



**PATIENT**

Gus Young

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Intact Male

**AGE**

3 Months

**WEIGHT**

13.2 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Queensway Veterinary  
 Hospital

**REFERRING VET**

Dr. Addison

**INVOICE**

73236

**DATE**

2/25/26

**PRESENTING CLINICAL SIGNS**

History of acute severe vomiting, hx of eating cooked bone on sunday, obstructive pattern on x-ray, large, firm, ~4inch by ~2inch long cylindrical structure palpated mid abdomen - uncomfortable on palpation, suspect target/bullseye pattern over structure on POCUS, suspect intussusception. No diarrhea.

Current Medications: Emavert (1.3mL SQ).

Abnormal PE/Chem/CBC/UA Results: Mild anemia (hct 32.9%), mild neutrophilia (11.92), mild monocytosis (1.41). Mild hyponatremia (141), mild hypochloremia (98). Parvo negative. Radiographic Findings Gassy small intestines, 2 populations of small intestines suspected. Mineral opacities (the size of pebbles) in stomach.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The right kidney is normal is size (6.26 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 (5.59 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 (1.2 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm at cranial pole and 0.28 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.



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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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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 small intestine is visualized with two different populations, including a moderately fluid distended loop of small bowel leading to an area with echogenic intraluminal contents that demonstrate strong acoustic shadow. In the same area there appears to be an intussusception potentially associated with suspected foreign material. Other small 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 trace anechoic free fluid and enhanced hyperechoic mesenteric fat noted adjacent to the suspected intussusception.

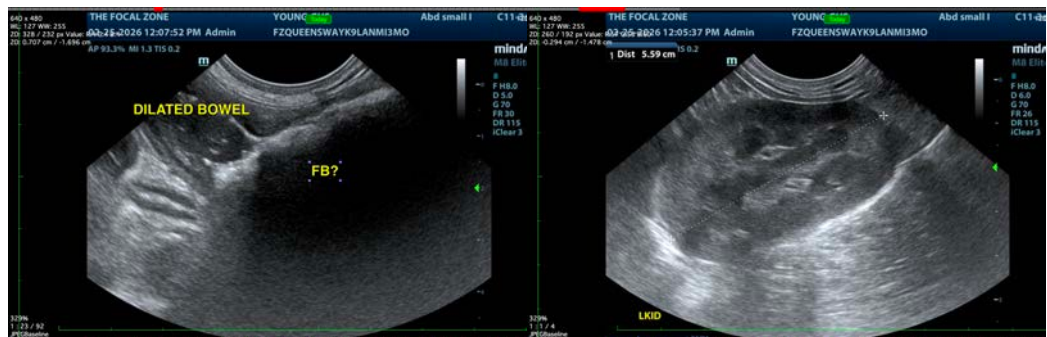
There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

- Suspect intussusception with possible concurrent obstructive foreign material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As soon as patient is stable enough to undergo surgery, an exploratory laparotomy is recommended.





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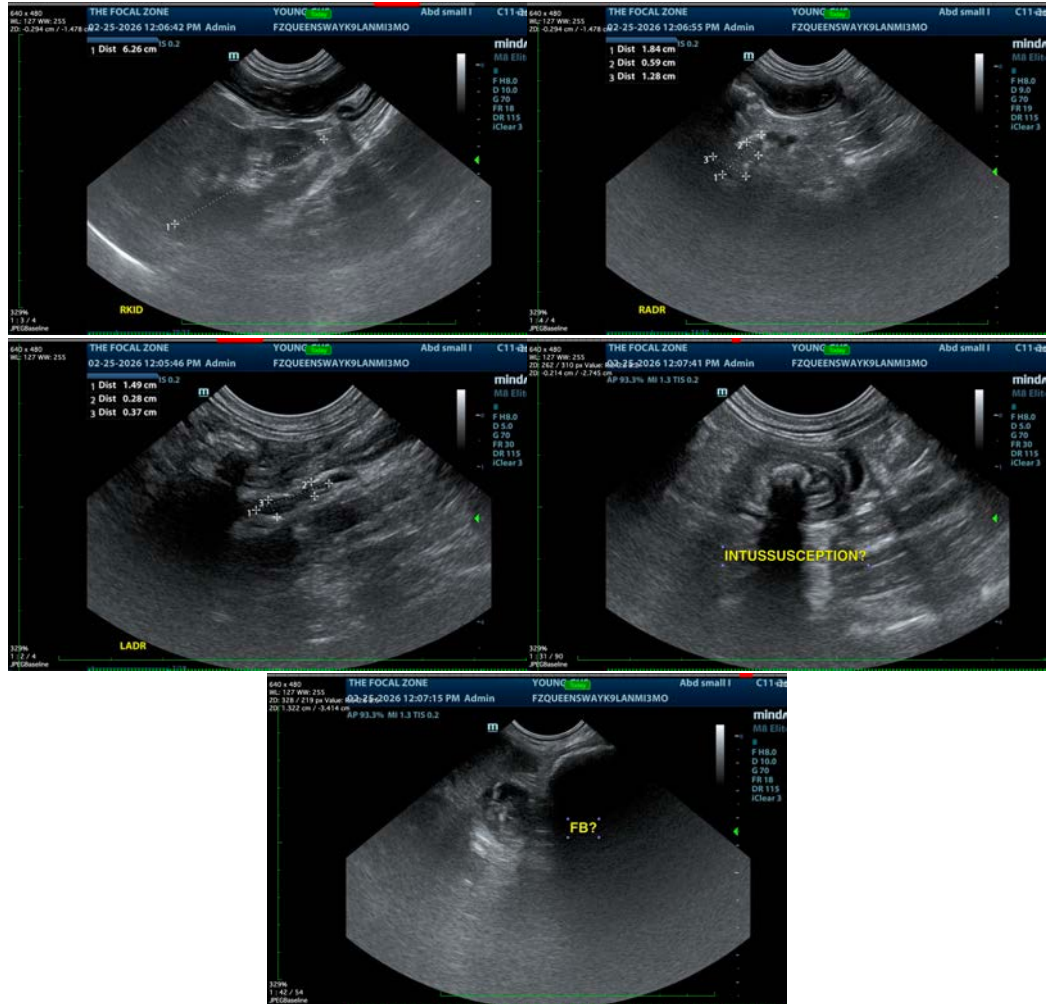
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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