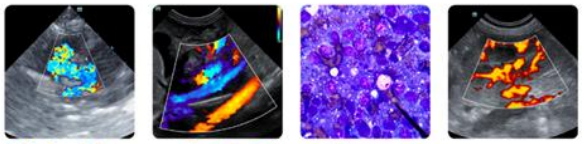


PATIENT
Baxter Weiner

SPECIES
Canine

BREED
Toy Poodle

SEX
MN

AGE
1yr

WEIGHT
8.5lb

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

IMAGING PERFORMED BY
Dr Sookhoo

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET
Dr Turkell

INVOICE
23636

DATE
01/20/2026

PRESENTING CLINICAL SIGNS

- Baxter Weiner presents for suspected abdominal pain.
- Patient History:
  - Acute onset of pain when picked up - vocalized loudly
  - Unable to sit down, walking in circles for hours
  - Possible jumping injury (attempts to jump on kitchen counter but cannot reach)
  - Vomiting 2 days ago, none since
  - Bowel movements present but none noted today
  - Decreased appetite, ate scrambled eggs when offered

Abnormal PE/Chem/CBC/UA Results: abdomen tense on palpation 3 abdominal radiographic views sent to Idexx. CONCLUSIONS: 1. The described gastric contents may represent normal ingesta, foreign material, or a combination thereof. The mineral content within the stomach and colon may be due to a high mineral content diet or dietary indiscretion. There is no evidence of a pyloric outflow obstruction or small intestinal mechanical obstruction. Other potential causes for the reported clinical signs include gastroenteritis secondary to dietary indiscretion, infectious gastroenteritis, pancreatitis, or other non-GI illness. 2. Normal thorax - Acute abdominal pain - r/o foreign body ingestion, gastrointestinal obstruction, pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

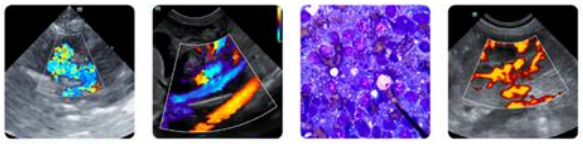
The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no overt pathology. The left adrenal gland subjectively measured 0.32 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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. Normal vascular volume. 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 mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of overt significant lymphadenopathy, peritoneal effusion or intra-abdominal trauma was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically normal abdomen.
- Gastrointestinal ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as a definitive cause of potential abdominal pain. Correlation with a musculoskeletal and neurological examination as well as most recent meal ingestion is recommended. As needed gastrointestinal support recommended.

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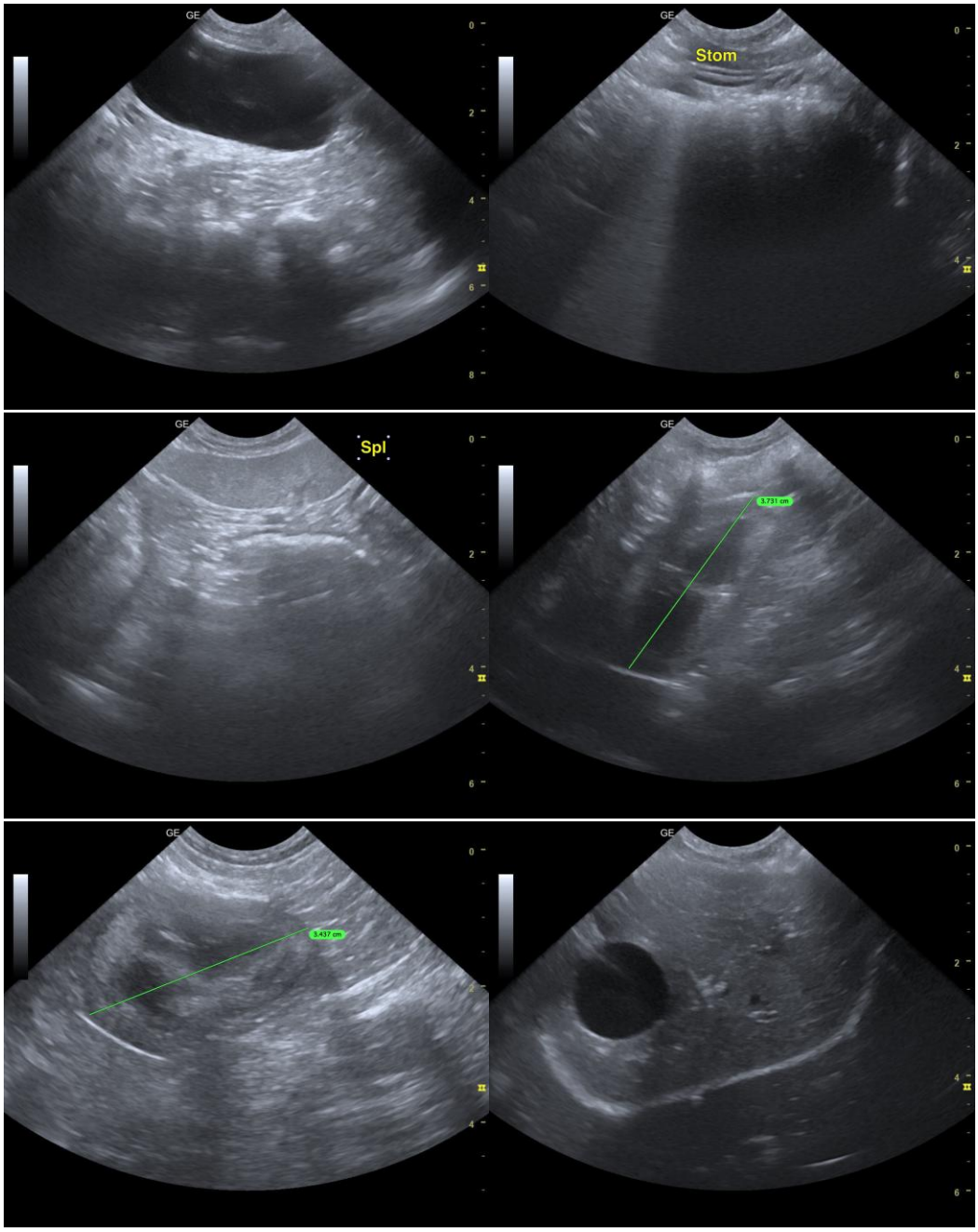

