



PATIENT

Tucker Rauch

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

6

WEIGHT

83

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

71609

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Pet's signalment: Tucker, 6-year-old, male intact, Labrador Retriever History: The owner reports that Tucker has been experiencing vomiting and diarrhea for approximately one week. The signs began after he was given a piece of lamb meat. He was inappetent for two days, then began eating again, which was followed by profuse, "frosty" consistency diarrhea throughout the house. He has had several episodes of vomiting, including yellow liquid and undigested food. Last night, he vomited white foam after drinking water, and later vomited a significant amount of blood. He continues to have diarrhea, and a sample was brought in. The owner notes his gums appear pale. The owner also witnessed him chewing on a paper towel recently. He has a history of being fearful of men, stemming from suspected abuse before he was adopted at 12 weeks of age. There is no prior history of chronic gastrointestinal issues. Diet: Regular diet not specified; was given lamb as a treat. HW/ flea + tick preventative: Wears a flea and tick collar. Current Medications/ supplements: None Any vaccine or medication reactions: None reported. What is the main concern of coming in today: Vomiting blood, diarrhea, and lethargy for approximately one week.

Abnormal PE/Chem/CBC/UA Results: Assessment: Problem List//Differentials - Vomiting (hematemesis) - Diarrhea (hematochezia noted on exam of stool sample) - Inappetence - **Dehydration** - **pink with slighty tacky gums* - **Elevated Amylase and Lipase** - **Hemoconcentration** Bloodwork is attached to files Urinalysis is attached to files. Manual review of the sediment was done and did not see any signs of bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large, hyperechoic and mildly mottled, measuring 4.2 cm x 3.75 cm in the sagittal view.

The left kidney has a normal shape and size (6.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.61 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.59 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.72 cm at the cranial pole and 0.82 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal



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vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

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The spleen is subjectively normal in size (1.98 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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The stomach contains mild fluid. It measures at a normal thickness of 0.58 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. The pyloric region contains a small amount of fluid and significant surrounding reactive mesentery.

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Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is hyperechoic in the cranial abdomen around the stomach and pylorus.

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ULTRASONOGRAPHIC FINDINGS

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- Large, hyperechoic, mildly mottled prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Prominent, mottled left limb of the pancreas – Findings are most consistent with mild pancreatitis.



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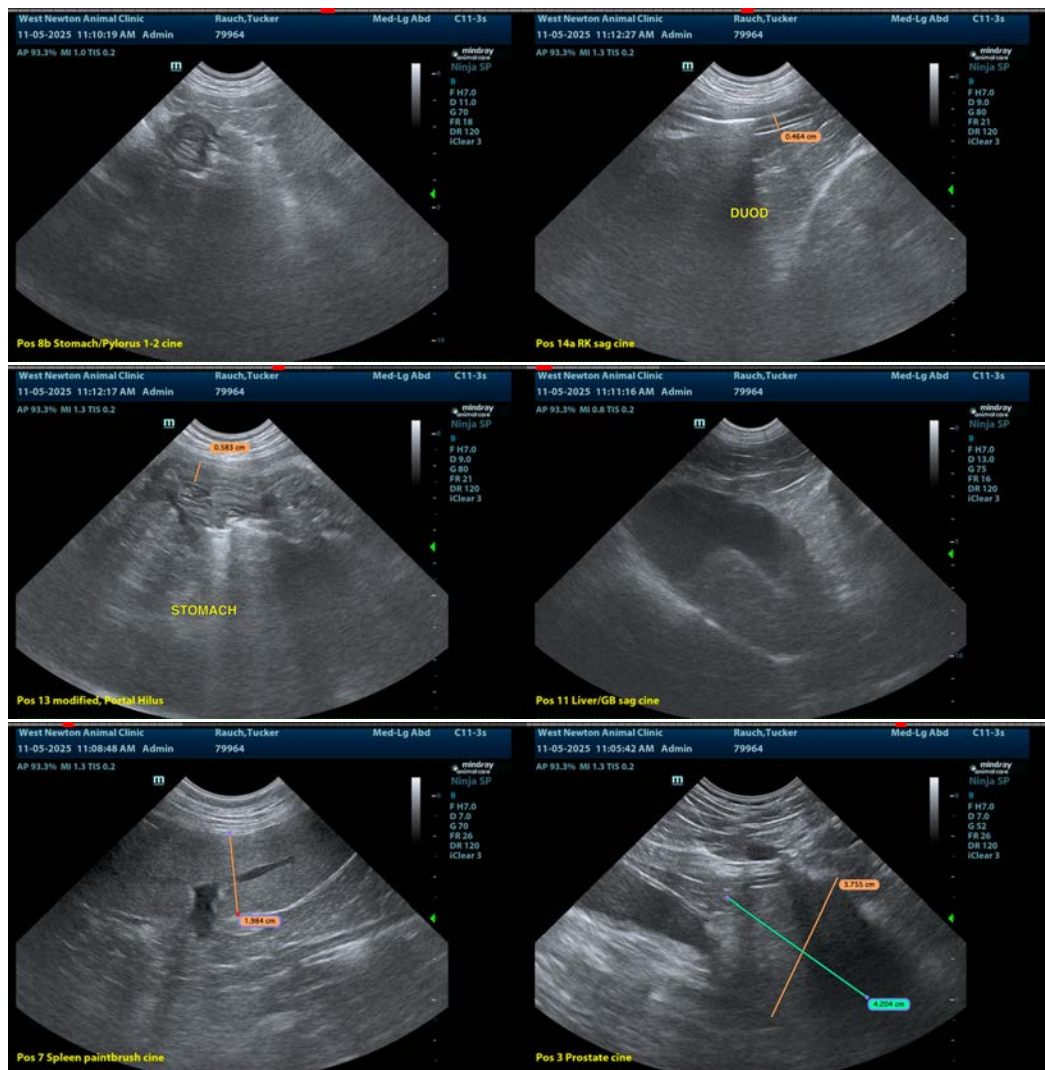
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- Mildly fluid distended stomach and pylorus with surrounding reactive mesentery – findings are most consistent with gastritis. No definitive foreign material is visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach has mild fluid distention, and the pylorus is mildly fluid distended with surrounding inflammation. These changes are most consistent with significant gastritis +/- mild pancreatitis. No definitive obstructive material is visualized, although this cannot be definitively ruled out. Recommend aggressive (ideally in hospital) treatment for acute gastroenterocolitis/pancreatitis and close continued monitoring. If the patient is not improving as would be expected, recommend repeat imaging (radiographs +/- ultrasound), looking for the development of an obstructive pattern or similar.

