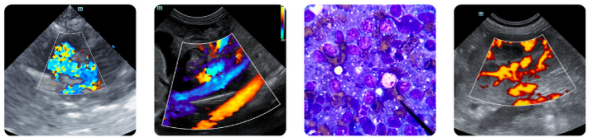


PATIENT

Mollie Bowes

SPECIES

Canine

BREED

Toy Poodle

SEX

Female Spayed

AGE

12 y

WEIGHT

3.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

13096

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: Patient presented for vomiting 5+ times since 10pm tonight. P ate dinner of chicken and rice. She vomited it up later and has been drinking a lot of water (and then vomiting it up). She has been NAR for the past couple days, and O has been giving chicken and rice as P hasn't had an appetite. Tonight, she had soft stool, O describes it as black in color. P had passed some on her potty pad and stepped in it and it appeared black on her feet.

Abnormal PE/Chem/CBC/UA Results: Rads: Mild diffuse fluid and gas distention of the small intestine may be indicative of a functional ileus and could be secondary to enteritis or other causes. There is no evidence of segmental dilation to indicate a mechanical obstruction. No definitive foreign body is seen. The appearance of the colon is consistent with diarrhea. Otherwise, unremarkable abdomen. Unremarkable thorax. No esophageal dilation or esophageal foreign material. A definitive cause for the clinical signs is undetermined. With no evidence of mechanical obstruction, the signs may be secondary to nonspecific gastroenteritis or pancreatitis. Symptomatic/supportive therapy is warranted. If the patient does not respond to medical management, repeat abdominal radiographs or abdominal ultrasound could be considered.

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

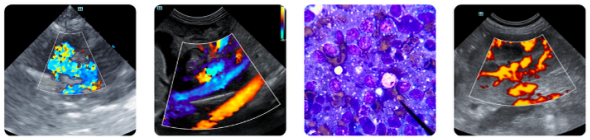
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm width at the caudal pole.

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 with normal vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture



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and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, non-dependent, congealed, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing, echogenic, non-shadowing ingesta with mild lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon was non-distended containing generalized soft fecal matter. Possible non-obstructive, non-shadowing, hypoechoic descending colon lumen echo was noted measuring ~ 1.0 cm in diameter.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable, primarily empty gastrointetsinal tract with mild, non-shadowing ingesta
- Soft to non-formed fecal matter in colon with possible non-obstructive descending colon lumen echo
- Normal area of pancreas
- Age-related renal changes
- Non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visualized gastrointesy8nal mural pathology, i.e. mass or evidence of gastrointestinal foreign material with a small, non-obstructive past foreign body in the colon not definitively excluded. Monitoring of fecal output is recommended. Gastrointetsinal support with empirical therapy for nonspecific gastroenteritis including gastro protectants given reported melena and clinical monitoring is recommended. Sonographic reassessment indicated if non-responsive or continued gastrointetsinal signs or evidence of melena. Although considered unlikely given normal adrenal presentation, screening cortisol level to rule out occult Addison's disease is suggested.

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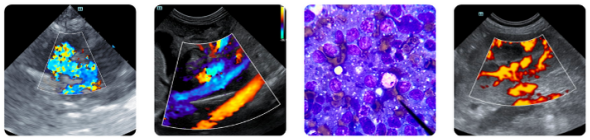