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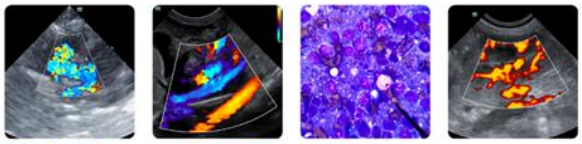

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Educational Teleconsultation Services™

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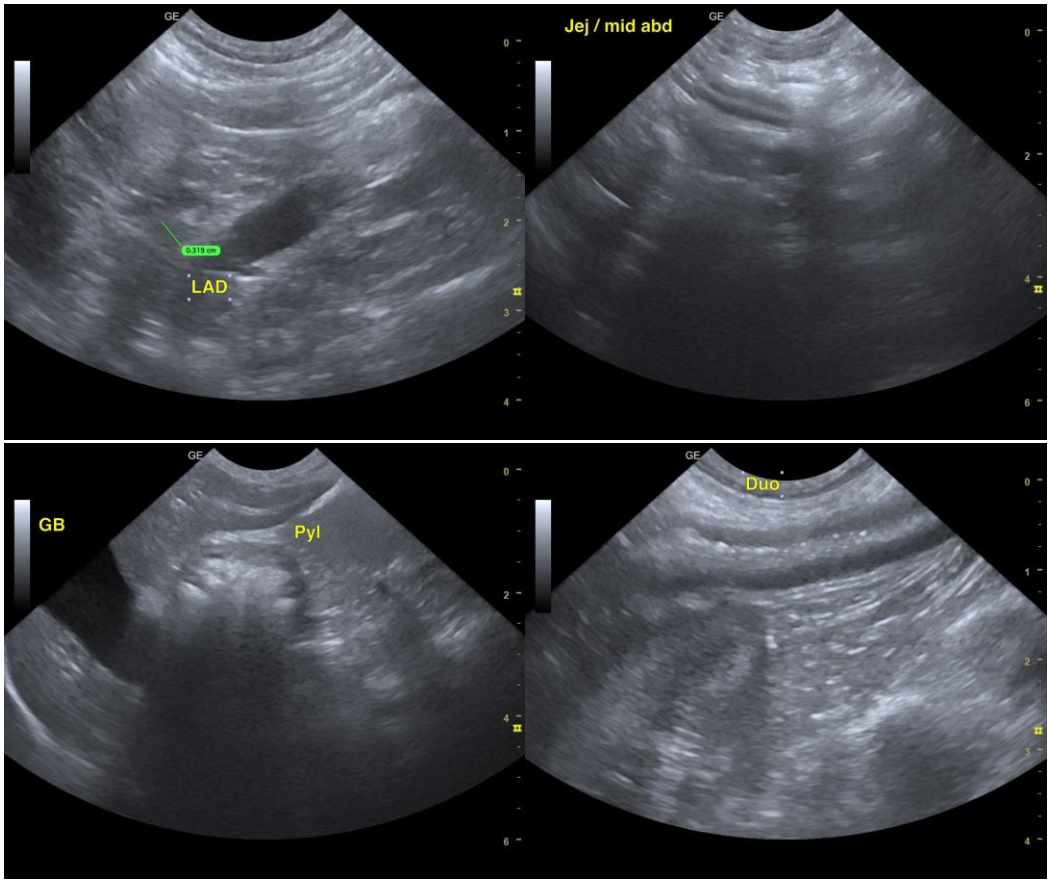

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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