

PATIENT

Giggi Coggin

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

7 months

WEIGHT

35.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Stacy

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Kirschenbaum

INVOICE

11700

DATE

4/15/2026

PRESENTING CLINICAL SIGNS

Presented for vomiting and not eating since Sunday. P has not had any vaccines. Last meal was on Sunday. P does like to chew on socks and scrunchies. 4 other dogs in the house but all are fully vaccinated. Does not go out in public with other animals. P is lethargic at home, not wanting to engage with other pets and kids in the home, unusual for her. -CN.

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 right kidney is normal is size (5.7 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 (5.3 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 areas of the adrenal glands are examined without evident adrenal gland pathology.

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

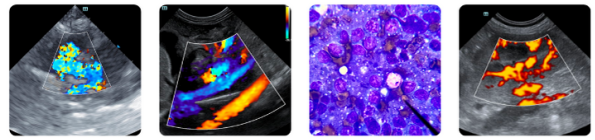
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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 is moderately over distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is 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 diffusely mildly to moderately distended with fluid as well as some echogenic non-shadowing luminal contents and gas consistent



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with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease noted in these images at this time.

The visible colon is normal but the lumen is diffusely fluid distended.

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 a very scant/trace amount of free fluid.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the GI tract is most consistent with a diffuse gastroenteritis, consistent with irritation secondary to dietary indiscretion or intolerance, infection such as bacterial, viral, other infectious disease, parasitic or protozoal disease, toxin, other underlying metabolic disease, etc. There is no definitive plication, shadowing, or obstructive pattern present to make an obstructive foreign body a top differential. However, an early or a partial obstruction, while thought less likely, can't be definitively ruled out.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This finding could be in part normal patient variant/juvenile lymphadenopathy given patient's young age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

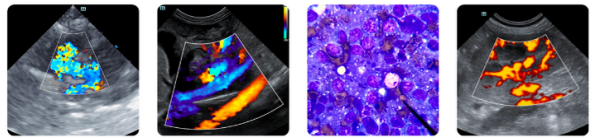
If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

Given reported signalment and lack of vaccines, a full comprehensive infectious disease evaluation including testing for parvo, could be considered.

A routine fecal/giardia exam is recommended if not recently evaluated.

In the meantime, especially if a foreign body is or becomes a concern, follow up or recheck imaging or additional imaging such as contrast radiography, etc. may be indicated.

Further gastrointestinal workup recommendations are largely dependent on results of above, as well as patient's response to supportive/symptomatic medical management of clinical signs.



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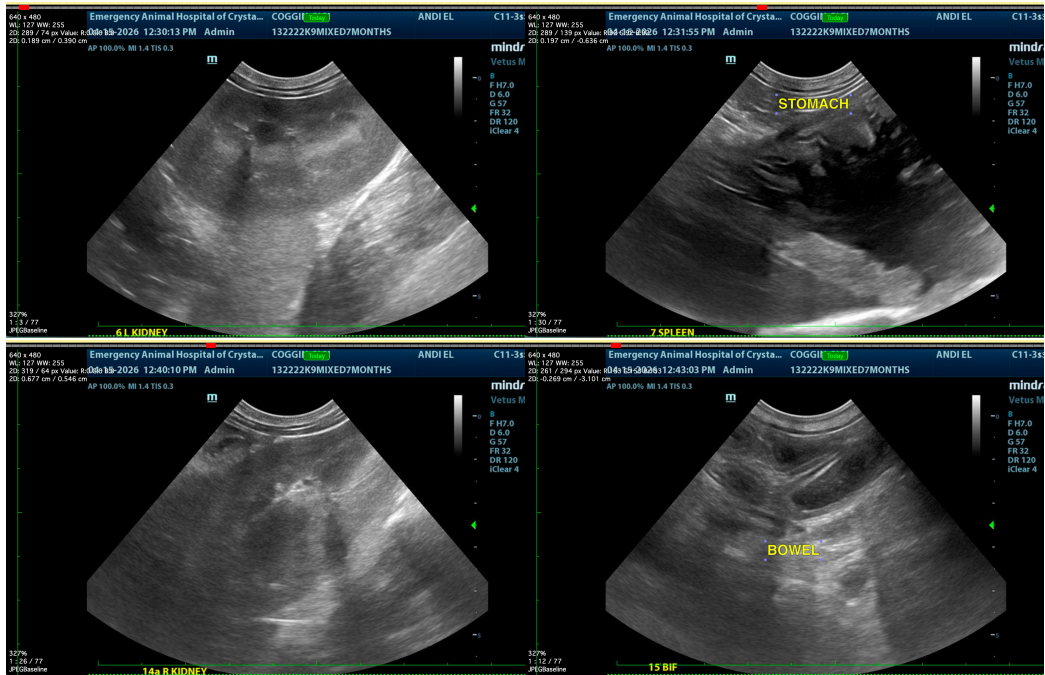
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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