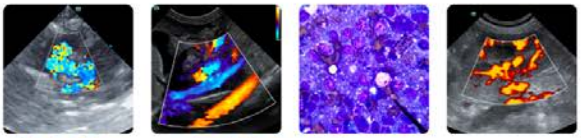

PATIENT

Cassie Robineh

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 Years 8 Months

WEIGHT

60 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Kyle-Cabell

INVOICE

72136

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Straining to defecate, possible FB. Hx of wooden skewer removed sx last year. Lab work and rad report unremarkable.

Abnormal PE/Chem/CBC/UA Results: Wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The kidneys measured 5.9 cm each.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.52 cm at the caudal pole. Right measured 0.60 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate non-shadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction to pyloric outflow, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental mild intestinal gas to the level of the colon.

Borderline to mildly thickened descending colon wall. The generalized colon was non-distended, containing segmental gas and semi-formed to soft fecal matter in the descending colon and into the colorectum. Descending colon wall measured 0.33 cm.

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

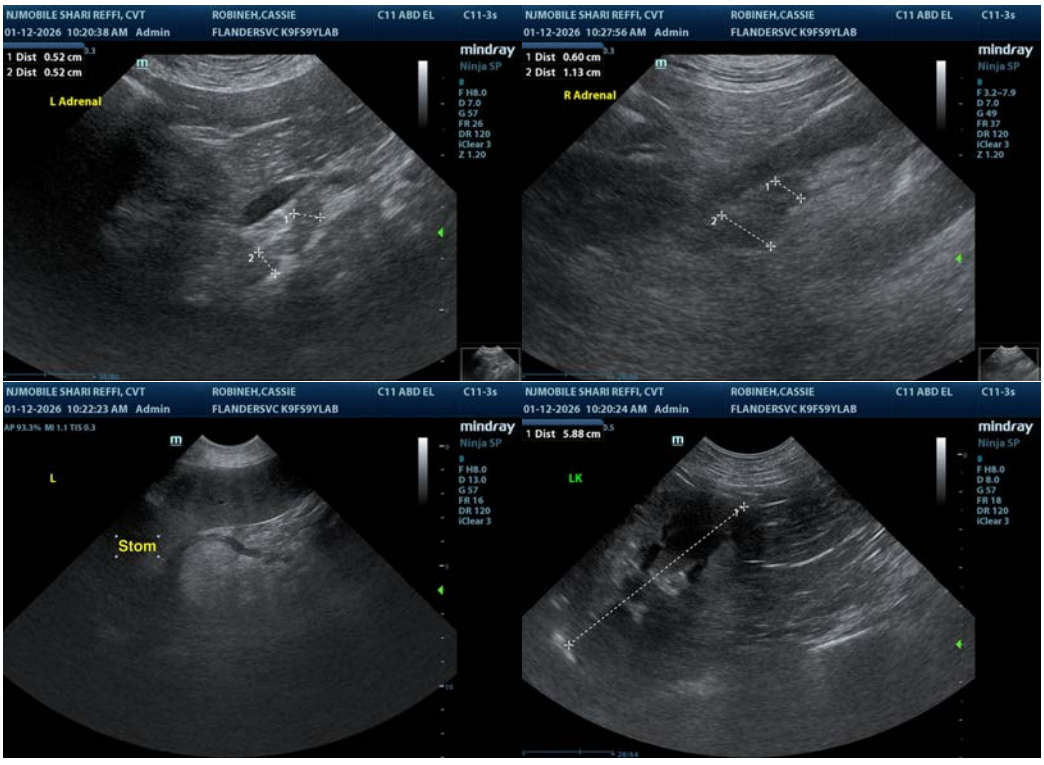
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild descending colitis pattern with semi-formed to soft fecal matter.
- Overall sonographically normal gastrointestinal tract with mild non-shadowing gastric ingesta and segmental intestinal gas.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or definitive gastroenterocolic foreign body. Correlation with rectal palpation is recommended. Gastrointestinal support, if gastrointestinal signs are present, as well as monitoring of fecal output is suggested. Recheck sonogram if clinically indicated or if progressive clinical signs.



