PATIENT

Hugo Mauro

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

2 Years

WEIGHT

88.4 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Snieder

INVOICE

16149

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Ate a chicken bone on Wednesday, friday passed a small part of the bone, Saturday seemed OK. On Sunday he developed diarrhea and was having diarrhea every 1 to 2 hours. Monday the diarrhea started to have a lot of blood in it and then no blood. Tuesday the BMs looked a bit more normal but Hugo was very lethargic, on PE temp 40.1C and no appetite. As of yesterday was eating again and acting more normal. Has been on Metronidzole and Sulcrate

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

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 kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 6.31 cm in length. The right kidney measured 6.46 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.59 cm in length and 0.64 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 2.61 cm in length and 0.69 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.

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

Gastrointestinal

The stomach contains a small amount of ingesta. 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 gas and some ingesta throughout. 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.

The ileocecal junction was not visualized. Sections of colon are visualized with hyperechoic non-formed fecal material and gas shadowing. There's no observed focal or generalized colonic wall thickening or loss of wall layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

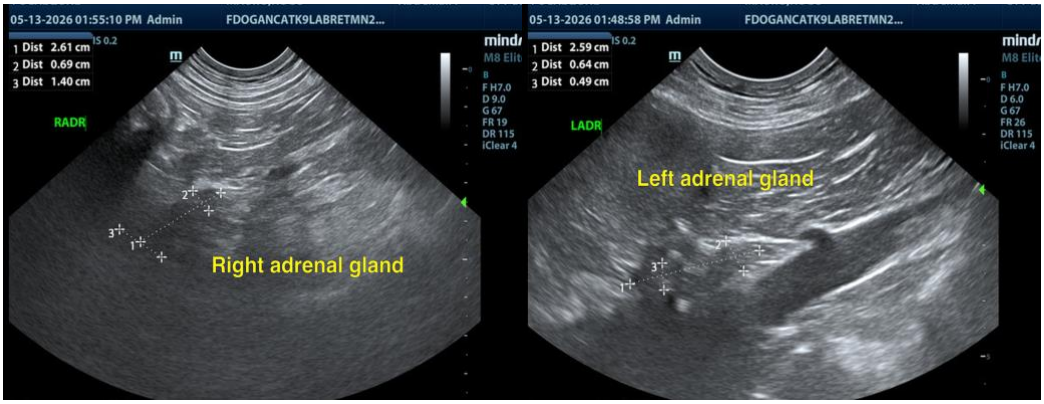
ULTRASONOGRAPHIC FINDINGS

- Soft stool in colon.
- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no significant abnormalities on abdominal ultrasound. Colonic contents appear to be soft formed feces. There's no visible foreign material in the GI tract and no free fluids suggestive of GI perforation.

Given the patient's response to supportive care, resolving colitis is a likely cause of clinical signs. Abdominal radiographs may be of use if there's concern for residual bone material within the GI tract.



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SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

Teleradiology
Educational Teleconsultation Services™

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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