



PATIENT

Finley Shenk

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

84.5 pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Dana Tsuchida

INVOICE

13797

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- The patient was previously seen on 02/09/2026 for vomiting and anorexia, and again on 02/12/2026 for continued inappetence.
- The owner reports that the vomiting has resolved. However, the patient has not been eating much for the last week, with the last significant meal being on the night of 02/10/2026.
- The patient is reportedly still drinking water and had a small bowel movement yesterday.
- During the visit on 02/12/2026, the patient was hospitalized for the day for IV fluid therapy and was given an appetite stimulant. The owner declined overnight hospitalization and took the patient home for monitoring. O reports p panting every 4-6 hours post ultrasound very mild respiratory mild respiratory effort noted.
- Current meds:
- Entyce 30mL Bottle: Give 3.8 mL by mouth ever 24 hours as needed to help with appetite
- Acetaminophen Codeine 300/30mg tablet: Give 1 tablet by mouth every 8-12 hours as needed for discomfort or pain.
- Cerenia 160mg: Give 1/2 tablet by mouth every 24 hours for nausea and inappetence.

Abnormal PE/Chem/CBC/UA Results: Labs from rDVM: Previous diagnostics from 02/09/2026 revealed a negative fecal test, a negative 4DX test, a cancer screen not consistent with lymphoma, a complete blood count with mild lymphopenia and eosinopenia, a chemistry panel with slight elevations in AST, total bilirubin, and unconjugated bilirubin, a urine protein: creatinine ratio of 0.4, and a decreased total T4 of 0.7. Radiologist Interpretation of radiographs: The presence of gastroenteritis and/or pancreatitis is considered. A complete small intestinal mechanical obstruction is not identified. The decreased serosal detail in the mid-abdomen may be within normal limits for the image technique, but the presence of mild peritoneal effusion cannot be entirely excluded. An abdominal ultrasound is indicated for further evaluation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with a moderate amount of echogenic mineralized and nonmineralized sediment. There was a small amount of minimally shadowing bladder sand. The trigone appeared normal and the urethra was visualized to 2.0 cm.

The residual prostate was normal in size, shape, and echogenicity.

iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was mildly increased in size with a rounded caudal pole. The left adrenal gland measured 0.73 cm at the caudal pole and 0.46 cm at the cranial pole.



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The right adrenal gland appeared normal to mildly increase in size with a smooth capsule contour. The parenchyma appeared homogenous with no overt nodules or masses. The right adrenal measured 0.72 cm at the caudal pole and 1.3 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous.

Liver

The liver is subjectively normal in size with a smooth capsule contour. The parenchyma appears homogenous with no overt nodules or masses. There may be a mild increase in portal markings diffusely.

The gallbladder is mildly increased in size with a rounded shape. The contents are anechoic and there is no visible pericystic inflammation. View of the cystic and common bowel ducts was limited partly by shadowing gas in intestines.

Gastrointestinal

The stomach was empty, and the pyloric outflow appeared normal. The intestines contained a mixed population of empty bowel loops in addition to fluid filled bowel loops. There is a large amount of shadowing gas obscuring view of some of the intestines. The colon is markedly descended with liquid contents. The colon wall is thickened diffusely with intact wall layering and a subjectively prominent submucosa and mucosa layers.

Pancreas

The visible portions of pancreas appear normal but are largely obscured by the intestinal presentation.

Free Abdomen

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation. An example of jejunal lymph node size was 1.4 cm x 6.0 cm in length. No overt free fluid in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Obstructive pattern in the SI without visible focal obstruction - suspect ileus
- Enterocolitis - liquid contents in length of colon
- Mesenteric lymphadenopathy - most consistent with reactive pattern
- Urinary bladder sediment and sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect there is functional ileus in the bowel, which could be due to metabolic stasis, electrolyte abnormalities, etc. Foreign material in the SI can't be entirely ruled out but is thought less likely.

IVF for 24-48 hours with electrolyte management is recommended. Repeating the bloodwork to assess if the liver enzymes changes or if there are other metabolic abnormalities.



