



PATIENT

Cooper Dailey

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

6 Years

WEIGHT

68.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Gwon

INVOICE

75045

DATE

5/8/26

PRESENTING CLINICAL SIGNS

Hematemesis, hematochezia. Patient arrived 5/7 with history of vomiting blood. Arrived tachycardic/pulses thready. Anorexia/hemorrhagic gastroenteritis.

Abnormal PE/Chem/CBC/UA Results: 5/7 : RBC 10.24, HCT 68.1, HGB 23.4, WBC 27.32, Neu 21.38, Mono 2.11, Glu 183, Phos 74, aPTT >300 sec; 5/8 PCV 43%, TS 5.2

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. Left kidney measures 7.12 cm. Right kidney measures 7.38 cm.

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. Right measures 2.29 cm in length x 0.62 cm at the caudal pole and 1.21 cm at the cranial pole. Left measures 3.05 cm in length x 0.59 cm at the caudal pole and 0.50 cm at the cranial pole.

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 mild volume of fluid. The stomach wall is diffusely significantly thickened with somewhat hazy but maintained wall layering. No specific masses are visualized. No distinct foreign material is visualized.

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 fluid fecal material consistent with diarrhea. There is no observed focal or generalized colon wall thickening or loss of 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.

Free Abdomen

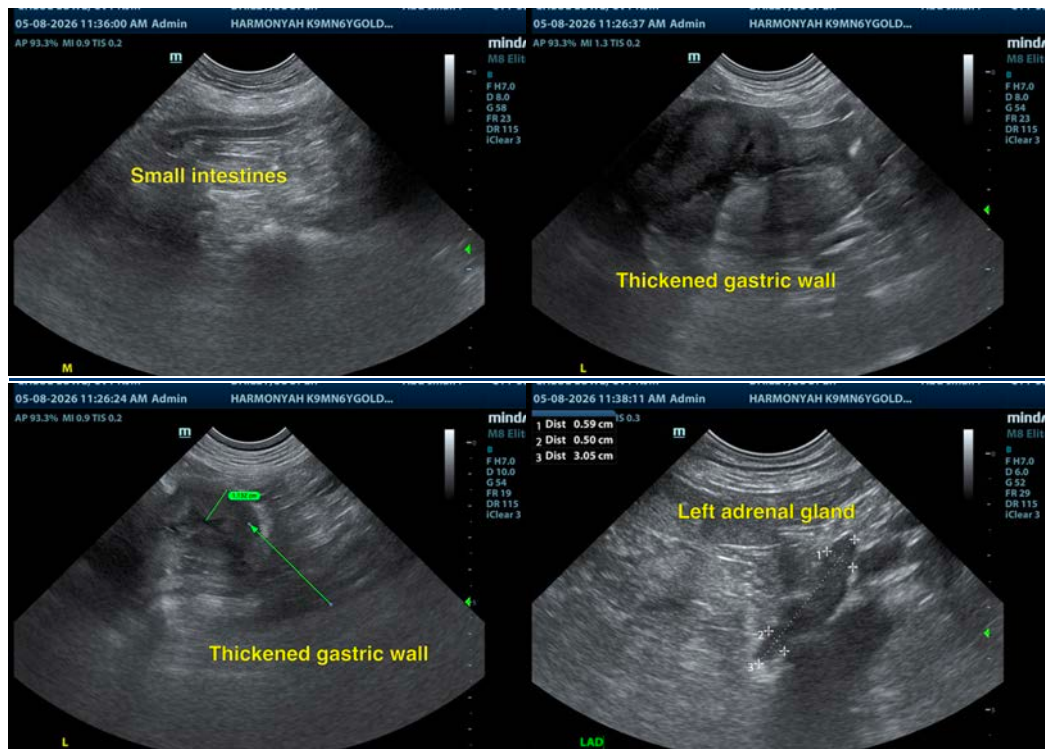
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric wall thickening and diarrhea in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric wall thickening may be secondary to acute gastritis. Mural disease cannot be definitively ruled out and gastric biopsies should be considered, especially if clinical signs are non-responsive to supportive care. Fluid resuscitation I recommend prior to consideration for anesthesia for gastric biopsy given severity of hemoconcentration. Treatment for acute hemorrhagic gastroenteritis and monitoring response prior to electing gastric biopsy is not unreasonable. Treatment with antacids to treat for potential gastric ulceration, thought not visualized on ultrasound, is recommended given reported hematemesis.





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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
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