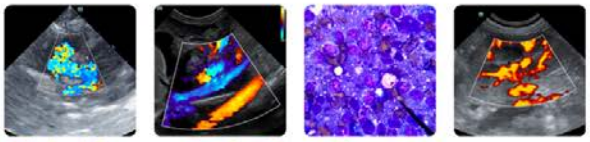


PATIENT

Fievel Flanagan

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

10 Years

WEIGHT

23 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

74586

DATE

4/18/26

PRESENTING CLINICAL SIGNS

*P started vomiting on 4/15. In vomit was pieces of sticks and clumps of hair. P was seen at rdvm on 4/16. P had anorexia. Pieces of sticks also noted in P stools. rdvm had concern for gi FB. transfer to Shores for continued care. P has had prior FB surgery 2-3 years ago. P hypothyroid. Admitted for supportive care. IV fluids; buprenorphine, cerenia, pantoprazole, ondansetron, sucralfate, proviable paste and capsule; P started on panoquell iv injections. P given entyce. P ate 1 meal in hospital small amount on 4/17 at 6 am; otherwise no interest in food. P started having melena, hematochezia since admitted. foley ucath was placed in patient. P started on reglan CRI 4/18 at 2 am. P has had regurgitation and nausea since admitted. P noted with significant hypertension.
*concern for pancreatitis (elevated cPL), dietary indiscretion, gastroenteritis, foreign body ingestion, hypertension, other

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain 1/4; soft on abdominal palpation BP: 221/101 Map 141; 220/117 Map 151; 200/79 Map 131; 237/105 Map 149 4/16 epoc: TCO2 26.4 (H), Chloride 105 (L), Lactate 3.12 (H) 4/16 chem: TP 4.9 (L), Glob 1.6 (L), Glucose 136 (H), Amylase 2351 (H), Lipase 441 (H) 4/16 CPL: 649.7 (abnormal) 4/16 rdvm rads: concern for foreign material in stomach with gas dilated colon and fecal material noted in rest of GI tract 4/16 Shores: normal abd rads. There is no evidence of gastrointestinal obstruction or foreign material

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is subjectively thickened and mildly irregular. The ureters were not visualized, which is a normal finding. The bladder is minimally distended with anechoic urine. The ureteral papillae appear normal. The trigone and pelvic urethra are unremarkable.

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 6.33 cm. Right kidney measures 6.38 cm.

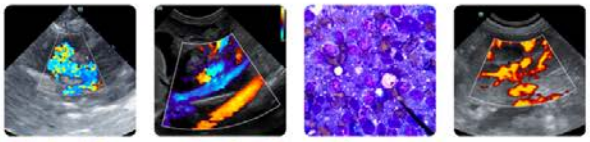
Adrenal Glands

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 measures 0.84 cm x 2.1 cm.

The left adrenal gland is not visualized.

Spleen

The spleen measures 2.49 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.



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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 minimal amount of suspended echogenic debris. 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 non-distended, with normal wall thickness and maintenance of normal wall layering. The small intestines contain multifocal regions with hyperechoic shadowing material and gas. There is no significant fluid distention or overt evidence of mechanical small intestinal obstruction. However, an occult obstruction can't be definitively excluded. The colon contains shadowing feces.

Pancreas

The pancreas is not visualized.

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.
- Multifocal regions of small intestine with hyperechoic shadowing material, which may represent foreign material given the patient's history.
- There is no overt evidence of mechanical small intestinal obstruction noted at this time. However, a transient or occult obstruction can't be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with aggressive supportive care as clinically indicated is recommended. Serial imaging of the abdomen is indicated, especially if clinical signs do not improve over the next 12-24 hours. Alternatively, an exploratory laparotomy could be considered for further evaluation of the gastrointestinal tract for potential occult mechanical obstruction.