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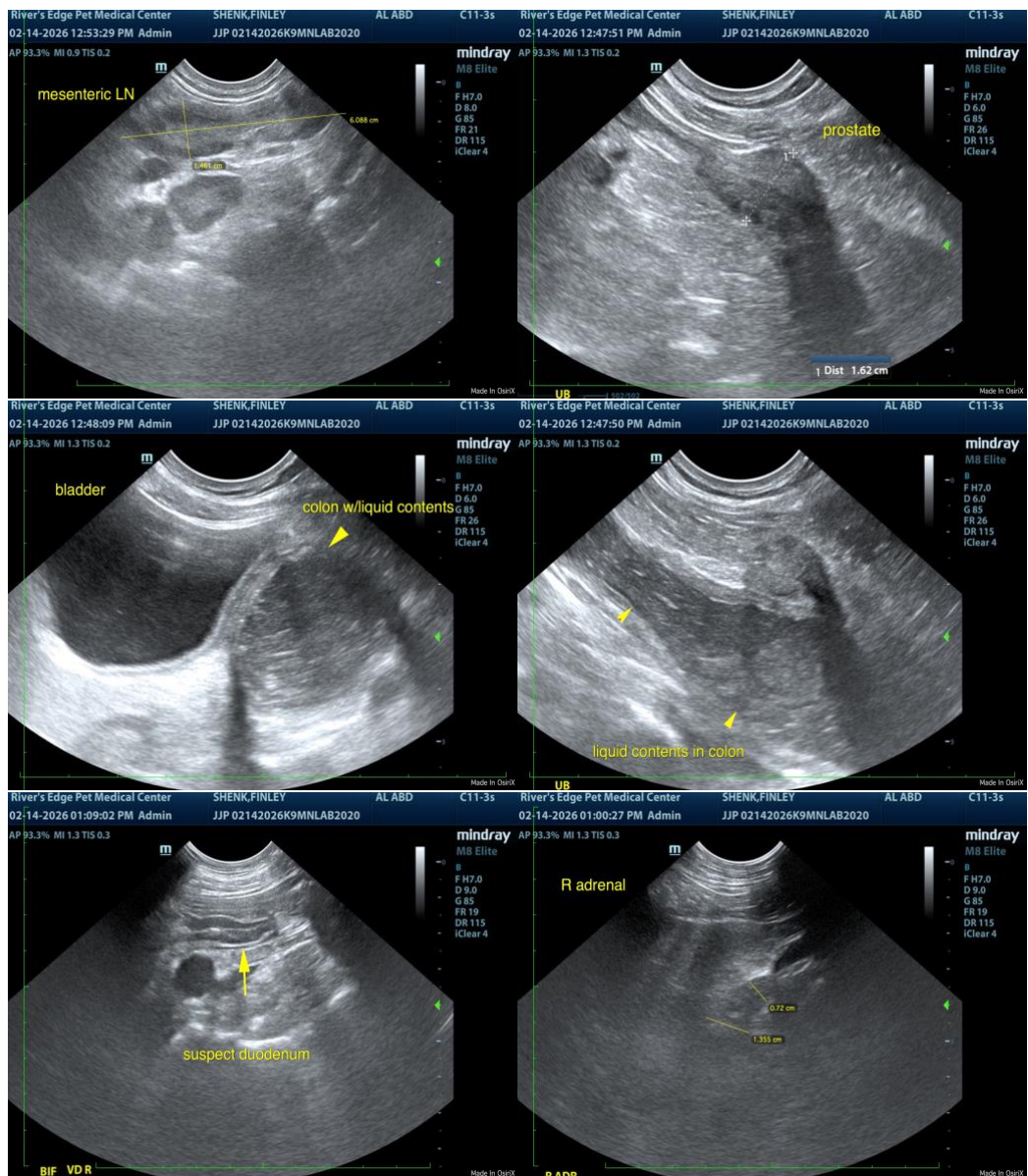
02/14/26

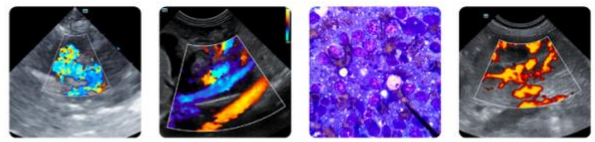
I would recommend discontinuing the Codeine as it may be contributing to ileus.

Urinalysis for evaluation of the bladder sediment is recommended.

