



PATIENT

Lovely Rouse

SPECIES

Canine

BREED

Shih Tzu Cross

SEX

Spayed female

AGE

4 years

WEIGHT

6.4 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Yaseen

INVOICE

73727

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Bouts of profuse watery bloody diarrhea during the night leaking from her anus with piece of grass in feces and another on her perianal area
- vomited overnight foamy matter with small amount of recently eaten food/treats appx 2 am (despite Emavery injection)
- Hospitalization for a minimum of 12-24 hours for monitoring and supportive care. IV fluids (Plasma-Lyte A) at twice the maintenance rate. Methadone at 0.1 mg/kg intravenously q 6 hours for pain management. This was later increased to 0.2 mg/kg due to a painful abdomen. Metronidazole at 12.5 mg/kg intravenously q 12 hours. Ondansetron at 0.2 mg/kg intravenously slowly q 12 hours (added for nausea)
- Complete Blood Count, Chemistry Panel, Electrolytes: No significant findings. Canine Pancreatic Lipase: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 3.97 cm. The right kidney measured 4.04 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. The left adrenal gland measured 0.58 x 1.78 cm and the right adrenal gland measured 0.5 x 1.84 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 measured 1.35 cm at the hilus.



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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 with contains 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 mild to moderately distended with echogenic fluid. The pylorus and pyloroduodenal junction appear patent. There is a focal, lesion within which is suspected to be the mid jejunum that is a hypoechoic, rounded, discretely shadowing structure. There appears to be mild to moderate distension of the small intestine with echogenic contents or add to the lesion. The distal small intestine appears to be non-distended and unaffected aborad to this region. The gastrointestinal wall is diffusely normal in thickness with maintenance of normal wall layering. The ileocecolic junction is not discretely visualized separately from the small intestinal lesion and thus the foreign material being in the ileocecolic junction cannot be definitively excluded. However, this is considered less likely given the two populations of small intestine.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

There was no lymphadenopathy and no free fluid.

ULTRASONOGRAPHIC FINDINGS

- There is a rounded, hypoechoic to anechoic, discretely shadowing structure within the small intestinal tract that is most consistent with small intestinal foreign material.
- There is concern for a mechanical obstruction given the two populations of small intestine. However, it is possible that the foreign material is simply traversing the gastrointestinal tract causing a secondary gastroenteritis. Additionally, the location of the material cannot be definitive determine on this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration should be given to an exploratory laparotomy with potential enterotomy and resection and anastomosis as there is concern for mechanical obstruction. However, if the patient appears to be responding to hospitalization and supportive care, then continued monitoring and serial imaging is also



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reasonable.

