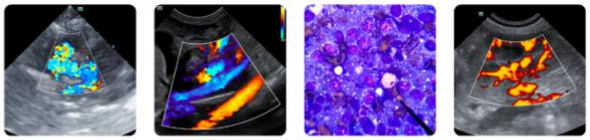


PATIENT

Yuri Charbonneau

SPECIES

Canine

BREED

Samoyed

SEX

Neutered Male

AGE

8 Years

WEIGHT

38.5 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

13732

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- lethargic today O came back home around 9pm- noticed labored breathing at time-
- loose stool on walk today-
- O states pt was normal yesterday
- pt is known to get into the trash
- Started getting Prednisone 20mg PO BID on Tuesday for possible inflammatory issue of eye; seen by ophthalmologist
- Respiratory: Mildly increased bronchovesicular sounds in all 4 quadrants/harsh panting, no crackles/wheezes, increased RR with minimally increased RE
- Abdominal: Patient was not compliant for diagnostic evaluation
- Musculoskeletal: Recumbent, non-ambulatory

CBC: RBC 5.61 (L) HCT 36.4 (L) WBC 26.48 (H) Neutrophils 22.61 (H) Suspected bands EPOC: pCO2 15.5 (L) Bicarb 12.3 (L) TCO2 11.5 (L) pH 7.508 (H) BE,ECF -10.7 (L) Na 139 (L) Lactate 7.05 (H) Glu 148 (H) Chem15: ALP 1,092 (H) PT/PTT: 16.1/113.7 (n/n) SNAP 4DX: anaplasma positive 1] Mild, diffuse bronchial pulmonary pattern may be consistent with chronic lower airway disease, infectious or inflammatory disease. 2] The gastric contents may represent residual food, foreign material, or a combination of both. Repeat radiography after a period of fasting in the hospital and supportive care including fluid therapy and pain relief, as appropriate, may be considered to confirm appropriate gastrointestinal emptying.

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.

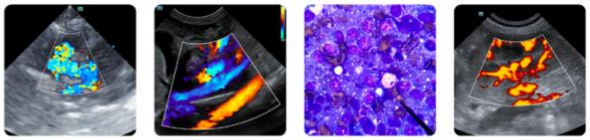
The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 6.68 cm. The right kidney measures 6.33 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 0.51 cm x 1.7 cm. The right adrenal gland measures 0.58 cm x 1.8 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 1.7 cm at the hilus.



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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 severely distended with echogenic shadowing angular content, most consistent with foreign material. There's also a moderate amount of echogenic fluid within the stomach, giving concern for a potential pyloric outflow obstruction, although the pylorus and pyloroduodenal junction are not discreetly visualized. There are two populations of small intestinal segments with a mild to moderate fluid dilation with echogenic contents in multifocal regions, which also contains shadowing angular material. There is no discrete small intestinal mechanical obstruction visualized. However, the two populations of intestines give concern for a potential additional mechanical small intestinal obstruction. The distal segments of small intestine are non-distended with normal wall thickness and maintenance of normal wall layering. 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

- There is severe gastric dilation with concern for potential gastric foreign material and pyloric outflow obstruction.
- There are also two populations of small intestine with echogenic shadowing contents that give concern for a potential occult mechanical small intestinal obstruction as well.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An exploratory laparotomy should be considered. However, the owner should be counseled on the possibility of potential negative explore. Preparations should be made for a potential gastrotomy, enterotomy, and/or resection anastomosis. Alternatively, continued supportive care with fasting and IV fluids and gastroprotectants or anti-emetics as clinically indicated is reasonable with serial imaging and repeat radiographs or abdominal ultrasound following a fast.

