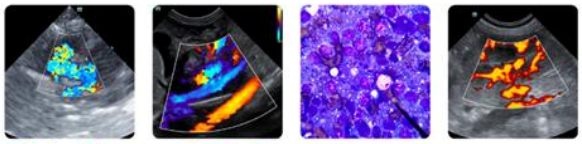


PATIENT

Roxy Ulestad

SPECIES

Canine

BREED

Pit Bull

SEX

FS

AGE

6yr

WEIGHT

83lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr Anne Todd

INVOICE
23691

DATE
01/27/2026

PRESENTING CLINICAL SIGNS

- Pt normally VERY AWC in clinic, was manageable today, lethargic.
- Vomiting undigested food. Unwilling to eat today
- Current Medications: None
- Abnormal PE/Chem/CBC/UA Results: -polycythemia (dehydration) -Hypophosphatemia -Elevated ALT -Hypercholesterolemia -Hypokalemia -Normal panc lipase Rads attached

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 6.0 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

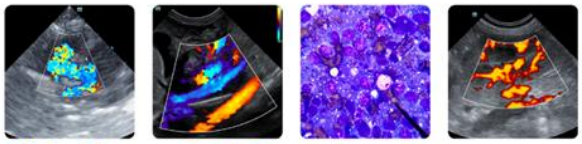
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/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 significantly distended with retained anechoic to echogenic fluid and variably shadowing hyperechoic ingesta, including an irregular strongly shadowing structure measuring ~ 5 cm



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in diameter. Evidence of shadowing content at the level of the indistinctly visualized pyloric outflow suspected. Concurrent linear like hyperechoic mildly shadowing lumen echoes present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty intestinal lumen with subjective mild non-obstructive upper to mid duodenal ileus.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Significant distended stomach with retained fluid and hyperechoic to shadowing ingesta, including focal area of strongly shadowing irregular content and linear like hyperechoic echoes.
- Overall normal empty small intestine with mild upper to mid duodenal ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric content is strongly suggestive of nonspecific foreign material and hypoechoic linear echoes, which may suggest grass echogenicity or similar. The degree of gastric distention is highly suggestive of mechanical pyloric outflow obstruction with significant gastric metabolic or functional ileus thought less likely.

Exploratory laparotomy with gastrotomy for gastric evacuation, gross inspection of the pyloric outflow and upper small intestine is recommended once patient is stable for anesthesia.

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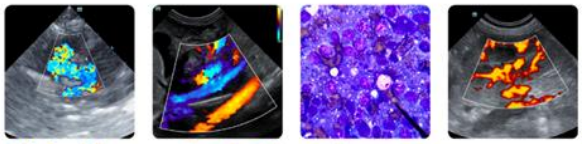