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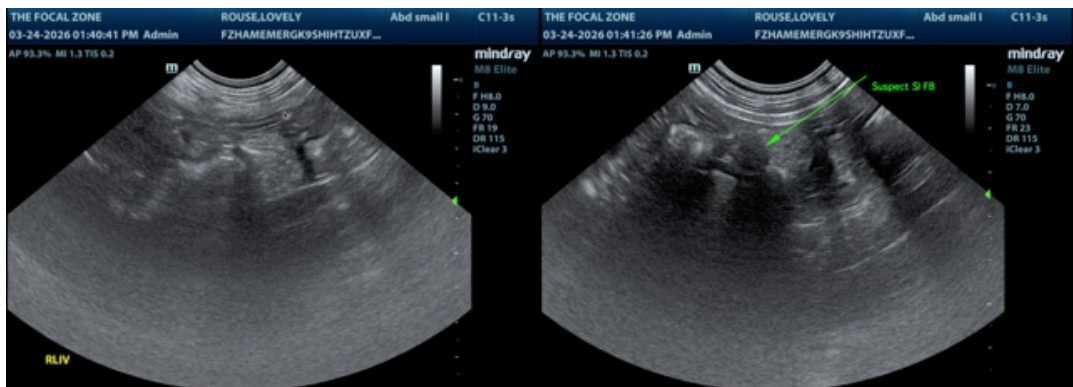
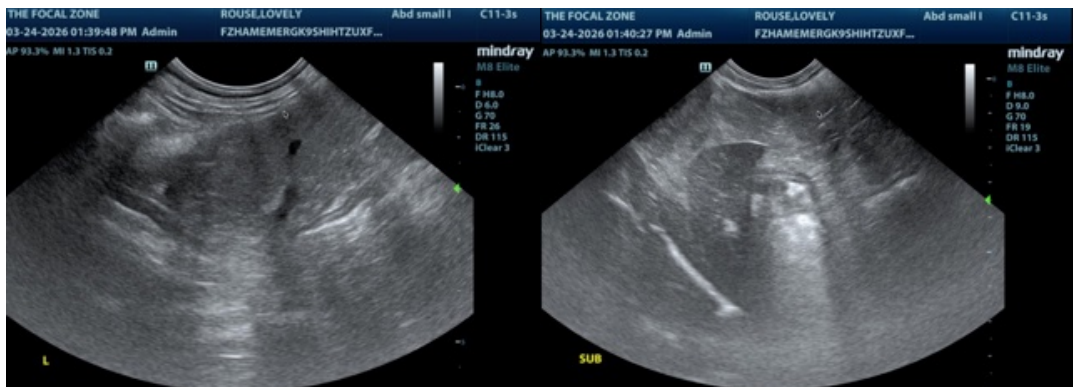
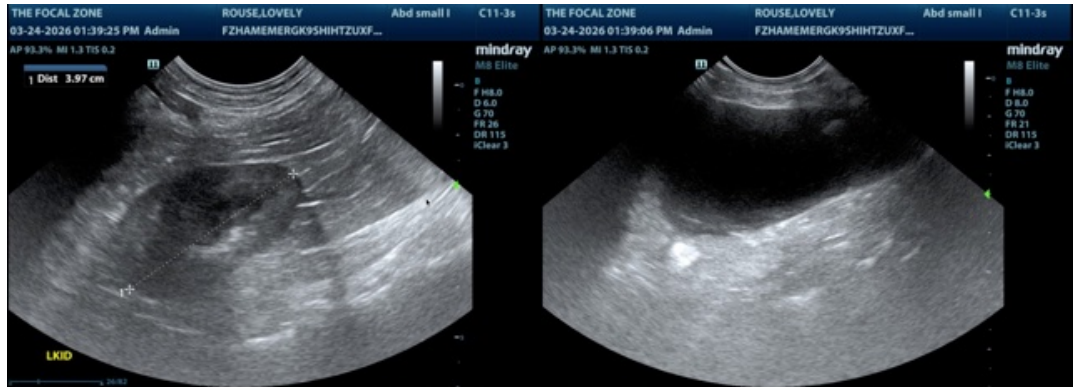
Dr. Yaseen

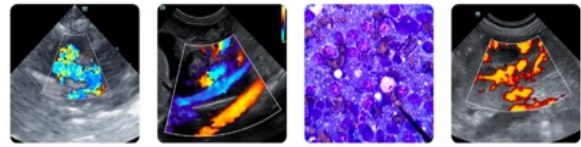
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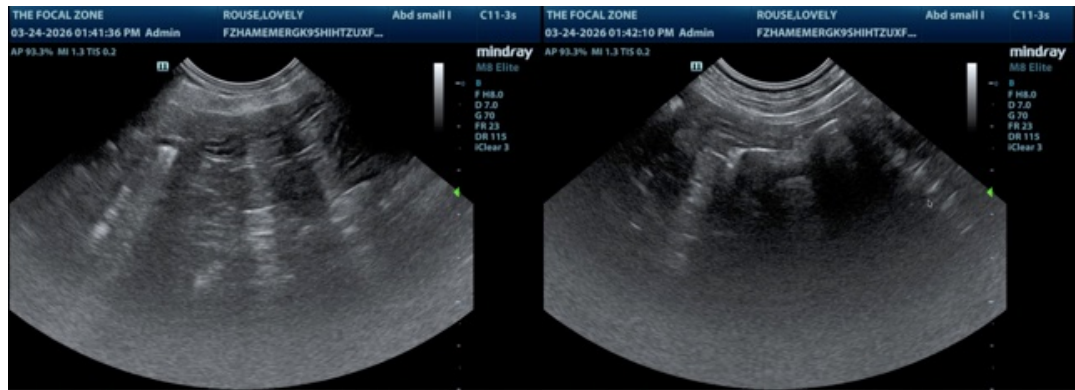
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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