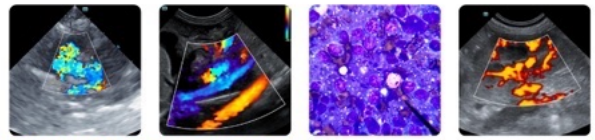


PATIENT	PRESENTING CLINICAL SIGNS
Kiba Smith	<ul style="list-style-type: none"> • Patient is a 6yr 9mo MN Mixed breed presented for continued vomiting after cerenia was given. O states that P still hasn't eat for the last 24hours but will still take sips of water. All of yeaterday O states that after P would vomit he would still run around and be active. It wasn't until last night and this morning that after P would vomit he was lethargic. P is not know to get into anything that he isn't supposed to. • CBC/CHEM: WNL Radiograph: - Gastric distension with fluid may be secondary to functional ileus (e.g. gastritis or pancreatitis), however a proximal duodenal mechanical obstruction is not excluded. Abdominal ultrasound may be helpful for further evaluation given persistent clinical signs despite supportive care. cPLI: normal
SPECIES	
Canine	
BREED	
Mix	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered male	Urinary System
AGE	The urinary bladder , trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. A small amount of suspended, hyperechoic debris was noted. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.
6 years	
WEIGHT	The kidneys revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>5.6 cm</u> and the right kidney was <u>5.4 cm</u> in length.
35 lbs	
INTERPRETED BY	Adrenal Glands
Kim Radway, DVM, DABVP (Canine/ Feline)	Both adrenal glands were not imaged in this ultrasound study. The regions of the left and right adrenal glands were not provided.
IMAGING PERFORMED BY	Spleen
Dr. Jernea Bustria	The spleen presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.
HOSPITAL NAME	Liver
Craig Road AH	The liver revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There was a moderate amount of hyperechoic suspended debris within the lumen of the gallbladder.
REFERRING VET	
Dr. Bustria	
INVOICE	
71106	
DATE	
1/29/26	



PATIENT

Kiba Smith

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

6 years

WEIGHT

35 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Jernea Bustria

HOSPITAL NAME

Craig Road AH

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Gastrointestinal

The **stomach** presented with several images showing a moderate to large amount of fluid within the lumen of the stomach. There were no discrete foreign bodies noted in these images within the lumen of the stomach. The wall layering was considered normal in the images provided. However, the entire stomach was not imaged. The pylorus was not specifically identified. The proximal duodenum was also not specifically identified in these images. The small intestinal tract was found to have several locations with hyperechoic shadowing material within the lumen of the stomach. There was also increased volume of fluid noted within the intestinal tract which would be considered if the patient has been fasted more than 12 hours prior to the study. However, a discrete, definitive foreign body was not identified. The mesenteric lymph nodes were normal in size. There was no evidence of free abdominal effusion.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Increased fluid within the lumen of the stomach.

Multiple, hyperechoic shadowing contents within the lumen of the small intestine.

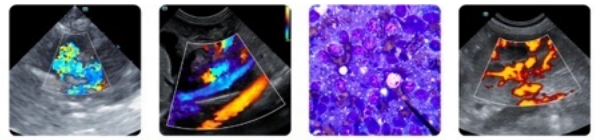
Mild increase in the anechoic fluid within the small intestinal tract.

Hyperechoic gallbladder debris.

Small amount of hyperechoic urinary debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have an increased volume of fluid within the stomach as well as increased fluid throughout portions of the small intestinal tract. If this patient was fasted for at least 12 hours prior to this ultrasound study then there is a concern that there is delayed gastric emptying and possible partial mechanical obstructive pattern. A discrete foreign body was not identified in the images provided. However, there were several hyperechoic, slightly shadowing luminal contents which could represent luminal gas or ill-defined foreign body material. Options depending on this patient's clinical status would include pursuing an exploratory surgery to completely rule out the presence of foreign body material within the gastric or intestinal lumens causing a partial, mechanical obstruction. If this patient does not clinically support being mechanically obstructed, then a barium study could be considered in order to better determine if there is an obstructive pattern. Some patients will clinically improve with barium if the foreign body material is then able to pass. It is also important to ensure that this patient is well hydrated with fluids and given supportive care.



PATIENT

Kiba Smith

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

6 years

WEIGHT

35 lbs

INTERPRETED BY

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DABVP (Canine/
Feline)