A full echocardiogram is recommended if there is concern for cardiac function (CXR/cardiomegaly and/or BNP elevation).

If clinical signs do not improve with IVF and electrolyte management, exploratory surgery with biopsies could be considered for more definitive diagnosis.





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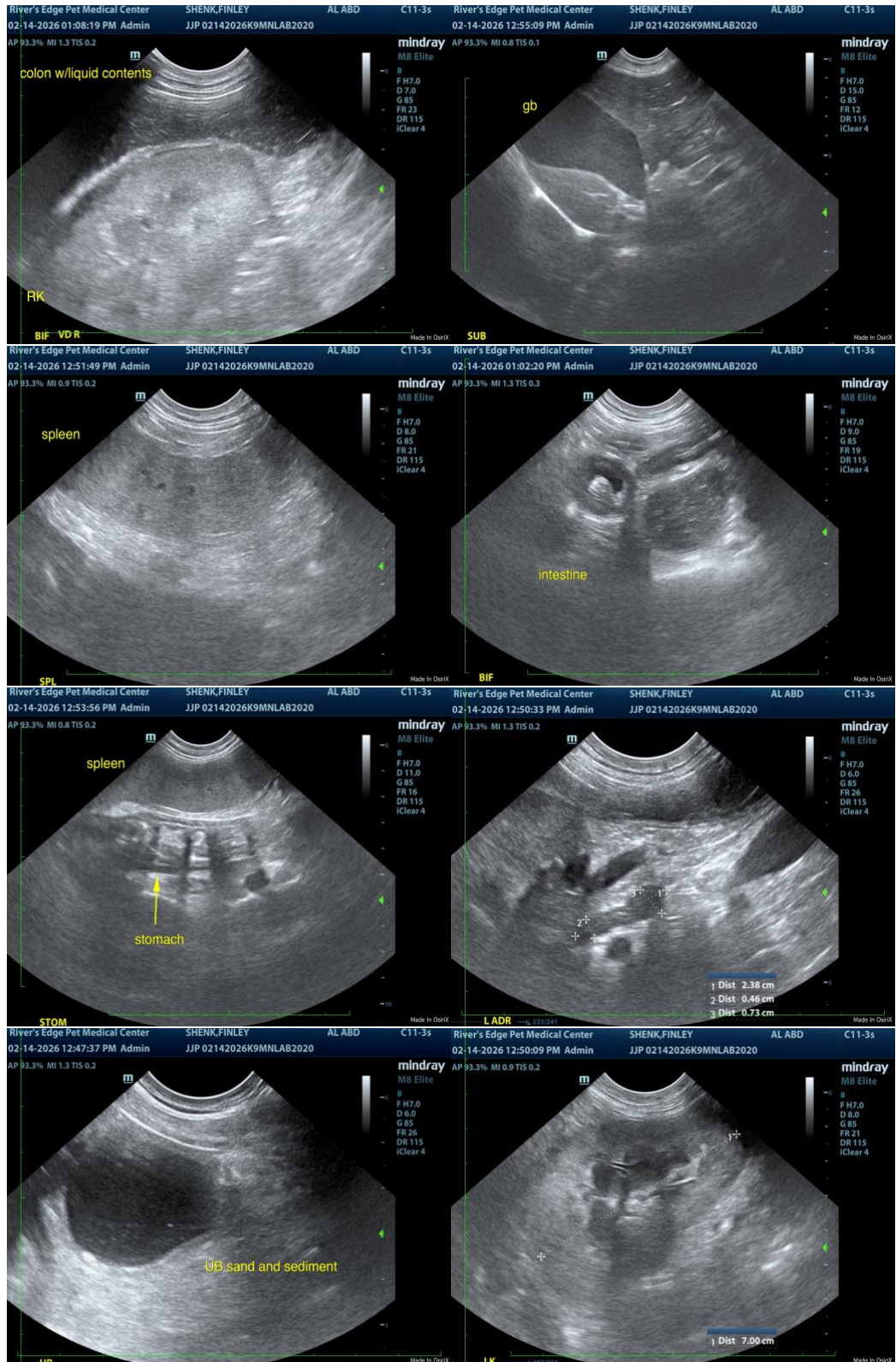
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com