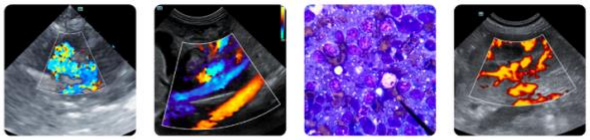


PATIENT

Tucker Rhodes

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

8 Years 10 Months

WEIGHT

34

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Melissa Helstein

HOSPITAL NAME

Veterinary Emergency Group- Burlington, VT

REFERRING VET

Dr. Melissa Helstein

INVOICE

16426

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Presenting for suspect foreign body vs mass. Started vomiting May 16th x 2 days. Last vomited Tuesday. Has had decreased appetite and nausea since. 05/03/2026 - pDVM suspect FB vs mass noted on radiographs no obstruction. Normal bloodwork. Recommended coming here for next steps (possible endoscopic retrieval vs US) PMH: otherwise healthy

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 5.9 cm. The right kidney measures 6.5 cm.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

The spleen is prominent and diffusely mottled with a heterogeneous parenchyma. The capsule is smooth without irregularity. The vasculature is normal. No evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 2.3 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 and hyperechoic material. The pylorus and pyloroduodenal junction are not visualized and a pyloric outflow obstruction cannot be excluded. The small intestine appears non-distended with normal wall thickness and layering. The colon contains normal shadowing feces.

Pancreas

The pancreas is not visualized.

Free Abdomen

PATIENT

Tucker Rhodes

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

8 Years 10 Months

WEIGHT

34

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Melissa Helstein

HOSPITAL NAME

Veterinary Emergency Group- Burlington, VT

REFERRING VET

Dr. Melissa Helstein

INVOICE

16426

DATE

06/06/26

There is no significant lymphadenopathy or free fluid.

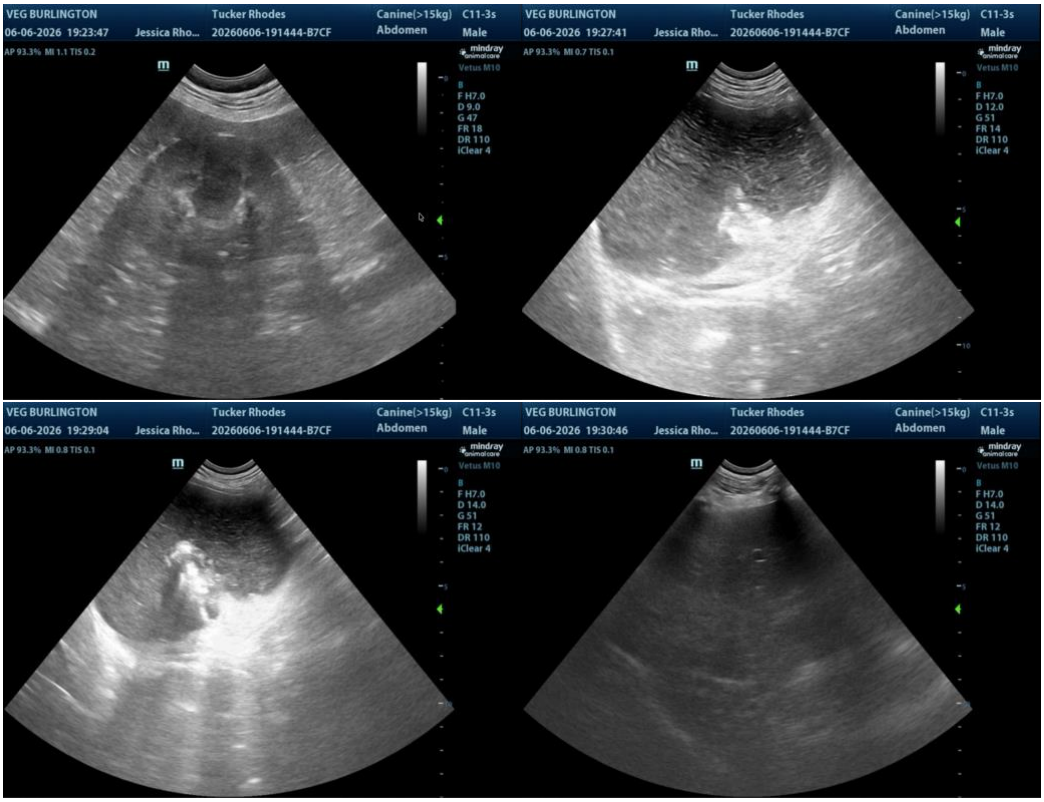
ULTRASONOGRAPHIC FINDINGS

- 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.
- The gastric dilation may be secondary to an acute gastroenteritis or gastroparesis. However, the degree of dilation is concerning for a potential pyloric outflow obstruction.

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.

A nasogastric tube should be placed at this time to decompress the stomach and alleviate patient's clinical signs as well as further evaluate the gastric lumen and pyloroduodenal junction for potential outflow tract obstruction. Repeat abdominal radiographs or a gastric exploratory with endoscopy or surgical laparotomy is indicated after decompression.



PATIENT

Tucker Rhodes

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

8 Years 10 Months

WEIGHT

34

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Melissa Helstein

HOSPITAL NAME

Veterinary Emergency Group- Burlington, VT

REFERRING VET

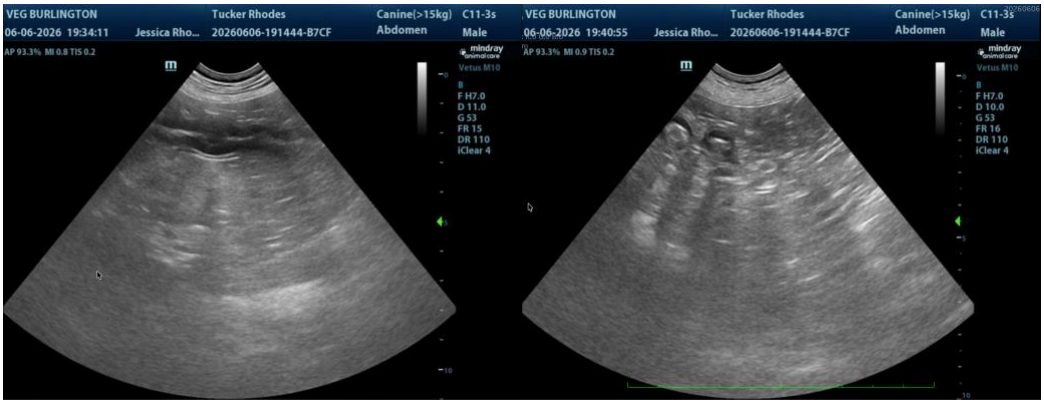
Dr. Melissa Helstein

INVOICE

16426

DATE

06/06/26



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