



## PATIENT

Cher Bakken Paws

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

2 Years 5 Months

## WEIGHT

39 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

## HOSPITAL NAME

State Ave Vet Clinic

## REFERRING VET

Dr. Raul Casas-Dolz

## INVOICE

73465

## DATE

3/7/26

## PRESENTING CLINICAL SIGNS

Ate bandage a few days ago. V/d started last night. Very liquid this morning. Not eating. Keeping water down. BAR; friendly; no mur/arrh; no abn lung sounds; eyes, ears, LNs WNL; ambulating normally; BCS- 5/9. No abd dist; no pain or abns on abd palp. Skin trug WNL. MM- pink, sl tacky; CRT 1-2s. T-99.7F

Abnormal PE/Chem/CBC/UA Results: HCT 63.64 % HGB 23.0 g/dl LYM 0.50 10<sup>9</sup>/l MCH 24.7 pg NEU 12.19 10<sup>9</sup>/l RBC 9.30 10<sup>12</sup>/l Glucose 119 mg/dL Total Protein 8.5 g/dL

## 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 kidney measured 5.3 cm. Right kidney measured 4.65 cm.

### Adrenal Glands

The left adrenal gland is visualized and has 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 0.50 cm x 2.06 cm.

The right adrenal gland is not visualized.

### Spleen

The spleen measures 1.2 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 is minimally distended with echogenic debris and dependent sediment. There is no intra- or extrahepatic biliary dilation. The gallbladder wall is appropriately thin. The cystic and common bile ducts are normal.

### Gastrointestinal

The stomach is moderately to severely distended with echogenic fluid as well as hyperechoic shadowing contents. The pylorus and pyloroduodenal junction are not readily visualized, but the duodenum and portions of small intestine contain hyperechoic hard shadowing contents that is concerning for



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potential gastrointestinal foreign material. Given the degree of gastric distention and mild degree of small intestinal dilation, a mechanical ileus is of concern.

### ***Pancreas***

The 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***

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The gastrointestinal dilation with focal echogenic hard shadowing contents is concerning for a potential mechanical obstruction. Given the patient's history, gastrointestinal foreign body is a primary concern.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider an exploratory laparotomy with potential gastrotomy or enterotomy with resection and anastomosis. Potential for negative exploratory should be discussed with the owners. In cases of a transient gastroenteritis or occult pancreatitis, surgical laparotomy can occasionally exacerbate these conditions. However, given the patient's history, a mechanical obstruction is still considered most likely at this time.



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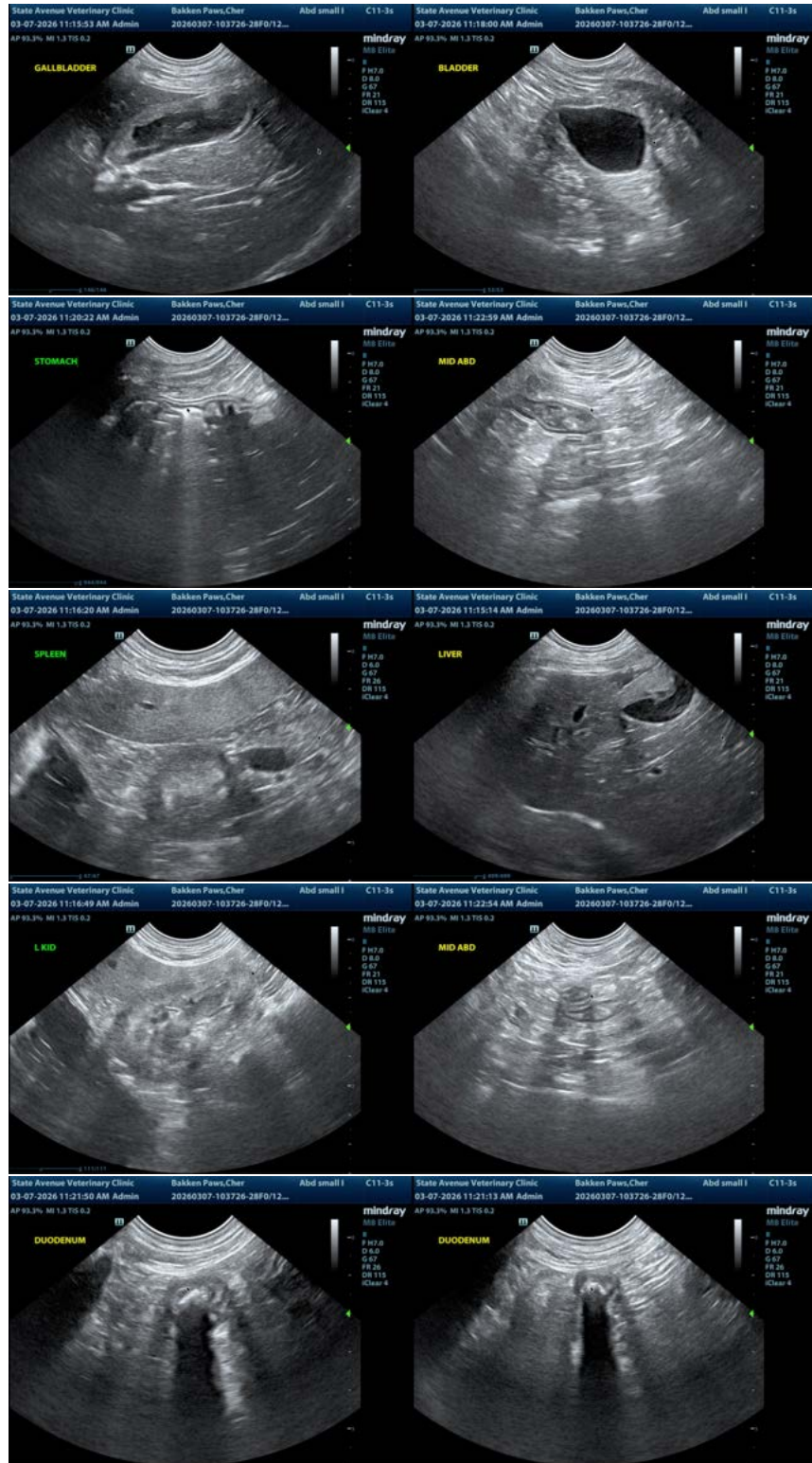
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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