



PATIENT

Bailey Garcia

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

7 Years

WEIGHT

52.6 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sativa Romero

HOSPITAL NAME

Petroglyph Animal
Hospital

REFERRING VET

Dr. Whitney Jones

INVOICE

74590

DATE

4/19/26

PRESENTING CLINICAL SIGNS

Concern for persistent vomiting despite multiple therapies and advised given owner removed material from rectum, high concern for either GIFB, vs. bacterial infection. Abdominal radiographs: Large amount of ingesta in stomach with three small areas of irregularly shaped mineral opacities, generalized gas distension with digesta throughout GIT, two populations of bowel

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 measures 5.44 cm. Right kidney measures 5.67 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.

Spleen

The spleen measures 2.0 cm at the hilus. It is subjectively slightly prominent with a diffusely mottled or heterogeneous parenchymal pattern. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

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. There are several hyperechoic structures that are non-shadowing but rounded and well circumscribed, consistent with potential cholelithiasis. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach contains a moderate amount of shadowing echogenic ingesta. There is no significant gastric dilation or overt evidence of pyloric outflow obstruction. However, the pylorus is not well visualized. The majority of the small intestine appears normal with no significant distention and adequate peristaltic activity. There is no overt evidence of ileus or intestinal dilation. The intestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains shadowing feces. There are several loops of intestine that contain shadowing material that are not well differentiated between colon and small intestine. An occult small intestinal obstruction cannot be



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definitively excluded based on this study. However, a mixed population of small intestine is not readily identified.

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

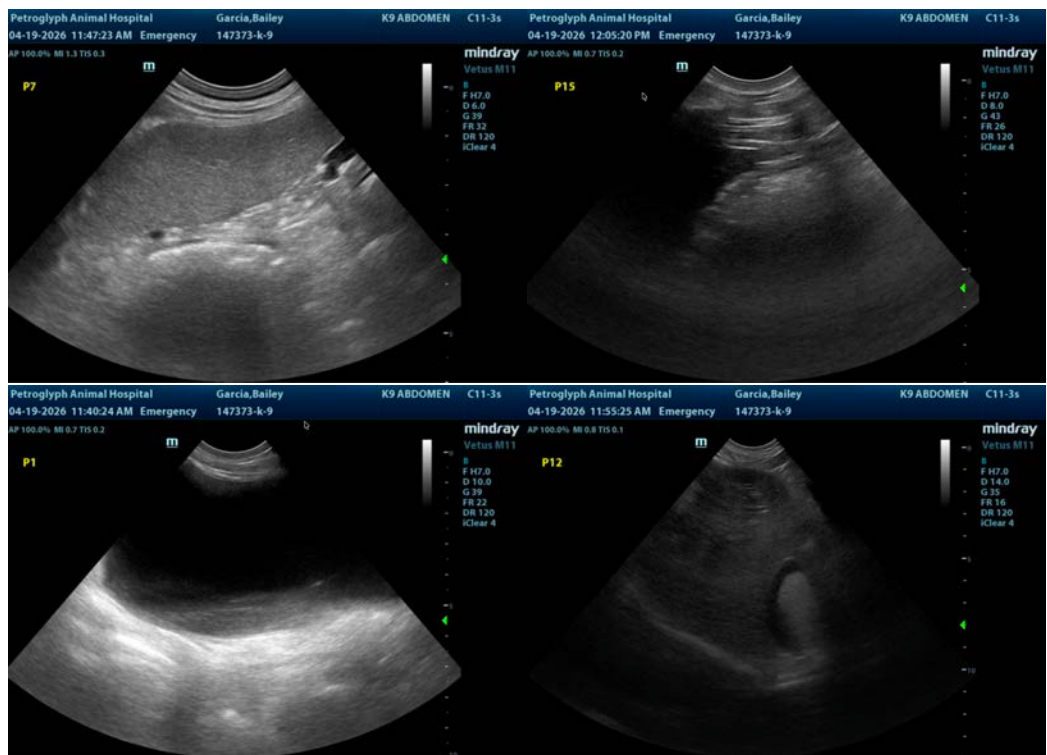
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.
- There is concern for potential gastrointestinal foreign material. However, an overt mechanical obstruction cannot be definitively documented or excluded on the current study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continue supportive care and serial abdominal imaging. If clinical signs persist or do not resolve, an exploratory laparotomy may be required for further evaluation and diagnosis of a mechanical gastrointestinal obstruction as well as therapeutic removal of said obstruction.