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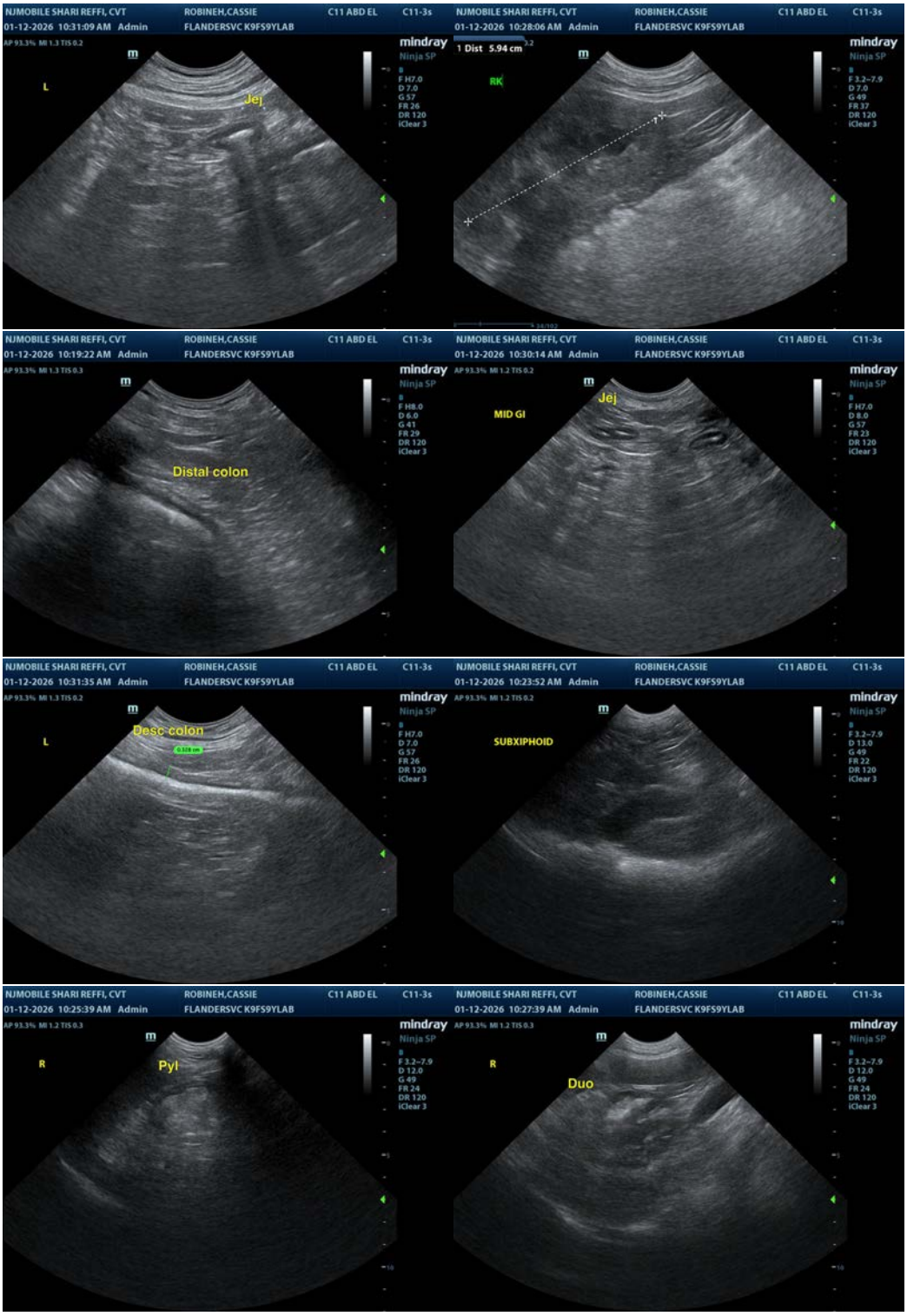
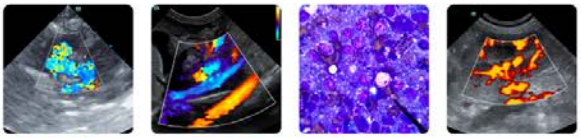


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com