The prostate is large and hyperechoic as would be expected in an intact male. Correlate with urinalysis +/- culture results, looking for any evidence of concurrent prostatitis.





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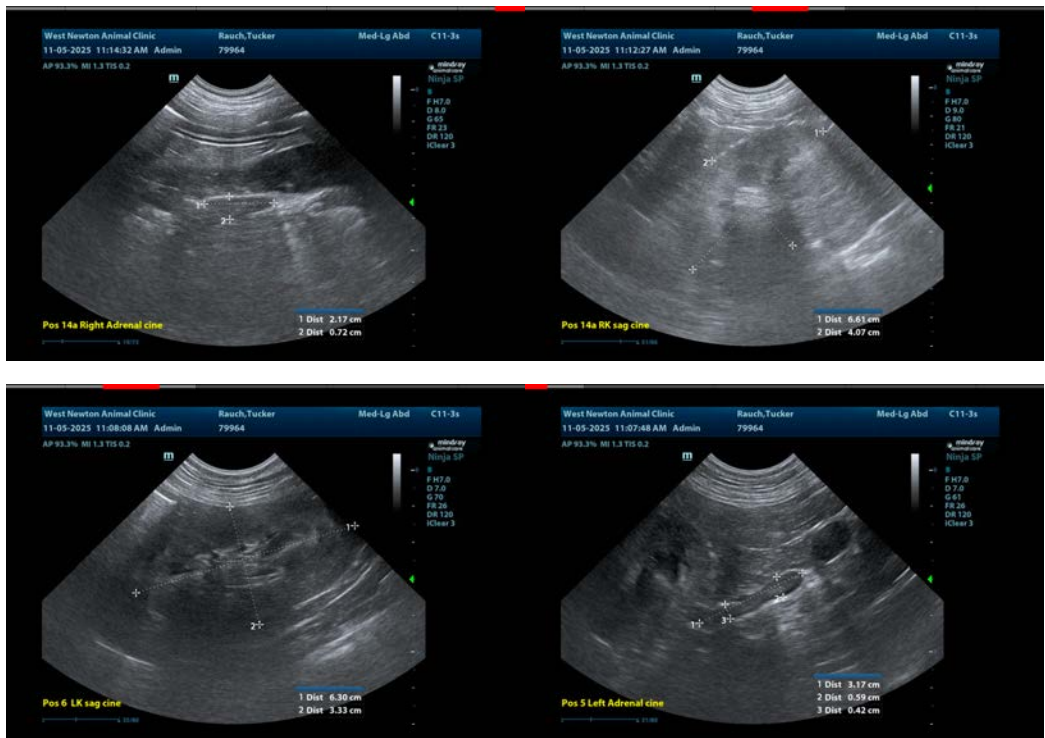
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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