



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Casey Harper	<ul style="list-style-type: none"><li>Friday morning didn't eat; Friday evening ate but threw up; Didn't eat at all yesterday or today. Did eat an egg this morning. Gagging noise. Unsure of diarrhea. Some bloody stool on back of legs when coming in this morning. Unsure if drinking or not. Hospitalized on IV fluids, Cefazolin and Cerenia.</li><li>Calcium 8.7, tp 4.7, glob 1.9, CBC WNL</li></ul>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Tree Walker Coonhound	
<b>SEX</b>	
Spayed female	
<b>AGE</b>	
3 years	
<b>WEIGHT</b>	
54 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Kim Radway, DVM, DABVP (Canine/ Feline)	<b>Urinary System</b> <p>The <b>urinary bladder</b>, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.</p> <p>The <b>kidneys</b> 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 of 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>5.75 cm</u> and the right kidney was <u>6.1 cm</u> in length.</p>
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b> <p>Both <b>adrenal glands</b> were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>2.0 cm by 0.66 cm by 0.64 cm</u> and the right adrenal gland was <u>1.33 cm by 0.54 cm by 0.65 cm</u> in size.</p>
Brandon	<b>Spleen</b> <p>The <b>spleen</b> 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.</p>
<b>HOSPITAL NAME</b>	<b>Liver</b> <p>The <b>liver</b> 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. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.</p>
Dillsburg VC	
<b>REFERRING VET</b>	
Dr. Pryor	
<b>INVOICE</b>	
71134	
<b>DATE</b>	
2/2/26	



## PATIENT

Casey Harper

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Coonhound

## SEX

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## *Gastrointestinal*

There was a moderate amount of anechoic fluid in the lumen of the **stomach**. There were no discrete foreign bodies or mass noted within the stomach lumen or stomach wall. Evaluation of the intestinal tract revealed a small to moderate amount of hyperechoic gas within the lumen. There were no discrete foreign bodies and no masses present. There was no evidence of dramatic dilation of the small intestinal lumen. The abdomen was free of pathological fluid. There was a mildly enlarged, sublumbar lymph node noted in one image measuring 1.44 x 1.0 cm in size.

## *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

- Moderate amount of anechoic fluid within the lumen of the stomach.
- Small amount of hyperechoic, gradually shadowing gas within the lumen of the small intestinal tract.
- Mildly enlarged sublumbar lymph node.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have an increased volume of fluid within the lumen of the stomach, but without any evidence of discrete, foreign bodies or obstructive pattern present in the images provided. There were also no discrete masses or free abdominal effusion. It is felt that this is likely representing underlying gastroenteritis and should be treated symptomatically with appropriate fluid replacement, Cerenia, bland diet and daily probiotics.

If this patient continues to have abnormal clinical signs of anorexia, vomiting and blood stool, then a recheck abdominal ultrasound to ensure that there is not a foreign body obstructive pattern should be considered. A barium study may also give additional information to rule out an outflow tract obstruction.

In 3-4 weeks, if this patient does make a good recovery with acute symptomatic therapy a recheck abdominal ultrasound can be considered to ensure that the mildly enlarged sublumbar lymph node is reactive and not progressive in nature.



