

**PATIENT**

Ryder McCarthy

**SPECIES**

Canine

**BREED**

Shepherd x

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

86 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hillview Veterinary  
Clinic

**REFERRING VET**

Dr. P. Stevenson

**INVOICE**

72170

**DATE**

1/13/26

**PRESENTING CLINICAL SIGNS**

Vomiting , lethargic , restless, known to have eaten socks Current Medications Sulcrate 1g/ml

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (7.43 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (8.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (1.7 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.52 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly distended with echogenic appearing free fluid.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the proximal bowel/duodenum is similarly distended



**PATIENT**

Ryder McCarthy

**SPECIES**

Canine

**BREED**

Shepherd x

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

86 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hillview Veterinary  
Clinic

**REFERRING VET**

Dr. P. Stevenson

**INVOICE**

72170

**DATE**

1/13/26

with echogenic appearing fluid to the level of a bright echogenic intraluminal density with strong acoustic shadow, concerning for foreign material, beyond which the bowel is empty.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

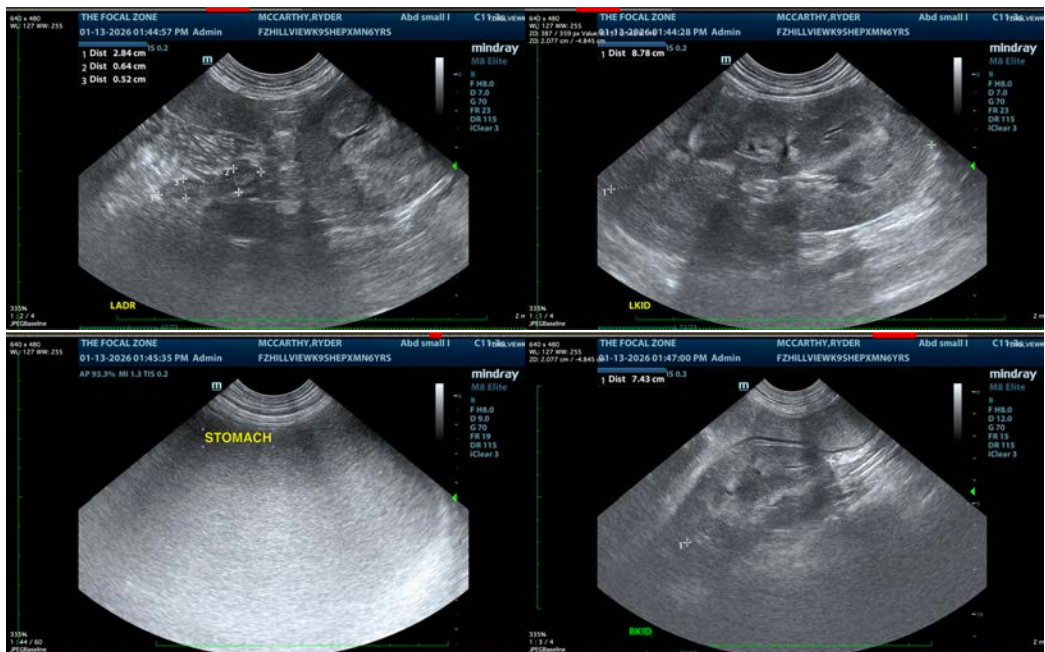
**ULTRASONOGRAPHIC FINDINGS**

- Suspect a full proximal small bowel obstruction with gastric and proximal small bowel distention as a result.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

When patient is stable enough to undergo surgery, an exploratory laparotomy with full exploration of the bowel, and if discovered, removal of the suspected foreign material is recommended.





**PATIENT**

Ryder McCarthy

**SPECIES**

Canine

**BREED**

Shepherd x

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

86 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hillview Veterinary  
 Clinic

**REFERRING VET**

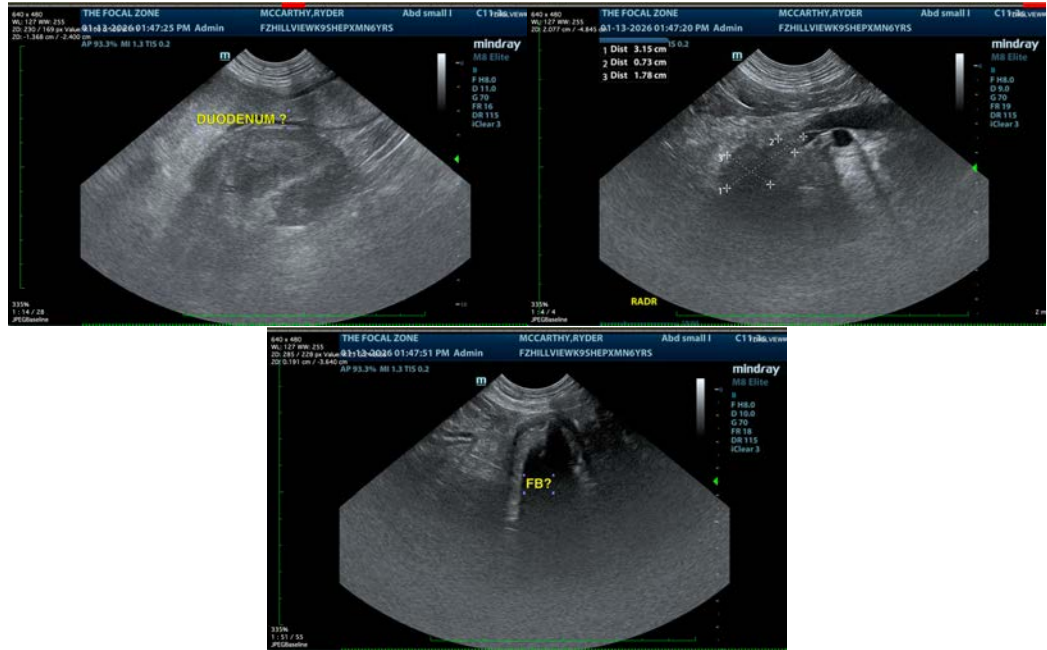
Dr. P. Stevenson

**INVOICE**

72170

**DATE**

1/13/26



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.

**Beth Johnson, DVM, DACVIM**  
 info@sonopath.com