**IMAGING
PERFORMED BY**

Dr. Jernea Bustria

HOSPITAL NAME

Craig Road AH

REFERRING VET

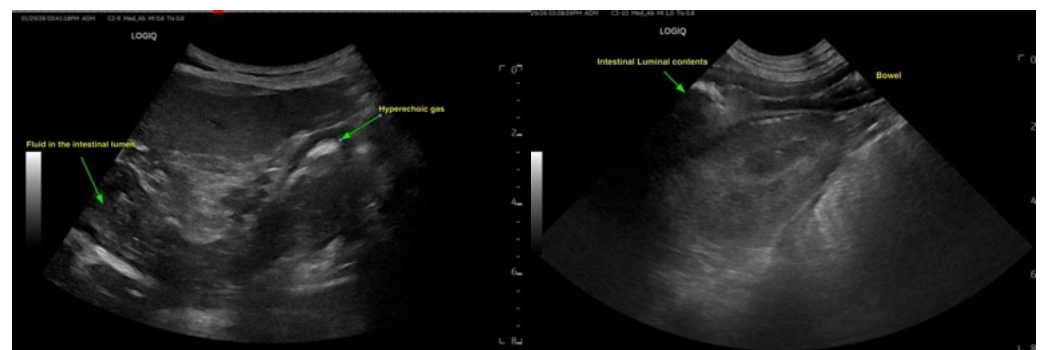
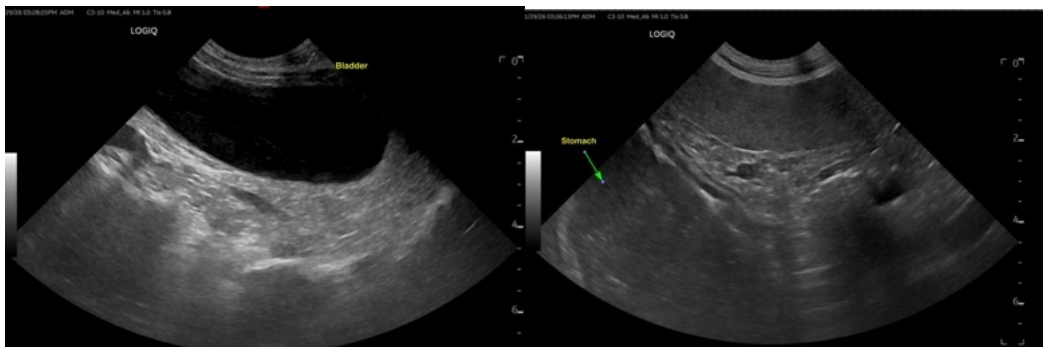
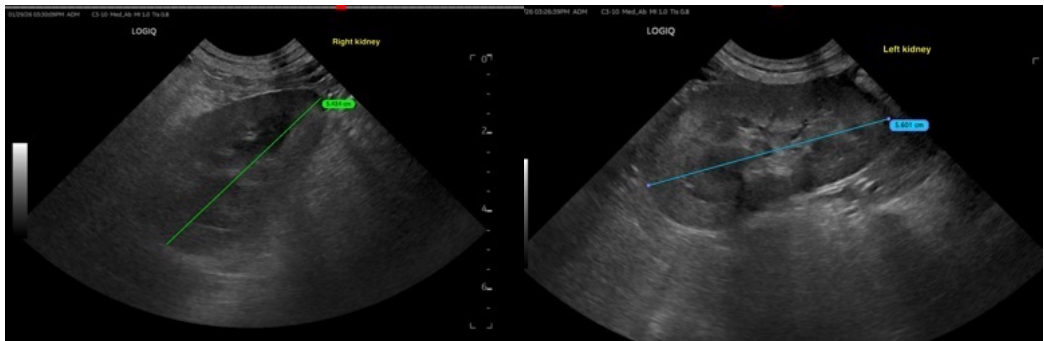
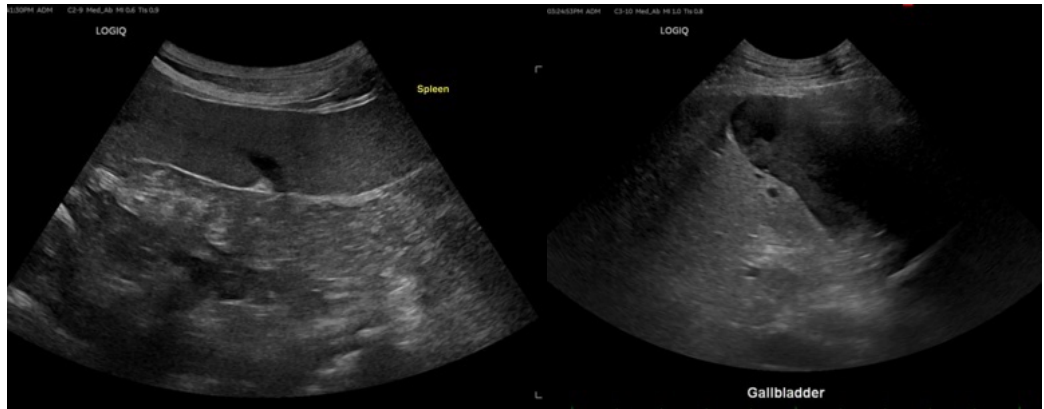
Dr. Bustria

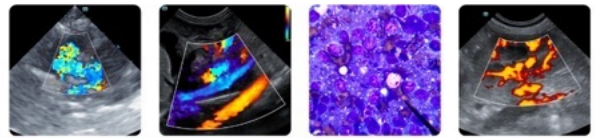
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PATIENT

Kiba Smith

SPECIES

Canine

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Neutered male

AGE

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INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

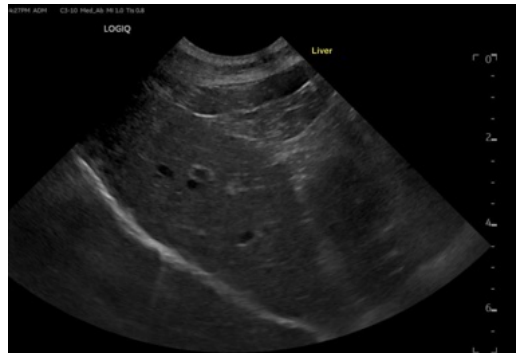
Dr. Bustria

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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com