



PATIENT

Frank Turner

SPECIES

Canine

BREED

Pug x

SEX

Intact Male

AGE

7 Years

WEIGHT

14.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Alpine 24/7 ER

INVOICE

74869

DATE

5/2/26

PRESENTING CLINICAL SIGNS

Acute onset vomiting (≥ 8 episodes), anorexia, lethargy, no bowel movements. Unable to tolerate water (vomits after small volumes).

Abnormal PE/Chem/CBC/UA Results: Key Clinical Findings: ~5–7% dehydrated, Cranial abdominal pain on palpation, Mild hypothermia (initially ~36.8–37.1°C), QAR, intermittently quiet but ambulatory Bloodwork: Hemoconcentration (dehydration), Mild \uparrow BUN, \uparrow total protein/globulins Hypokalemia (3.1 mmol/L), Mild inflammatory leukogram (\uparrow monocytes), Lactate WNL (1.1) Imaging: Abdominal radiographs (serial): Marked gas distension of stomach, Pyloric region distended with gas \pm heterogeneous material (FB vs ingesta vs superimposition), Mild decreased serosal detail mid-abdomen, No progression on repeat radiographs AFAST: No free fluid Patient painful on gastric probe

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 5.7 cm. Right kidney measures 5.5 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 0.56 cm. Right measures 0.78 cm.

Spleen

The spleen measures 1.76 cm. Parenchyma is slightly mottled or heterogeneous. The capsule is smooth without significant irregularity. 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 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.



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Gastrointestinal

The stomach is markedly distended with anechoic fluid and a mild amount of suspended echogenic shadowing contents. The pylorus displays echogenic shadowing contents that appears to extend into the proximal duodenum. There are regions of small intestine that are mildly to moderately dilated with multifocal regions that contain echogenic shadowing contents. Portions of the small intestine also appear plicated. The walls are normal in thickness with maintenance of normal wall layering. The colon contains a mixture of normal shadowing feces as well as fluid contents consistent with diarrhea.

There are several ileocecolic lymph nodes that are slightly prominent with normal length to width ratio and isoechoic parenchyma.

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 a scant volume of free peritoneal effusion noted.

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.
- Gastrointestinal dilation with shadowing material – most consistent with obstructive gastrointestinal foreign material.
- The slightly prominent ileocecolic lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

An exploratory laparotomy is recommended to further evaluate the gastrointestinal tract and remove any potential obstructive lesion.