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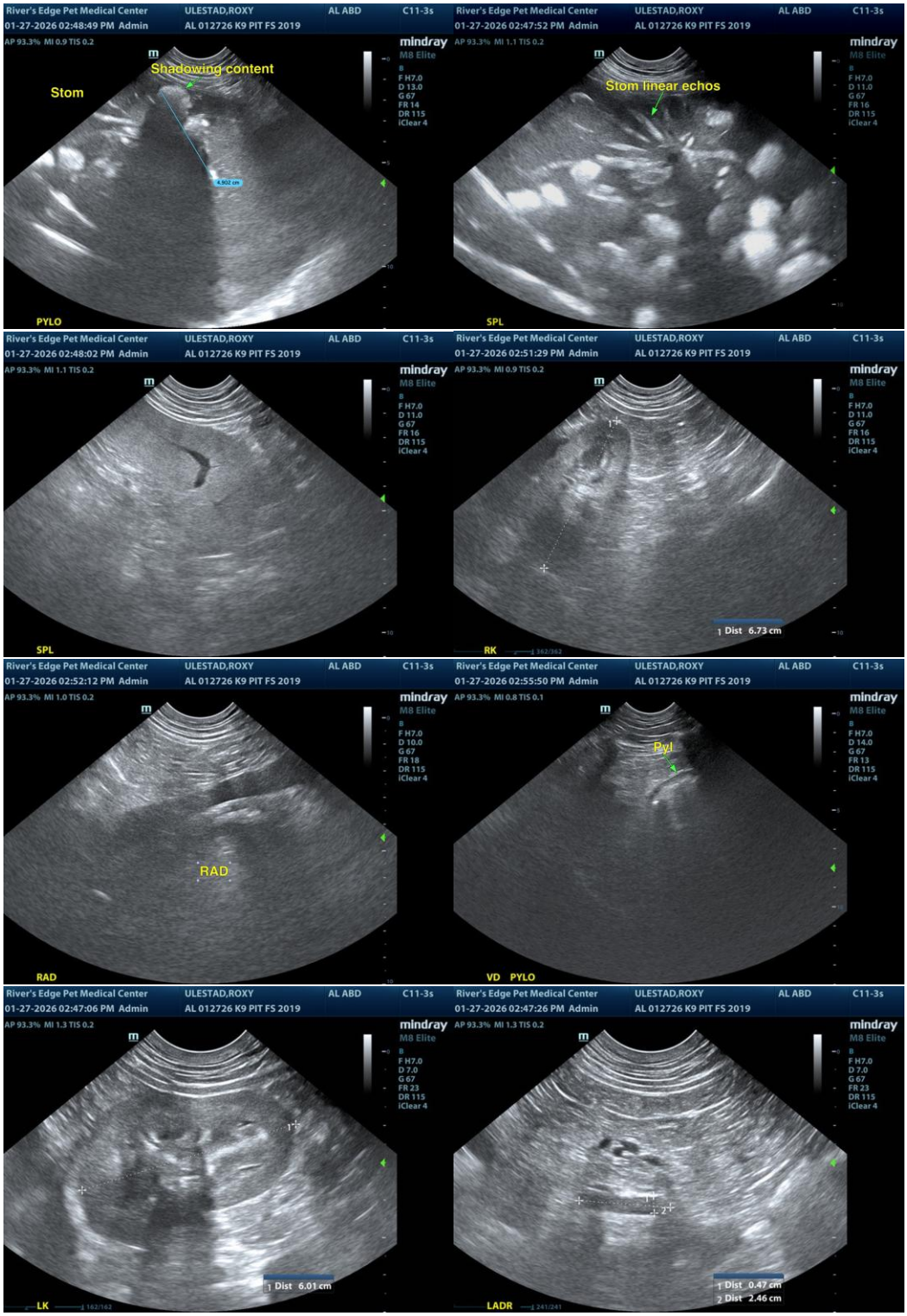

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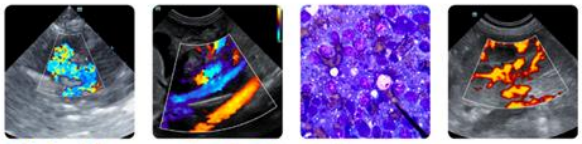

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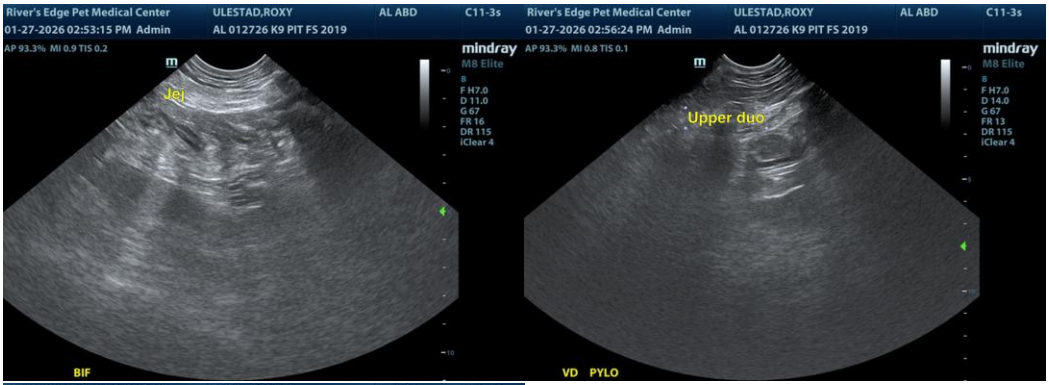

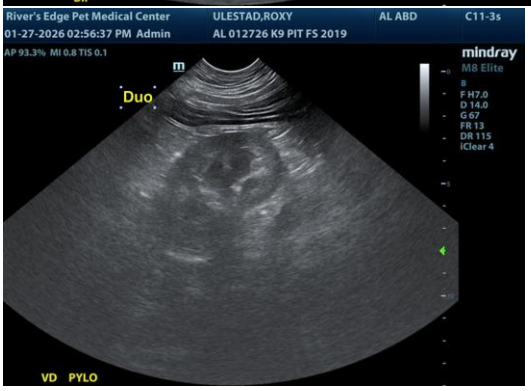

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com