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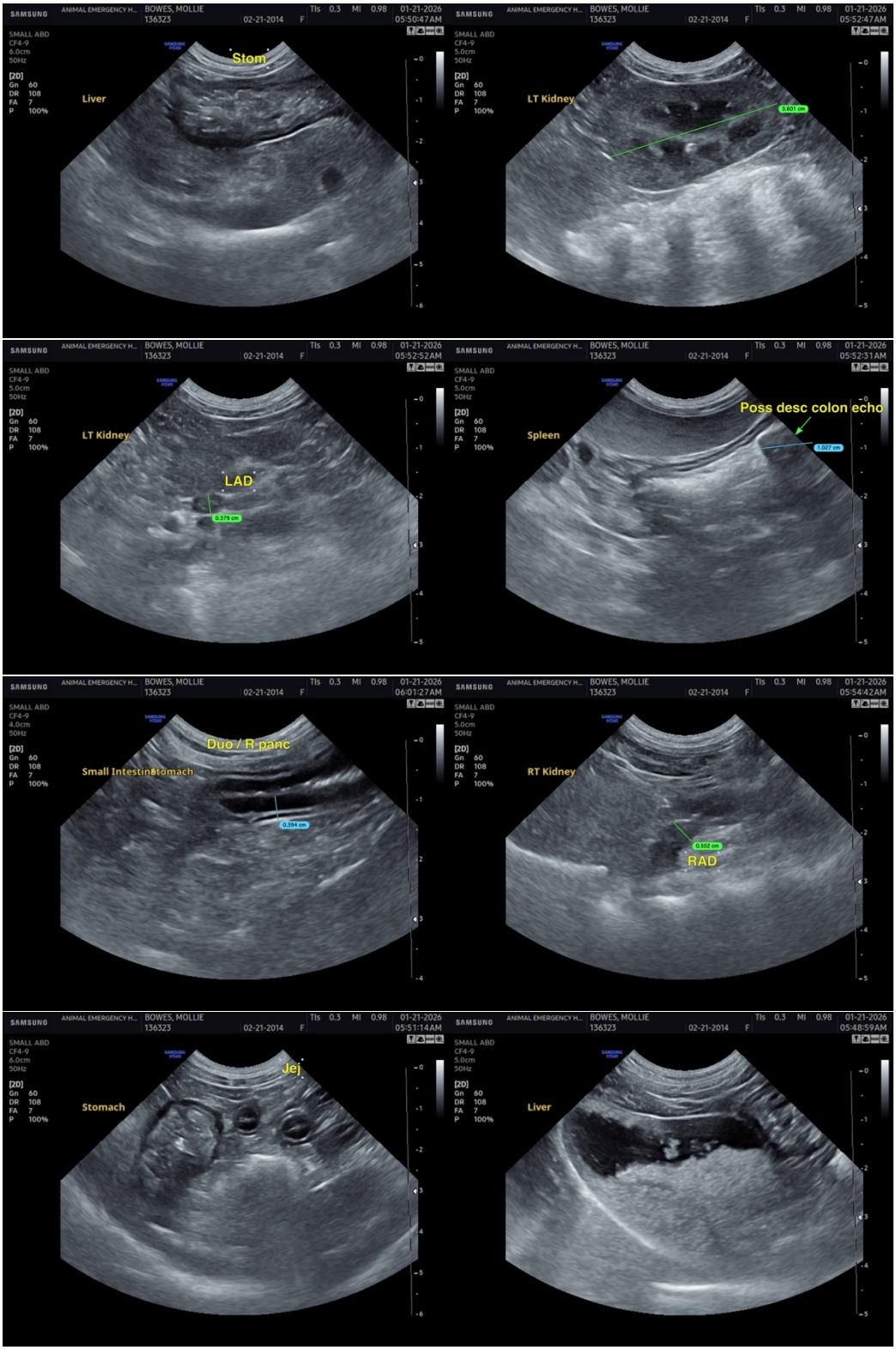

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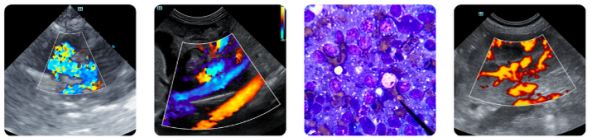

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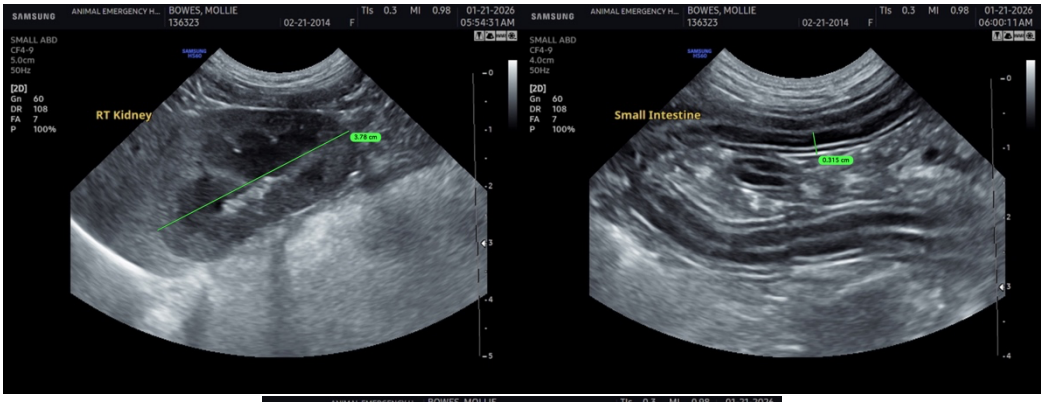

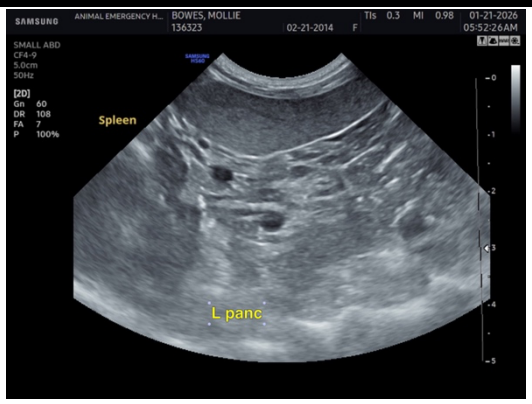

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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