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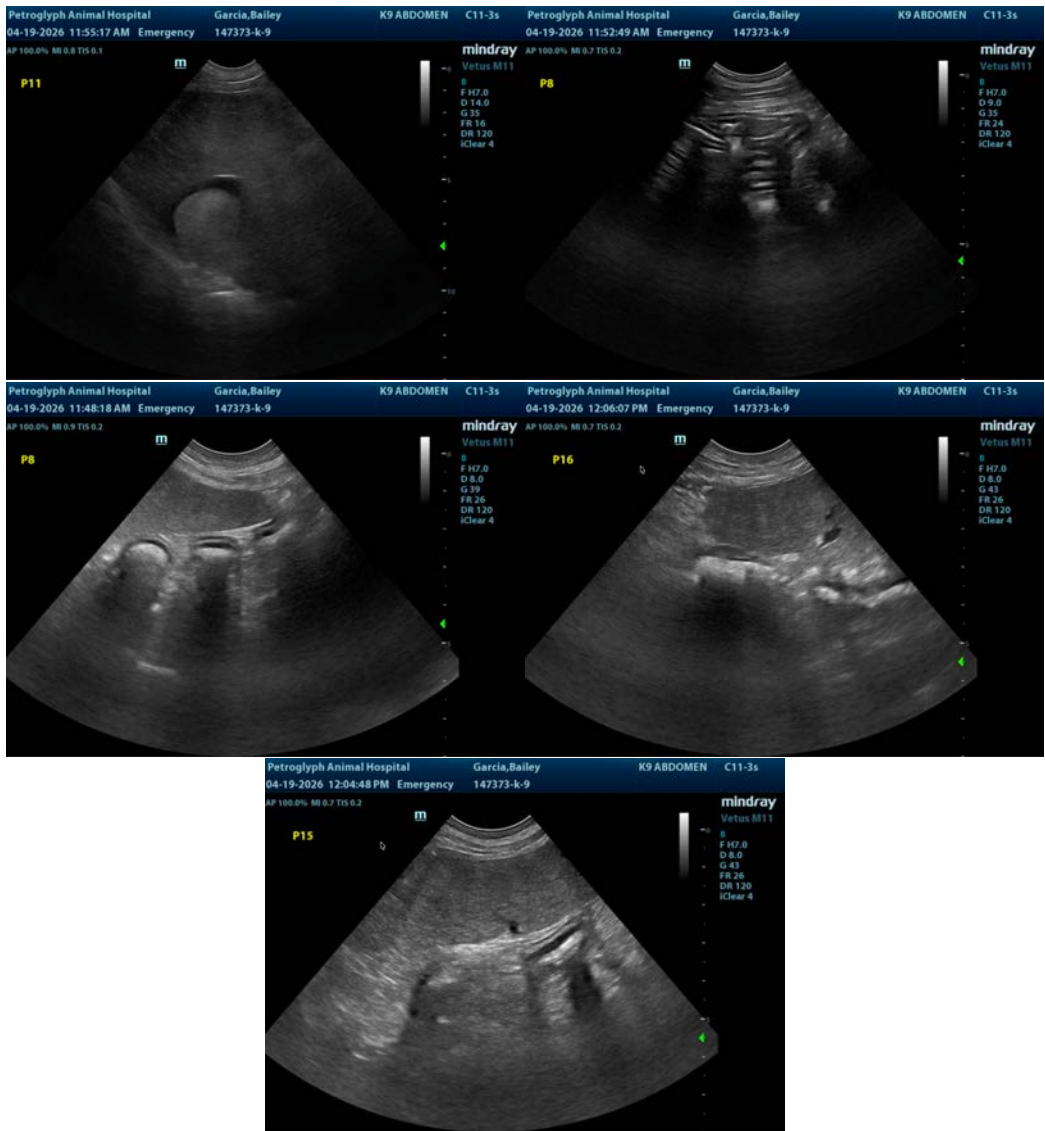
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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