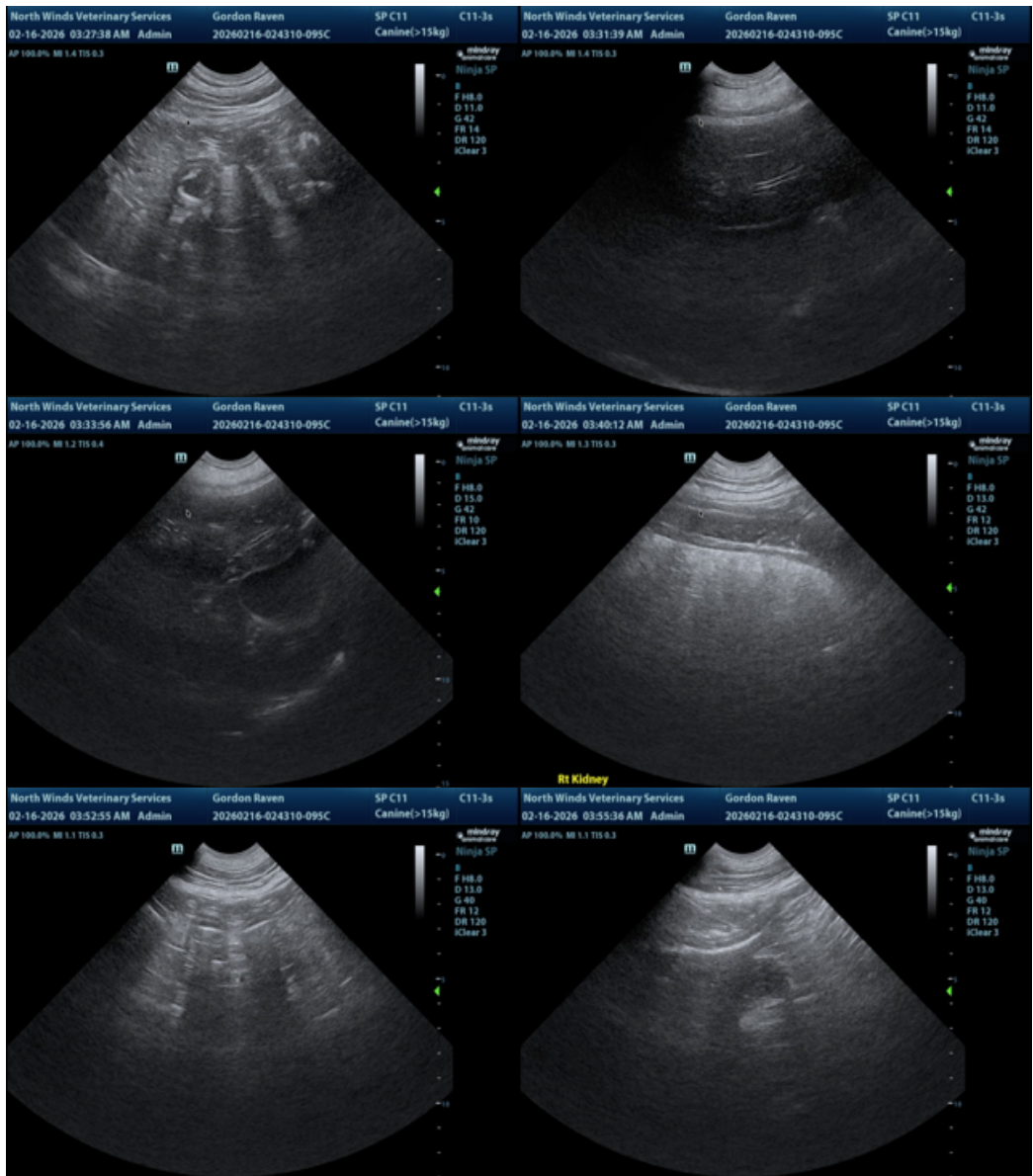
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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