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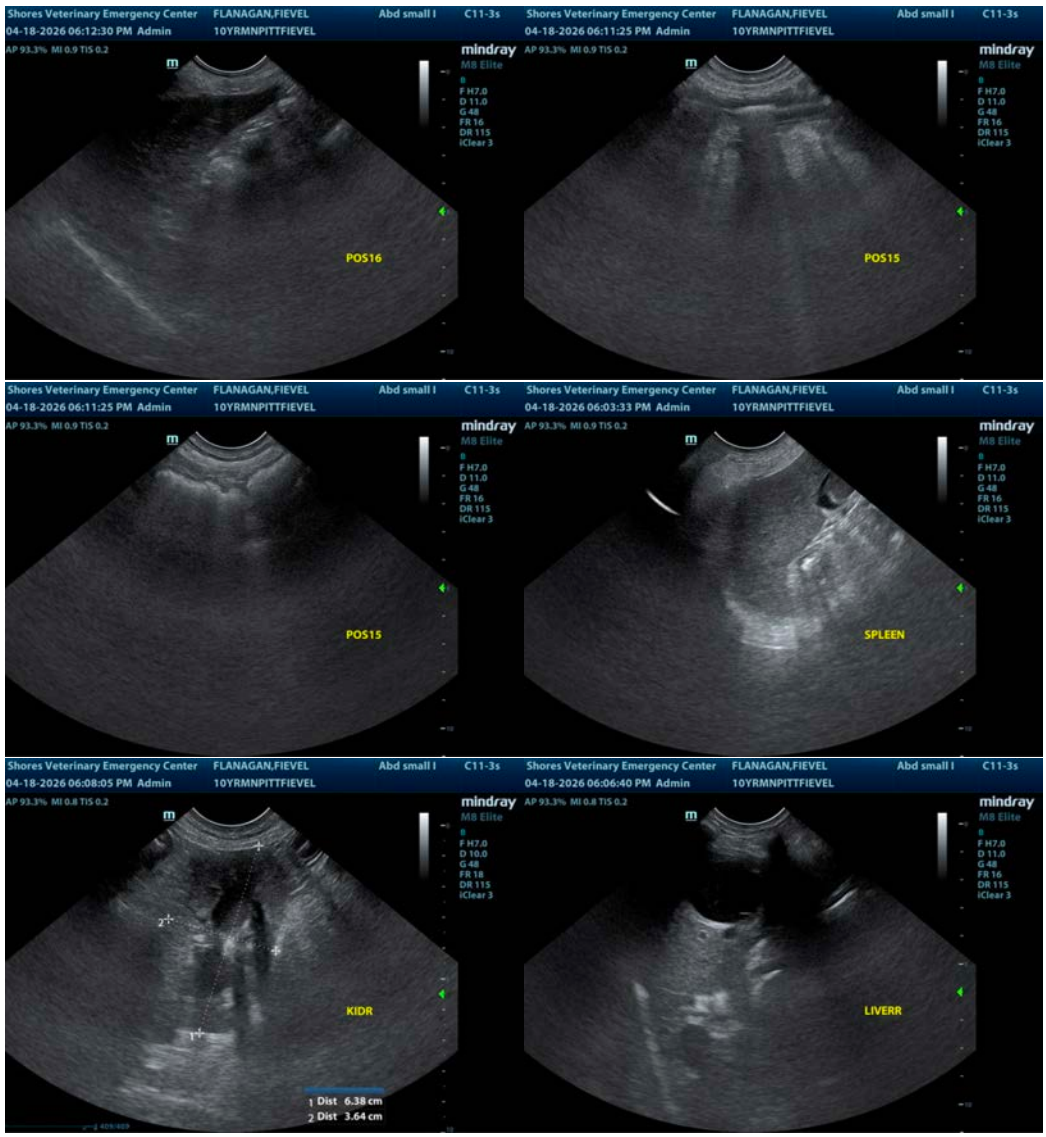

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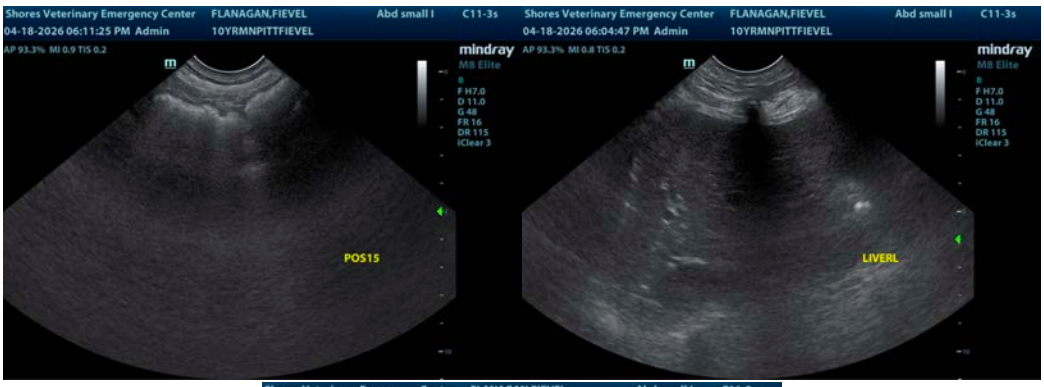

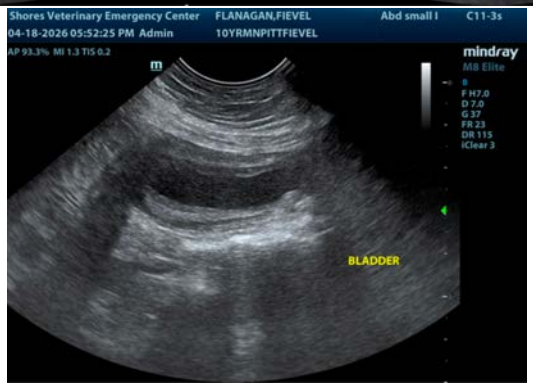

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com