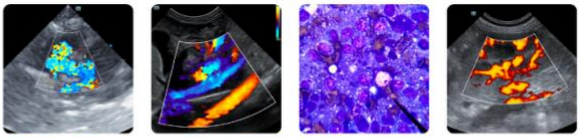

PATIENT

Max Conroy

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

96 Pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr. Hodger

INVOICE

36066

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Recurrent vomiting, dark stool, lethargy
- Mild dehydration and lethargy
- Meds: Zofran
- Abnormal PE/Chem/CBC/UA Results: WNL

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 7.18 cm. The right kidney measures 7.07 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 0.6 cm x 2.89 cm. The right adrenal gland measures 0.5 cm x 2.48 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 1.41 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 shadowing contents. The pylorus and pyloroduodenal

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junction appear patent, and there's no definitive indication of a mechanical pyloric outflow obstruction. The small intestine is multifocally, minimally distended with echogenic contents, as well as fluid with a slight to/fro motion consistent with ileus. There is no definitive evidence of a mechanical small intestinal obstruction. However, given the small intestinal contents and mild ileus, this can't be completely excluded. The majority of the small intestine appears non-distended with normal wall thickness and maintenance of normal wall layering. The ileocecal colic junction appears patent.

Pancreas

The visible 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 luminal contents with a slight to/fro motion is most consistent with ileus. While there is no definitive mechanical gastrointestinal obstruction, an occult or early obstruction cannot be definitively excluded. Alternatively, this may also be consistent with acute gastroenteritis. While there's no definitive evidence of gastrointestinal ulceration, ultrasound is also an insensitive test for GI ulcers, and this can't be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal radiographs are indicated to assess the gastrointestinal pattern for potential concern for occult mechanical obstruction. Additionally, a CPLI is indicated to further evaluate the pancreas for potential occult inflammation or pancreatitis.

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

Aggressive, symptomatic, or supportive care, as clinically indicated, is recommended, pending additional diagnostics. Serial imaging of the gastrointestinal tract is also indicated, especially if clinical signs do not resolve or progress in any way.

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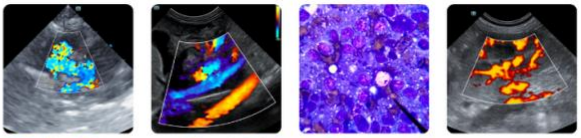

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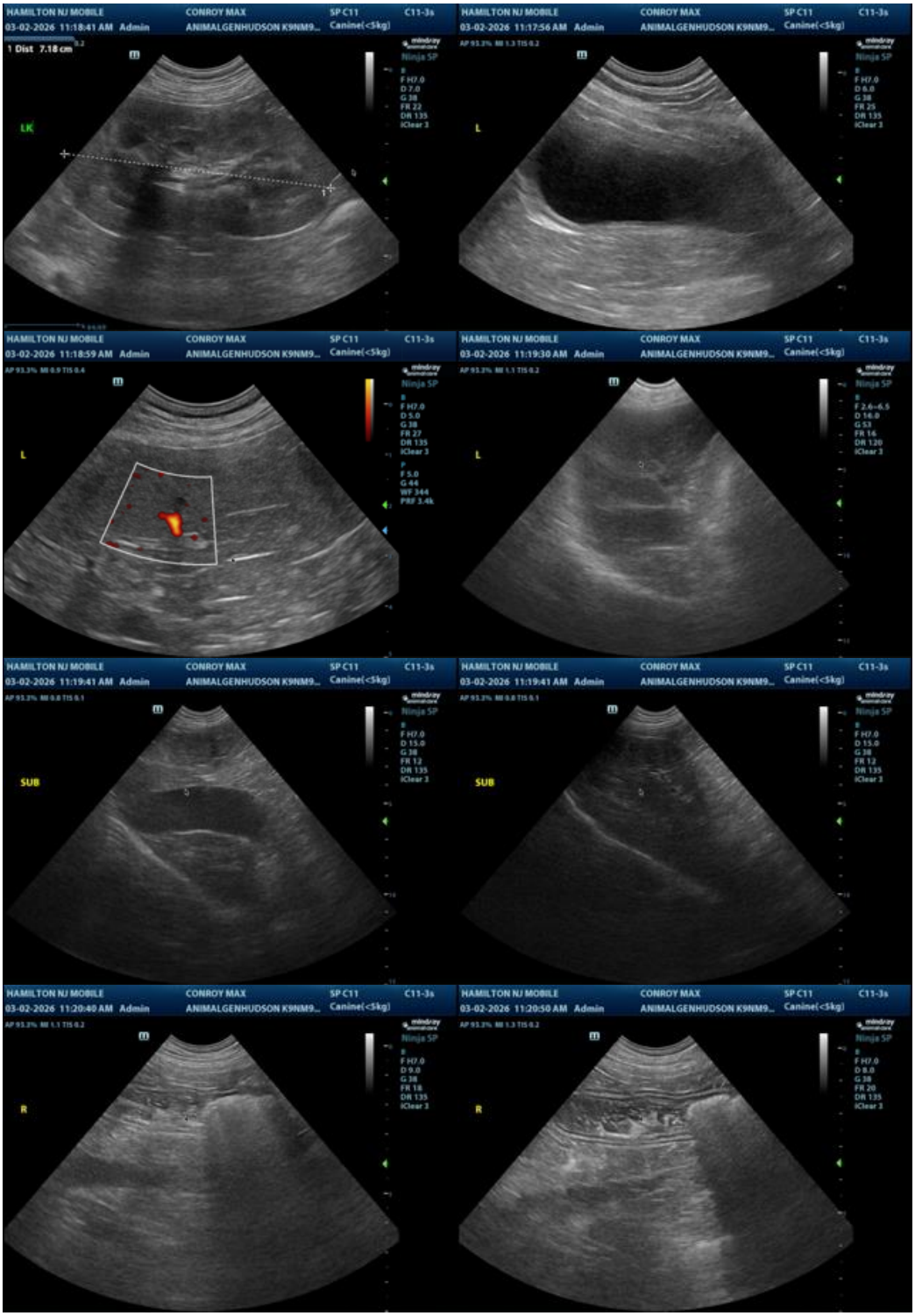

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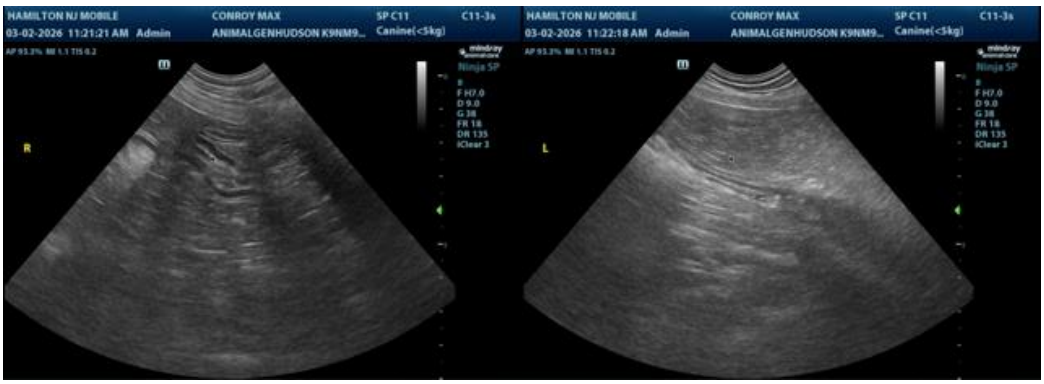

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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