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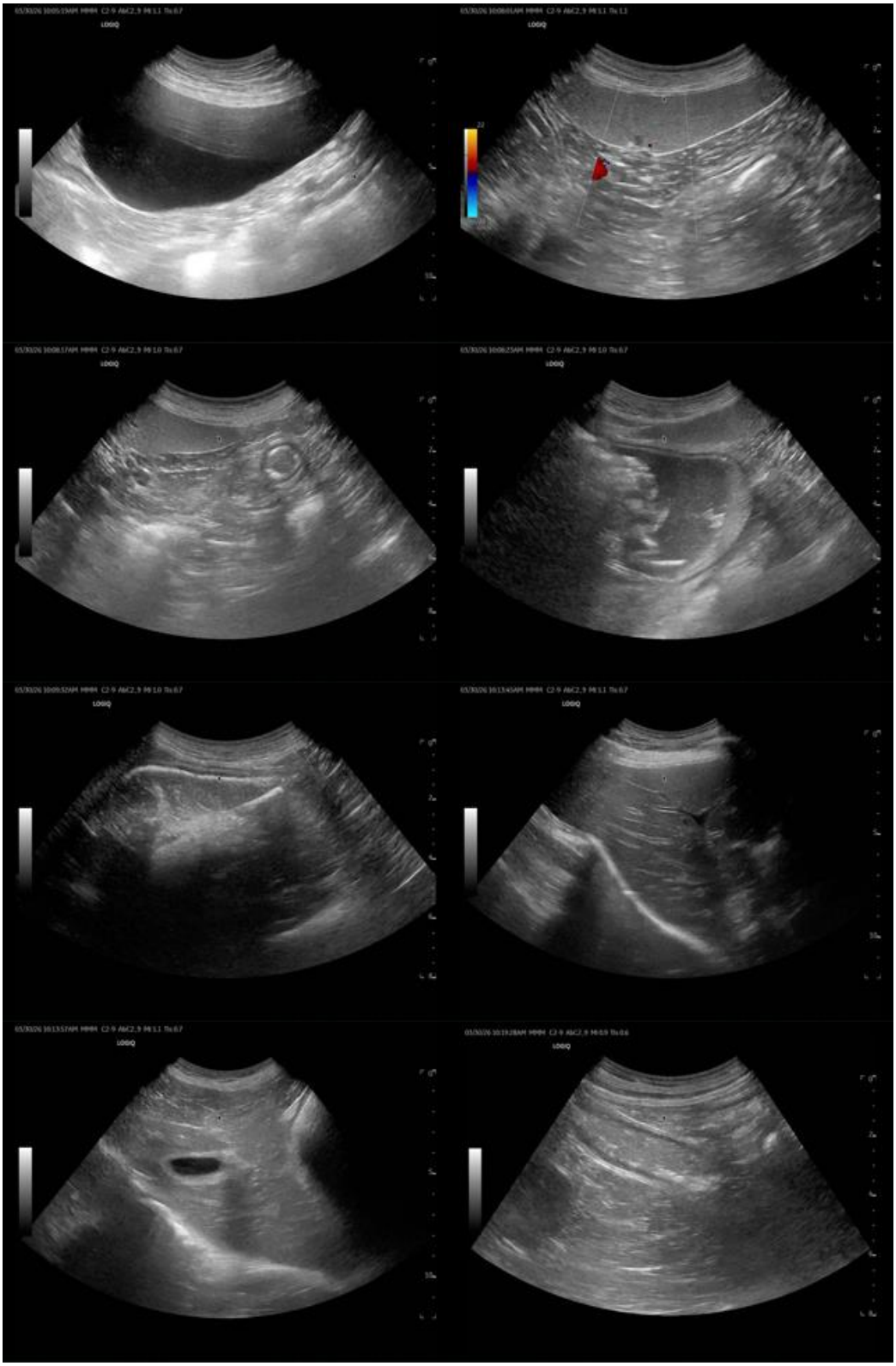

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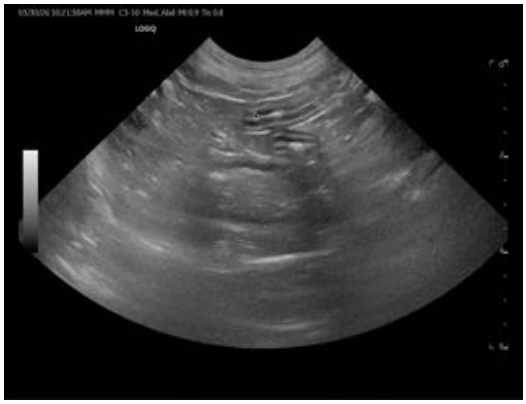

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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