



## PATIENT

Shadow Puppet Castro

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male Neutered

## AGE

8y

## WEIGHT

77

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Byron Cabrera

## HOSPITAL NAME

All Creatures Great  
and Small Denville

## REFERRING VET

Silas Ashmore

## INVOICE

13123

## DATE

1/24/26

## PRESENTING CLINICAL SIGNS

History:

- Vomiting, not eating, not holding down anything on his stomach, ate bedding.

Abnormal PE/Chem/CBC/UA Results: N/A

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.4 cm in length. The right kidney measured 7.8 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology in the area of the adrenals.

### 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 stomach was non-distended and primarily empty with mild lumen gas and possible mild retained non-shadowing ingesta



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The visualized segments of the small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without mechanical/metabolic ileus.

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

### **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**

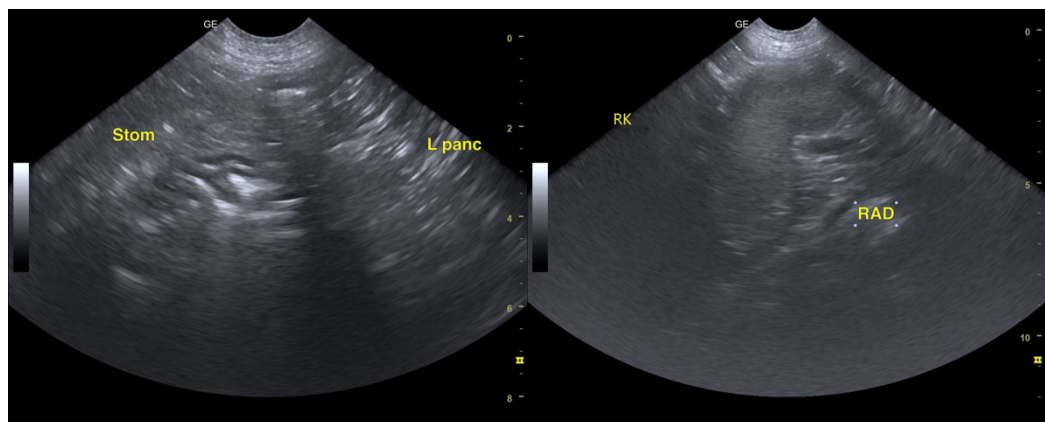
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Overall, empty gastrointestinal tract with mild gastric gas and possible retained non-shadowing ingesta
- Non-visualized bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of current gastrointestinal mechanical obstructive pattern or definitive foreign material. Technically, a small amount of non-shadowing or fluid absorbing gastric foreign material or possible past foreign material in the colon not definitively excluded. However, without current obstructive pattern, no indication for immediate surgical intervention. Gastrointestinal support over the next 24 hours which may include IV fluids and gastro protectants with clinical monitoring is recommended. Screening cortisol level suggested to assess for or rule out occult Addison's disease. Sonographic reassessment sooner if non-responsive or progressive gastrointestinal signs. If not done, 3-view chest radiographs to rule out thoracic or esophageal pathology may be considered.





