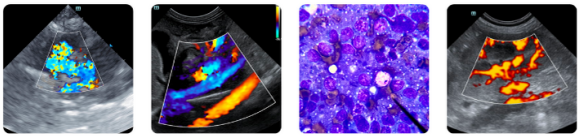



**PATIENT**

Tucker Delaney

**SPECIES**

Canine

**BREED**

Golden

**SEX**

Male

**AGE**

5 years

**WEIGHT**

84 lbs

**INTERPRETED BY**

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Marsh AH

**REFERRING VET**

Dr. Armani

**INVOICE**

11747

**DATE**

4/20/2026

## PRESENTING CLINICAL SIGNS

Recheck scan for pyloric outflow obstruction.

Meds: omeprazole and maropilent.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is inadequately distended to completely evaluate bladder wall thickness and layering. There is no overt sediment or uroliths noted. Anechoic urine is present. The trigone and proximal urethra appear unremarkable and patent.

The prostate is slightly prominent with a slightly heterogenous or mottled parenchyma.

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 6.40 cm, and the right kidney measures 7.40 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 adrenal measures 0.61 cm x 2.61 cm. The right adrenal measures 0.54 cm x 2.37 cm.

### *Spleen*

The spleen 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. The spleen measures 1.81 cm at the hilus.

### *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 has thin walls which contain anechoic bile. 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, again, contains a mild amount of echogenic, irregular, non-shadowing contents. There is also a mild amount of fluid accumulation within the stomach. The pylorus contains a mild amount of echogenic contents but there is no overt evidence of a complete pyloric outflow tract obstruction. The remainder of the small intestine is non-distended with normal wall thickness and maintenance of

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normal wall layering. The ileocecal colic junction is patent and the colon contains normal shadowing feces.

### *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*

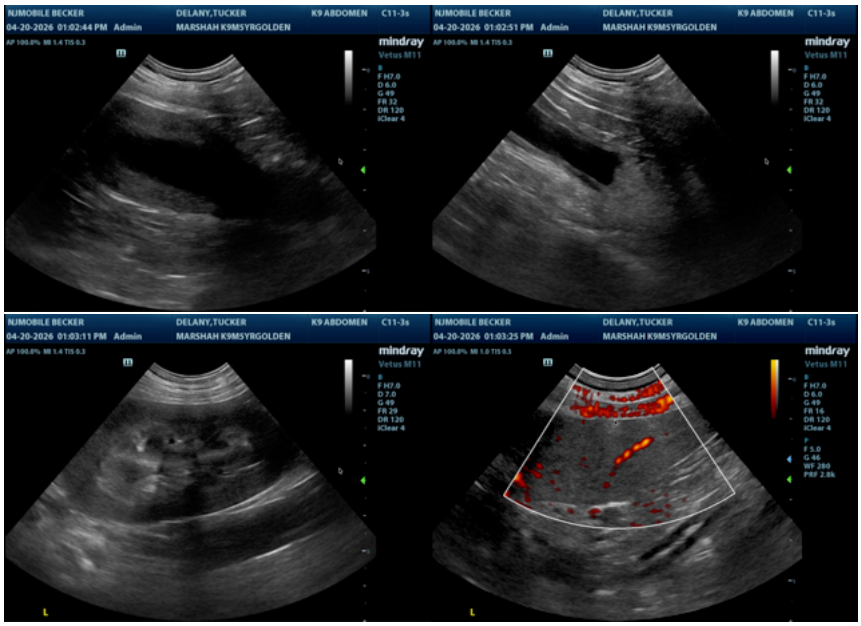
There is no lymphadenopathy and no free fluid noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- The slightly prominent prostate is likely considered a normal finding given the patient's intact status. However, benign prostatic hypertrophy can't be completely excluded.
- Based on this study a pyloric outflow tract obstruction is not highly suspected. However, a partial or incomplete obstruction can't be definitively excluded given the persistent gastric contents within the lumen as well as a mild amount of gastric fluid.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An upper gastrointestinal endoscopy with gastrointestinal biopsies is recommended given the persistence of clinical signs as well as persistence of material within the stomach and gastric pylorus.



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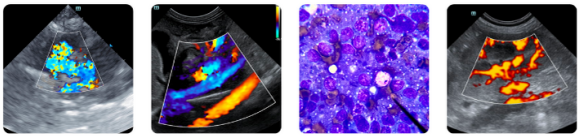

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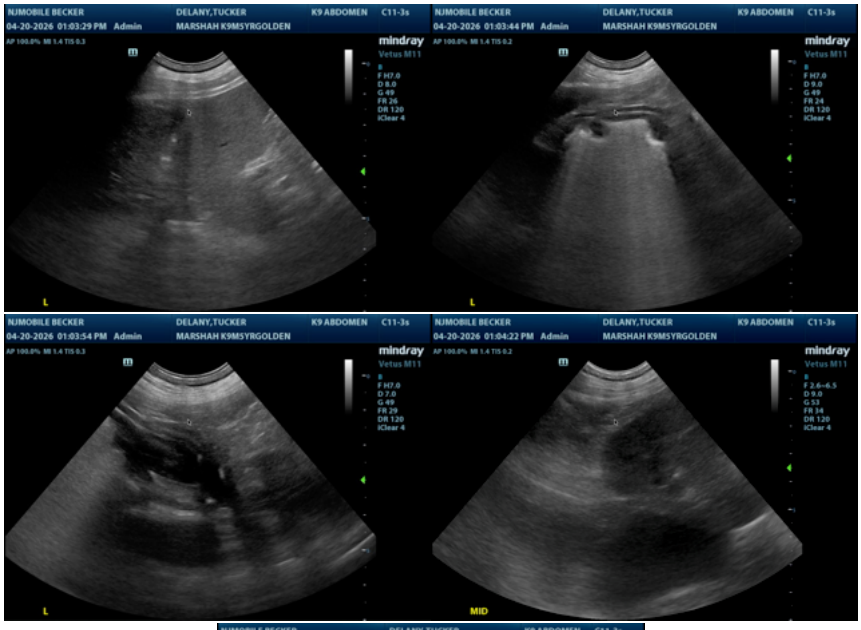


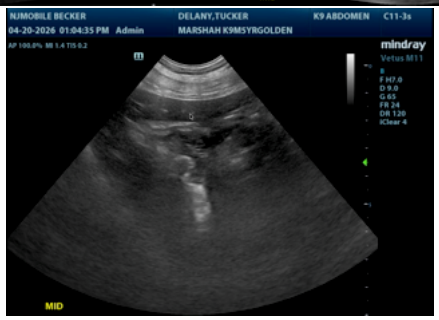


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Bradley Harris**, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com