



PATIENT

Baylor Khounviseth

SPECIES

Canine

BREED

Hound x

SEX

Intact Male

AGE

10 Years

WEIGHT

20.12 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

73499

DATE

3/9/26

PRESENTING CLINICAL SIGNS

Abdominal Radiographs: A review of the images by a radiologist noted two distinct populations of bowel loops, with some being normal-sized and others being moderately dilated. Gas, soft tissue opacity, and granular mineral material were identified within the small intestines. The colon was moderately dilated with formed feces. These findings are highly concerning for a small intestinal mechanical obstruction.

Bloodwork: Results revealed a significant leukocytosis (high white blood cell count), indicating a systemic inflammatory or infectious process.

Urinalysis: A large number of white blood cells and bacteria were noted in the urine, confirming a persistent urinary tract infection.

Current Medications: Metronidazole, Ampicillin, Methadone, Maropitant in hospital

Abnormal PE/Chem/CBC/UA Results: Results revealed a significant leukocytosis (high white blood cell count), indicating a systemic inflammatory or infectious process. **Radiographic Findings** A review of the images by a radiologist noted two distinct populations of bowel loops, with some being normal-sized and others being moderately dilated. Gas, soft tissue opacity, and granular mineral material were identified within the small intestines. The colon was moderately dilated with formed feces. These findings are highly concerning for a small intestinal mechanical obstruction.

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 is a minimal amount of suspended echogenic debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The prostate is enlarged and mildly hyperechoic with slightly irregular but symmetrical capsular borders.

The testicles are normal in echotexture and size with smooth 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. Left kidney measures 7.4 cm. Right kidney measures 6.92 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. Left measures 0.73 cm x 2.92 cm. Right measures 0.79 cm x 2.21 cm.

Spleen

The spleen measures 1.1 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.



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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

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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 minimal amount of suspended echogenic debris and dependent sediment.

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The gallbladder wall is appropriately thin. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach contains a mild amount of echogenic soft shadowing contents that is visualized primarily within the fundus. The pylorus and pyloroduodenal junction appear patent. There is no significant gastrointestinal dilation or evidence for a mixed population of small intestinal loops. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The ICJ is patent. The colon contains normal shadowing feces.

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Pancreas

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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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Kelly Reschny

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- 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 gastric contents is suspected to represent normal ingesta, but this should be correlated with patient's most recent meal. There is no overt evidence of a small intestinal mechanical obstruction noted on this study. However, an occult mechanical obstruction can't be definitively excluded ultrasonographically.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Continue supportive care and empiric antibiotic therapy for the historic persistent urinary tract infection. IF clinical signs do not resolve with symptomatic therapy, serial imaging would be recommended to further evaluate the gastrointestinal tract for potential occult obstruction. Additionally consider a cPLI to evaluate the pancreas for active inflammation or pancreatitis despite the normal appearance ultrasonographically.

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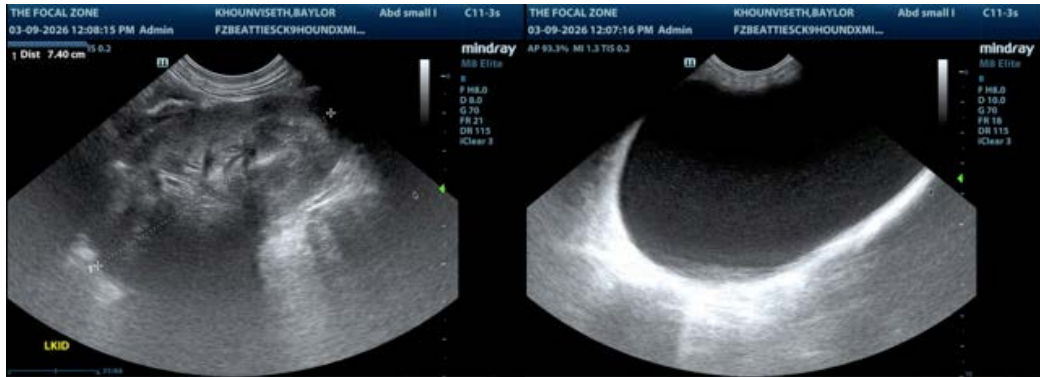
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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