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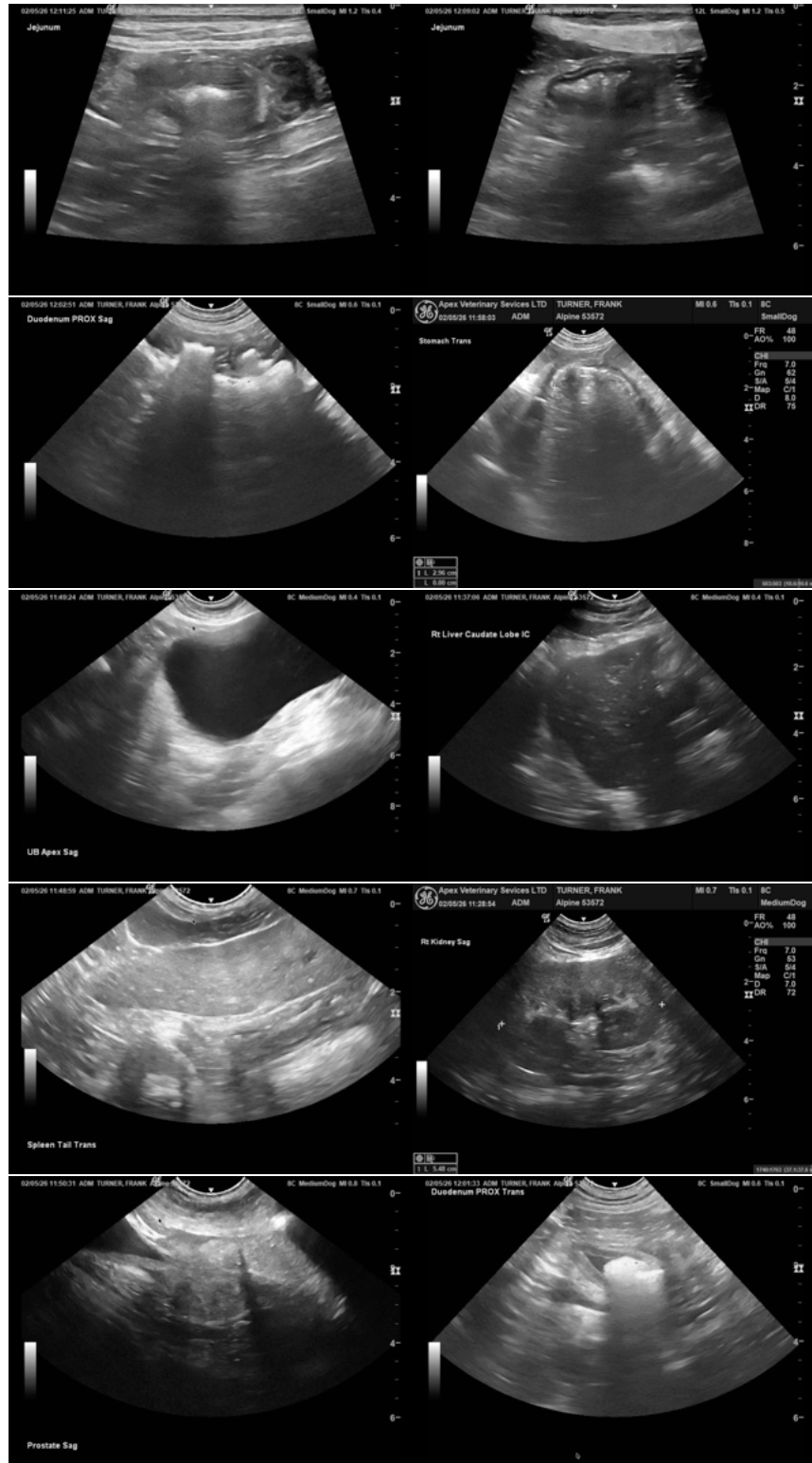
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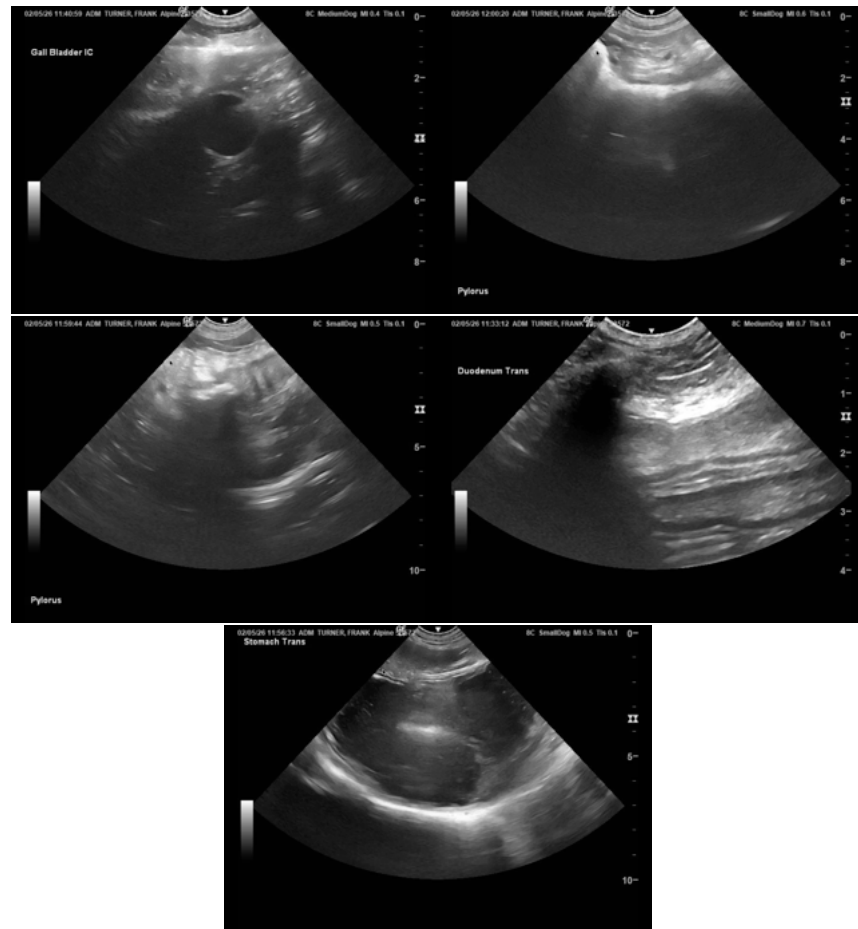
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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