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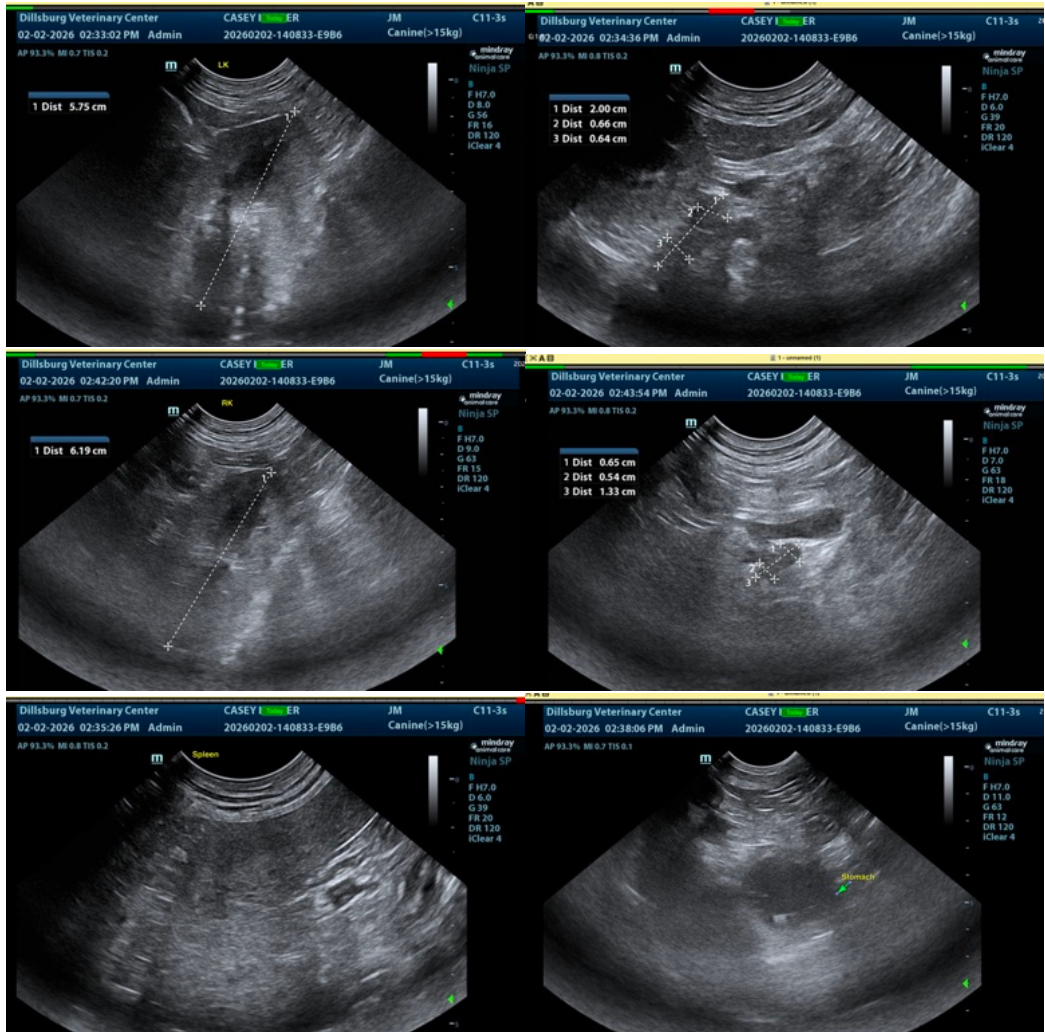
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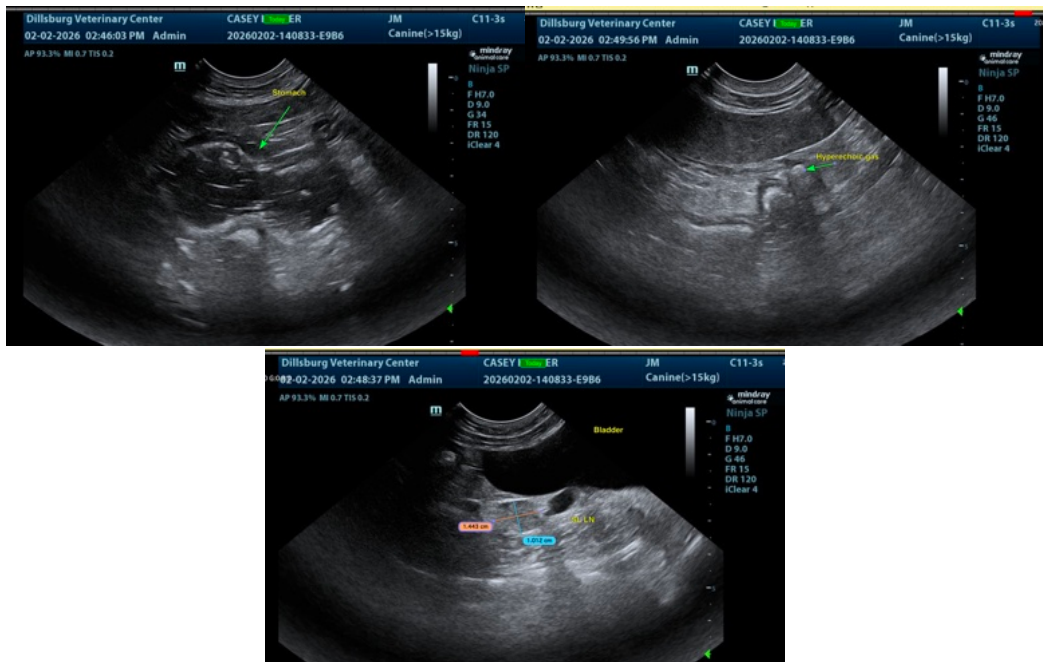
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Feline)

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)

## IMAGING PERFORMED BY

Brandon

[info@SonoPath.com](mailto:info@SonoPath.com)

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