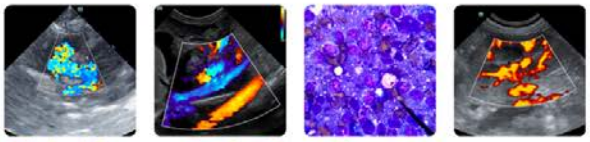


PATIENT

Max Twa

SPECIES

Canine

BREED

Collie

SEX

Intact Male

AGE

4 Years

WEIGHT

18.1 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Laura

INVOICE

73474

DATE

3/8/26

PRESENTING CLINICAL SIGNS

The patient is a working sheepdog presenting for vomiting with radiographic findings suspicious for a partial gastrointestinal obstruction. P is also on a raw food diet.

The dog began vomiting approximately a day and a half ago. On Saturday morning, he was treated at a clinic in Edmonton with SQ fluids and Cerenia at 9 a.m. but continued to vomit through the medication that afternoon. Initial X-rays at that time were suspicious for a foreign body, noting bone mineralization consistent with his raw food diet. He was subsequently transferred to the current facility for ongoing care.

Upon admission, the patient was started on IV fluids at two times maintenance and received Cerenia. His methadone was discontinued this morning as he appeared comfortable. The vomiting has since resolved, and he has not had any diarrhea. He has not been offered food but is reportedly interested in eating. Repeat X-rays this morning showed that gastrointestinal contents have moved, but the findings remain suspicious. Persistent mineralization, "loopy" intestinal segments, and a very scant amount of abdominal effusion with loss of serosal detail were noted. While not considered definitively obstructive, the clinical picture remains a concern.

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 prostate is mildly hyperechoic and enlarged with a symmetric capsular contour.

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 is not measured. The right kidney measures 6.9 cm.

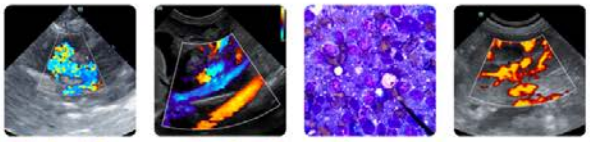
Adrenal Glands

The left adrenal gland appears slightly thin and flattened with an isoechoic parenchyma, measuring 0.46 cm x 2.0 cm.

The right 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. The right adrenal gland measures 0.64 cm x 2.13 cm.

Spleen

The spleen (1.3 cm at the hilus) 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.



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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 contains a mild amount of suspended echogenic debris and dependent sediment. Normal thin gallbladder walls. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach is mildly distended with echogenic fluid and gas. There is hard shadowing discrete material within the pylorus and pyloroduodenal junction. It is unclear at this time whether this is obstructive or resulting in pyloric outflow obstruction. However, a partial pyloric outflow obstruction is considered likely. The remainder of the small intestine is minimally distended with normal echogenic contents and gas. Small intestinal walls are normal in thickness with maintenance of normal wall layering. The ICJ is patent. The colon contains normal shadowing feces as well as echogenic fluid.

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 are several prominent mesenteric lymph nodes with normal length to width ratio and isoechoic parenchyma. There is a mild volume of anechoic to mildly echogenic free fluid in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- The left adrenal gland is flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- 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 shadowing material in the pylorus is concerning for potential partial pyloric outflow obstruction. There is no evidence of mechanical small intestinal obstruction noted at this time.
- The slightly prominent mesenteric lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- Mildly enlarged prostate – Most consistent with benign prostatic hypertrophy given the patient's intact status.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism.

