

PATIENT

Manix Beauparlant

SPECIES

Canine

BREED

Shihpoo

SEX

Intact Male

AGE

6 years

WEIGHT

8.5 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Way AH

REFERRING VET

Dr. Solimon

INVOICE

11923

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

FB ingestion likely around May 1st, surgery exploration done Fri May 8 and part of toy extracted from jejunum, resected. Discharged next day, on Sunday May 10 returned for vomiting, hospitalized May 11.

Current Medications: ampicillin 22mg/kg IV, Cefazolin 22mg/kg IV, Metronidazole 5mg/kg IV, Famotidine 0.44ml IV, Torbugesic 0.1ml IV

Abnormal PE/Chem/CBC/UA Results: May 7 2026 WBC and neutrophils high, Na 133, BUN 2.4 Chol 2.6 will email. New labwork to be repeated in next 24 hrs labs and rads attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is uniformly moderately enlarged and hyperechoic. No mineralization, evidence of masses or fluid accumulations consistent with cyst or abscess visualized.

Visualization and resolution of the right kidney was severely limited making assessment and measurement inaccurate. This is commonly related to breed related anatomical positioning, and patient compliance. The right kidney measures 4.84 cm in length.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted. Left kidney is 5.2 cm in length.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left adrenal measures 1.53 cm in length, 0.40 cm at the caudal pole, and 0.41 cm at the cranial

The right adrenal is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right adrenal measures 1.79 cm in length, and 0.66 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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The stomach contains a small volume of fluid and some gas shadowing. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The mesentery and area of the pancreas is hyperechoic. Pancreatic tissue is not definitively visualized.

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Free Abdomen

The mesentery/omentum, especially in the mid abdomen cranial to the stomach/pancreas is hyperechoic and slightly nodular. There is scant free fluid visible in the mid abdomen around the small intestines.

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ULTRASONOGRAPHIC FINDINGS

- Diffuse peritonitis with scant effusion.
- Mild nephrocalcinosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal changes are consistent with post operative peritonitis. Abdominocentesis with fluid analysis and cytology is strongly recommended to rule out septic peritonitis. While no distinct enterotomy site perforation was visualized on ultrasound and sterile inflammation is very possible, abdominocentesis should be attempted given the patient's reported clinical signs post-operatively. Treatment for post-operative pain and gastroenteritis is reasonable while waiting results, or if abdominal fluid sample cannot be obtained. Serial free fluid evaluations are recommended to monitor for buildup of free fluid. Planned recheck bloodwork is reasonable.

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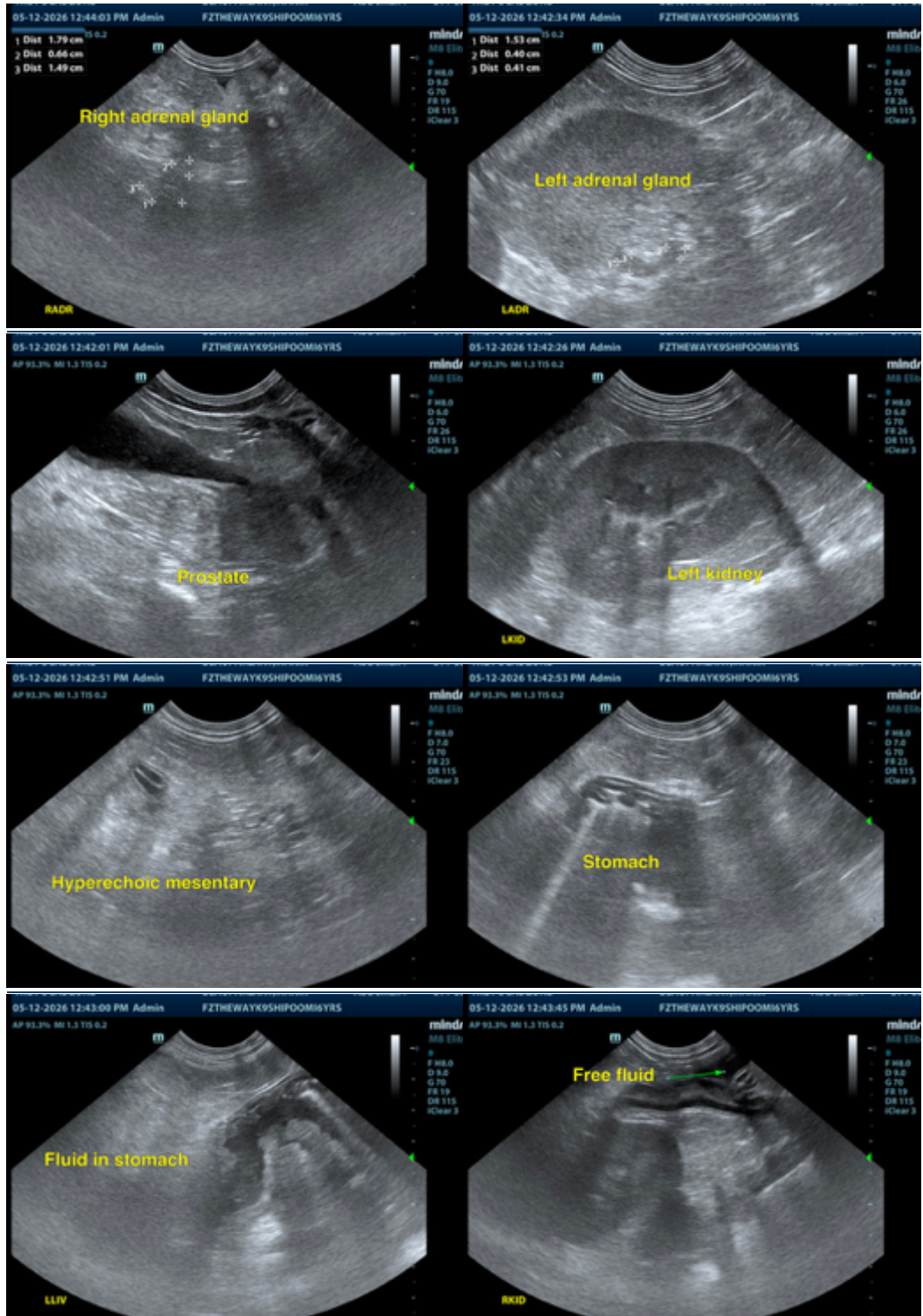
Dr. Solimon

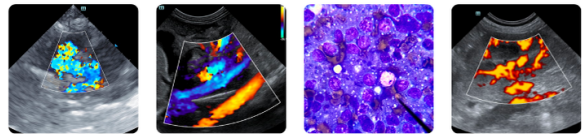
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com