



PATIENT

Anakin Economos

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

1 Year 11 Months

WEIGHT

24.9 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Emilie Papell

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Glotzer

INVOICE

16415

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Presented on 6/3 for lethargy, inappetence, and diarrhea. P was hospitalized on IVF, gastroprotectants, metronidazole, probiotics, and Panacur. P presents today for inappetence, vomiting, and continued diarrhea.

BW from 6/3: LYM 0.63K/uL (L), normal chem Pending radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. 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. The left kidney measures 6.47 cm. The right kidney measures 6.39 cm.

Adrenal Glands

The adrenals are slightly thin and flattened with an isoechoic parenchyma and normal phrenic vasculature. The left adrenal gland measures 0.38 cm x 1.54 cm. The right adrenal gland measures 0.4 cm x 1.54 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 1.22 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 is severely dilated with echogenic fluid as well as echogenic partially shadowing contents. The pylorus and pyloroduodenal junction are not readily visualized. There are multiple populations of small intestine with multifocal loops with echogenic fluid dilation. There is no overt shadowing material noted within the small intestine. The small intestinal walls are normal in thickness with maintenance of normal wall layering. The colon appears to contain normal shadowing feces.



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Pancreas

The pancreas is not readily visualized.

Free Abdomen

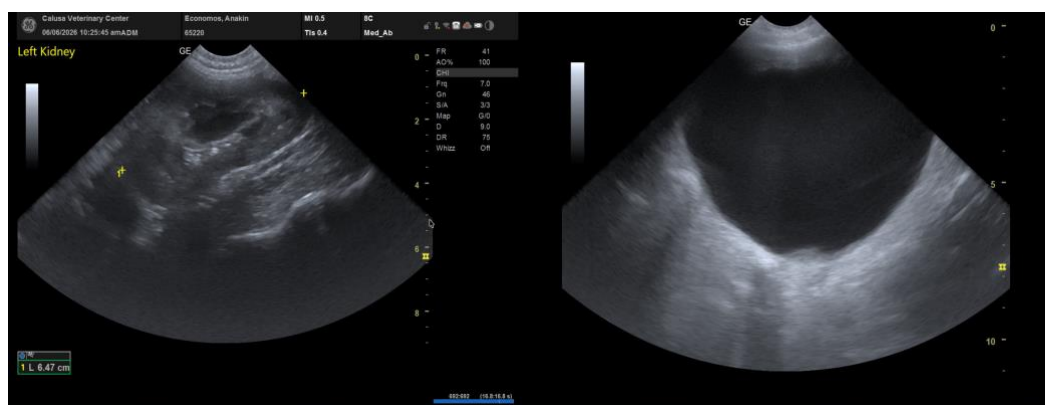
There is no significant lymphadenopathy. There is scant volume of anechoic free peritoneal effusion in the splenorenal quadrant caudal to the tail of the spleen.

ULTRASONOGRAPHIC FINDINGS

- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- Severe gastric dilation with echogenic contents. A pyloric outflow obstruction cannot be definitively excluded.
- The mixed population of small intestine with multifocal regions of fluid dilation is concerning for a potential small intestinal mechanical obstruction, although a definitive small intestinal foreign material cannot be identified on this study.
- While the pancreas is not distinctly visualized, occult pancreatitis also cannot be ruled out as a potential etiology for the cranial abdominal pain and gastrointestinal signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism. A nasogastric tube should be placed to decompress the stomach and alleviate some discomfort and clinical signs. If the ACTH stim is inconsistent with Addison's, one could consider an exploratory laparotomy to further evaluate the small intestines for potential mechanical obstruction.





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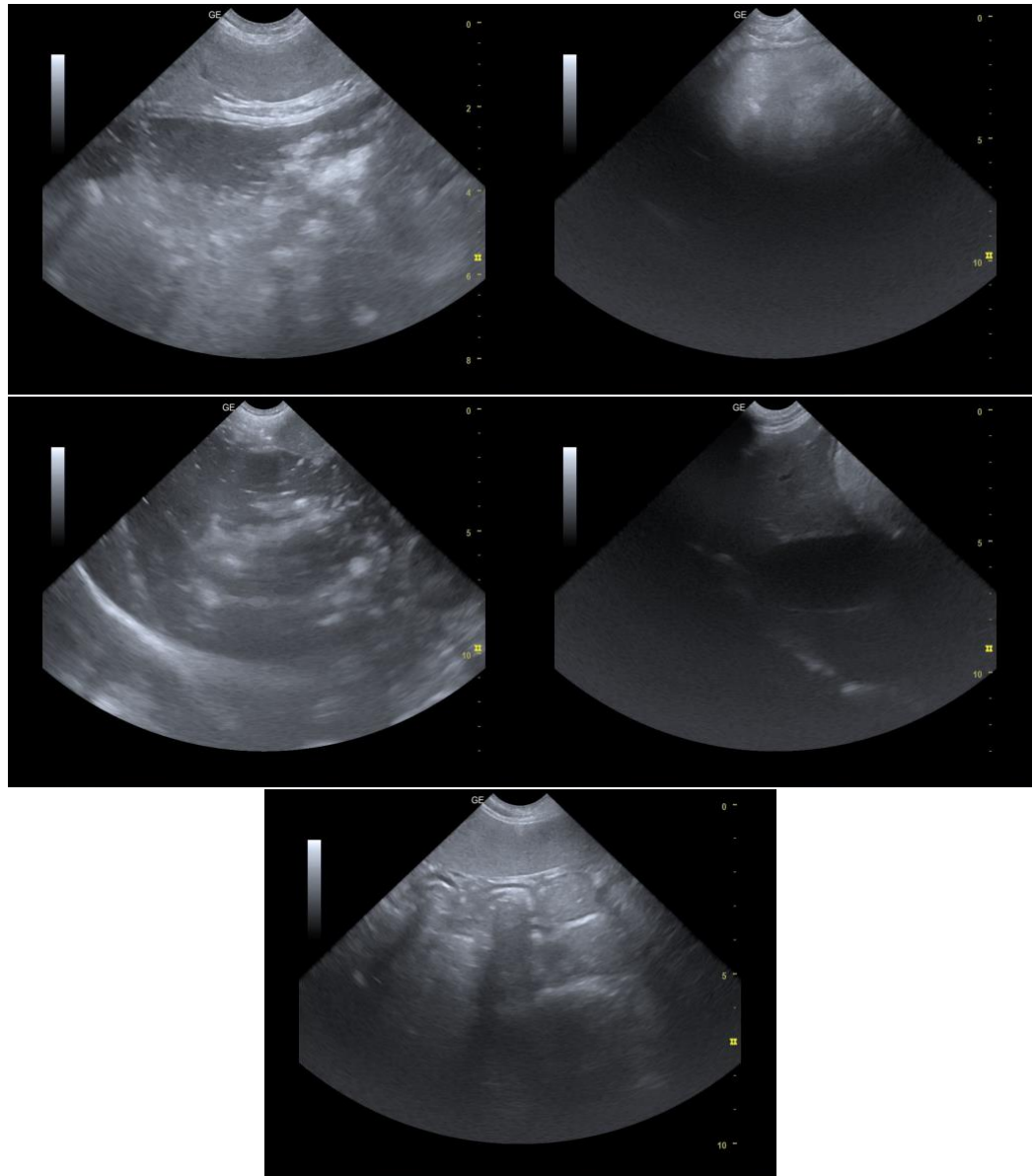
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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