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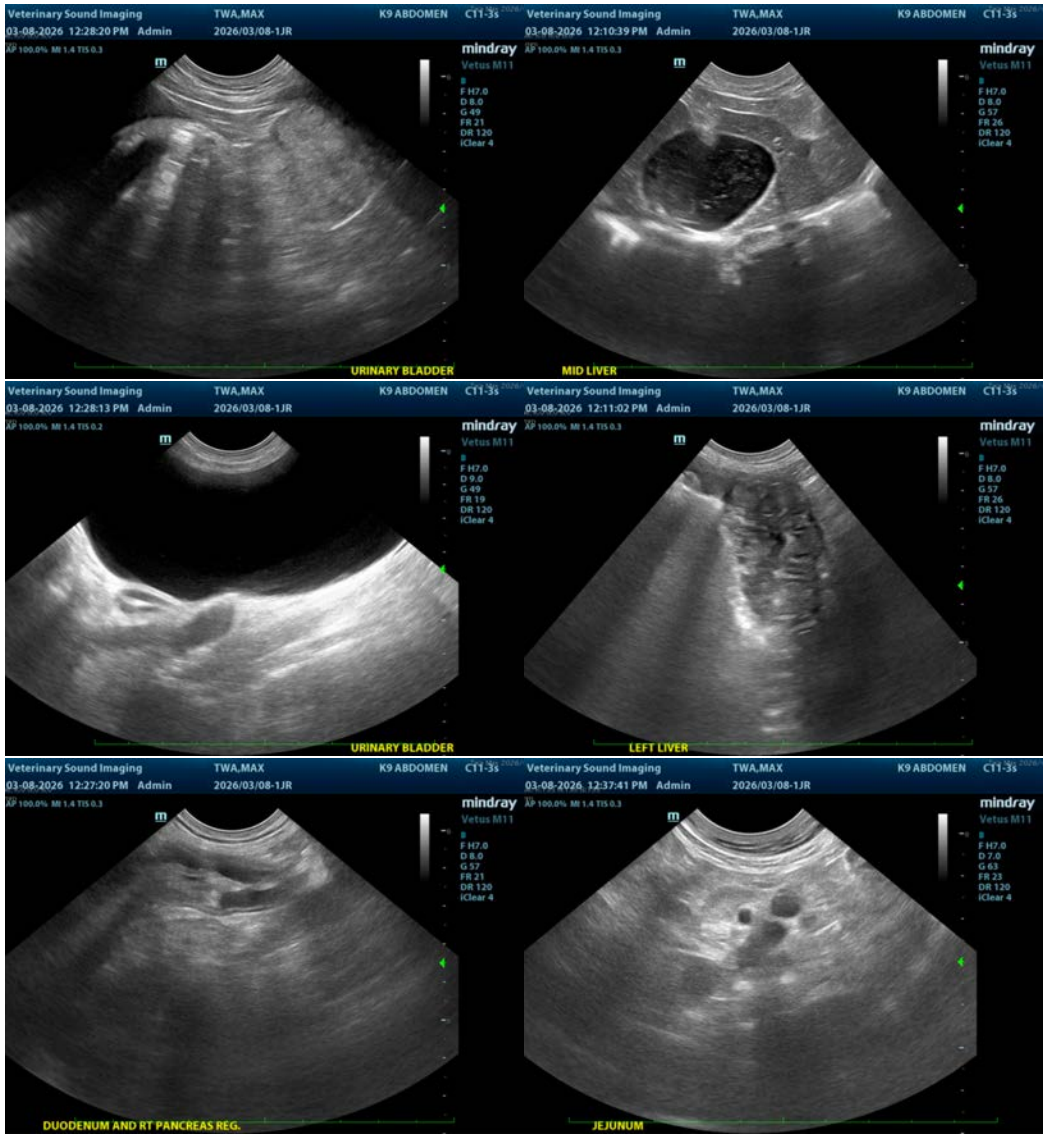
An abdominocentesis with fluid analysis and cytology is recommended to evaluate the character of the peritoneal effusion. Pending additional diagnostics, continue supportive care and serial imaging of the stomach and gastrointestinal contents to monitor for progressive gastric dilation or passage of the shadowing material within the pylorus.



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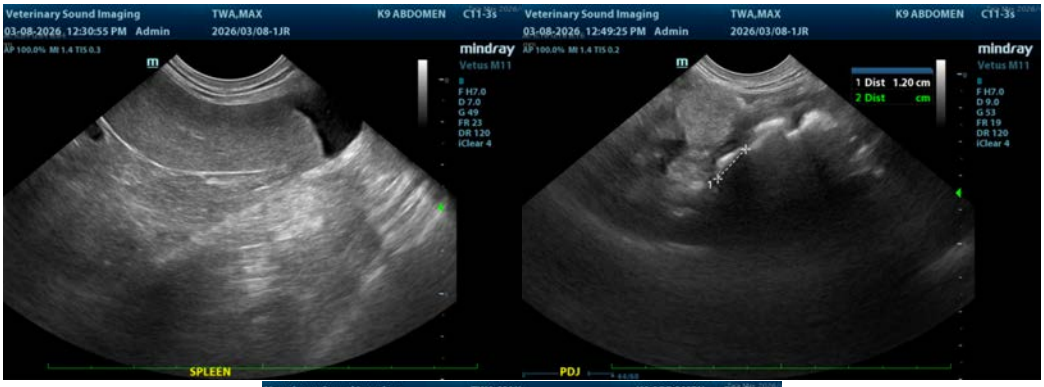

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com