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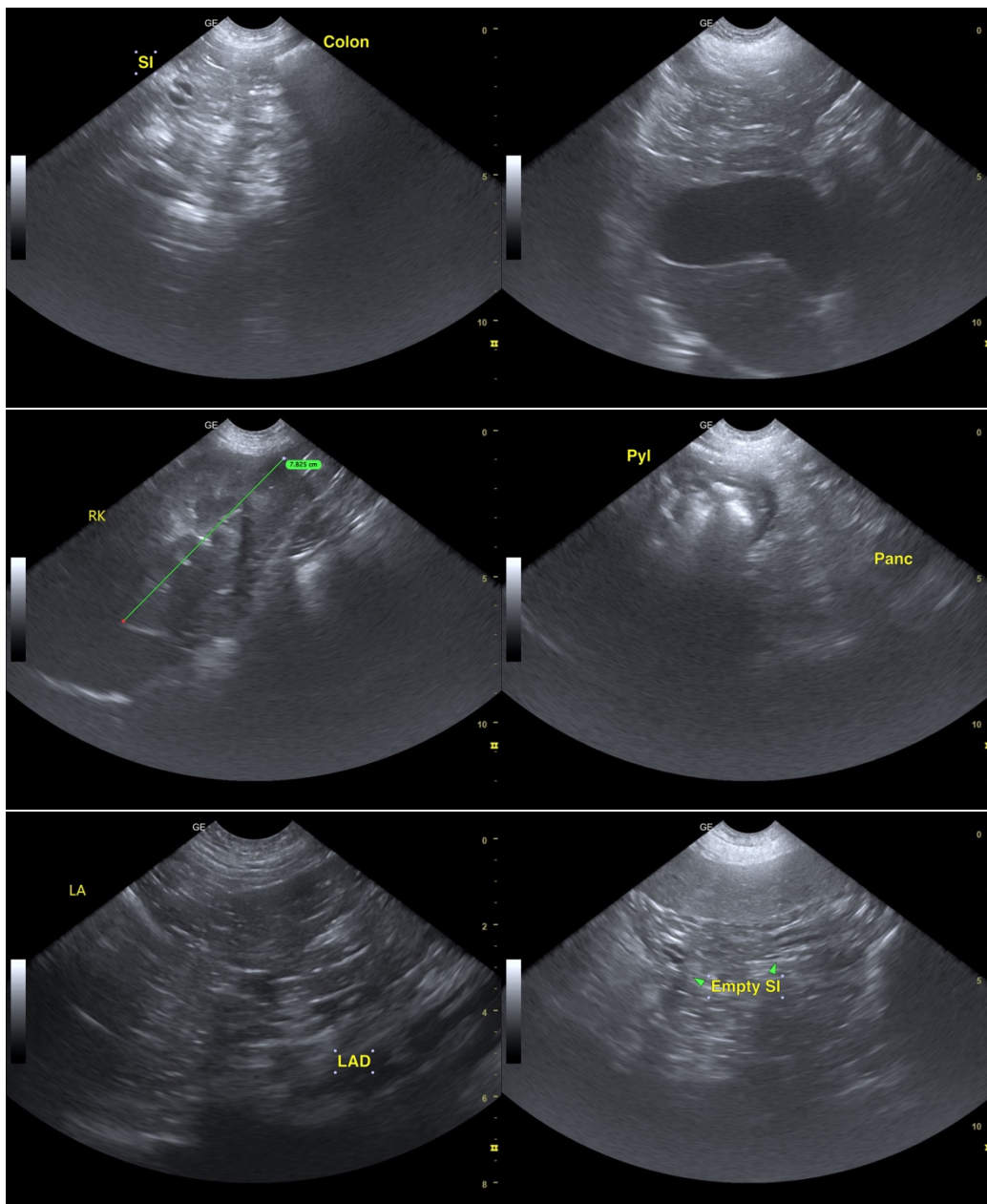
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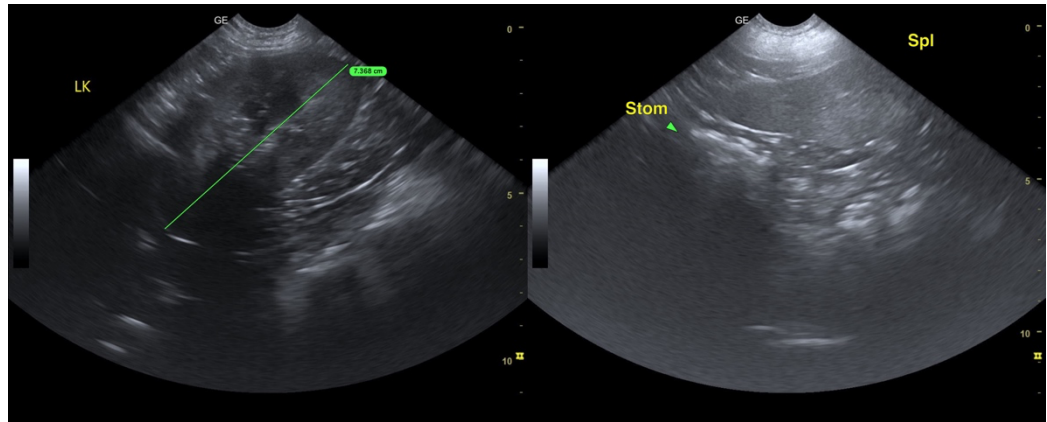
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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