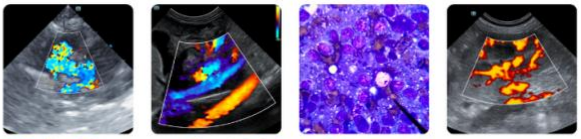


PATIENT

Odin Brannigan

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

71.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

13426

DATE

01/28/26

PRESENTING CLINICAL SIGNS

- Had exam/vaccines 1/23, was vomiting for a few days after

Abnormal PE/Chem/CBC/UA Results: CBC wnl CHEM wnl Pancreatic lipase wnl

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and 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 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 6.9 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized and overtly normal in size, position and shape. The left adrenal gland measured 0.66 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen presented normal in size with primarily symmetrical contour and mild heterogeneous parenchyma. A solitary visualized small yet mildly expansive nonhomogenous caudal medial splenic mass was present measuring 3.7 cm in diameter. A concurrent separate noncapsule deforming hyperechoic lateral splenic nodule was also present measuring 1.1 cm in diameter.

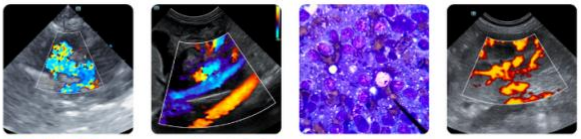
Liver & Gallbladder

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. 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 mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of anechoic fluid.



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The small intestine presented overall intact wall layering and maintained wall layer ratio. Concurrent mild to moderate duodenal ileus extending caudally into the jejunum. The jejunum exhibited empty segments without evidence of jejunal ileus. Mid to cranial abdomen segmental undifferentiated intestine containing suspicious shadowing content. Minor regional mid abdomen peri-intestinal hyperechoic omentum.

The visualized descending colon at the level of the urinary bladder was overtly normal in size and contained semi formed fecal matter.

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 visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile gastritis.
- Retained duodenal fluid with concurrent empty jejunal segments, suspicious shadowing intestinal content in the mid to cranial abdomen.
- Nonspecific splenic mass and concurrent splenic nodule.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic or functional gastroduodenal ileus secondary to non-specific gastroduodenitis is possible. Upper gastrointestinal obstructive criteria, however, is met given concurrent empty jejunal segments. This may potentially indicate indistinctly visualized intestinal foreign material in the mid to cranial abdomen, although differentiation between small versus large intestine was difficult. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

The concurrent hyperechoic splenic nodule is likely suggestive a benign criteria i.e. myelolipoma. Hospitalization with 24-hour gastrointestinal support including IV fluids to promote gastrointestinal motility, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract with concurrent correlation with current clinical signs would be reasonable. Laparotomy is indicated if persistent or progressive upper gastrointestinal ileus or directly if continued current gastrointestinal signs with diagnostic and prophylactic splenectomy.

Three view chest radiographs are suggested prior to surgical considerations.

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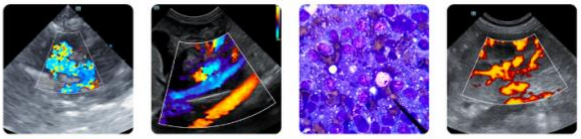

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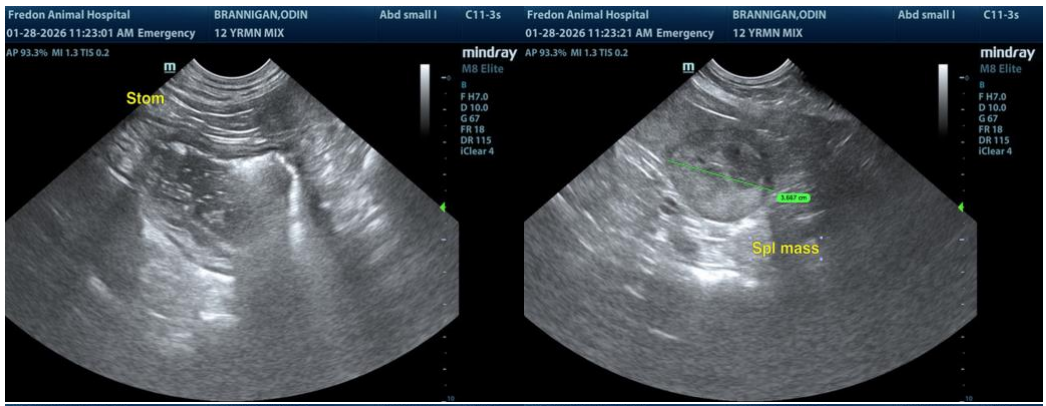

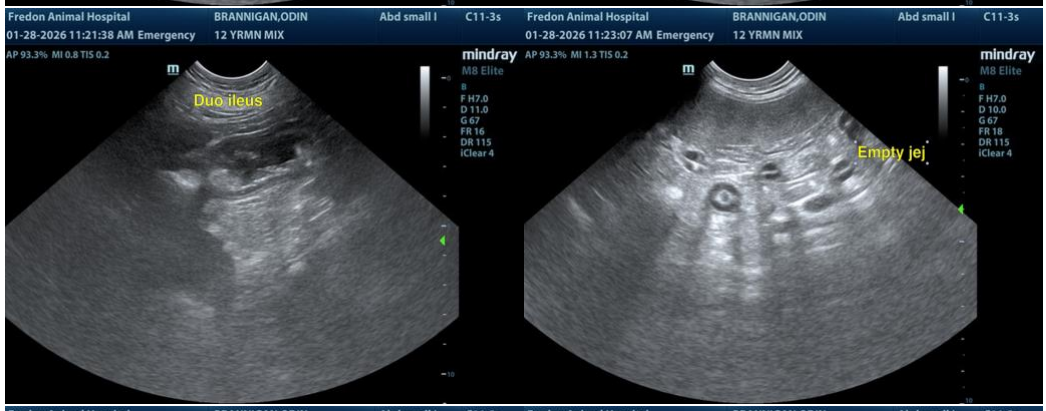

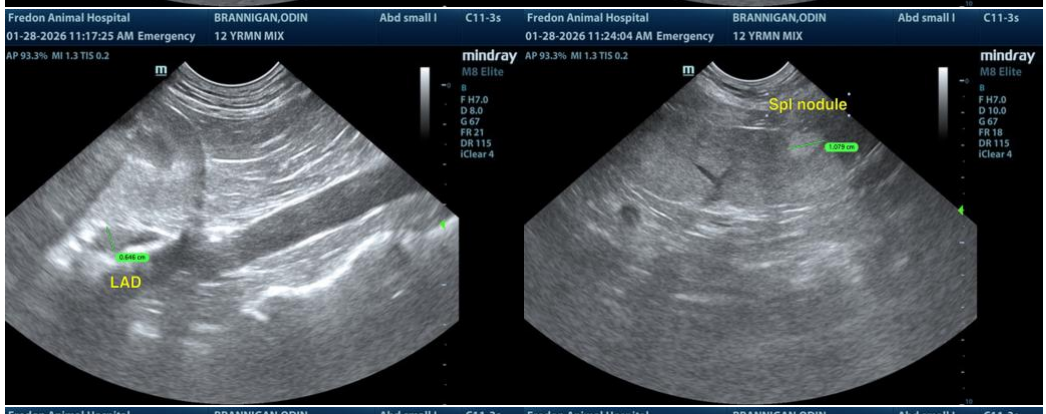

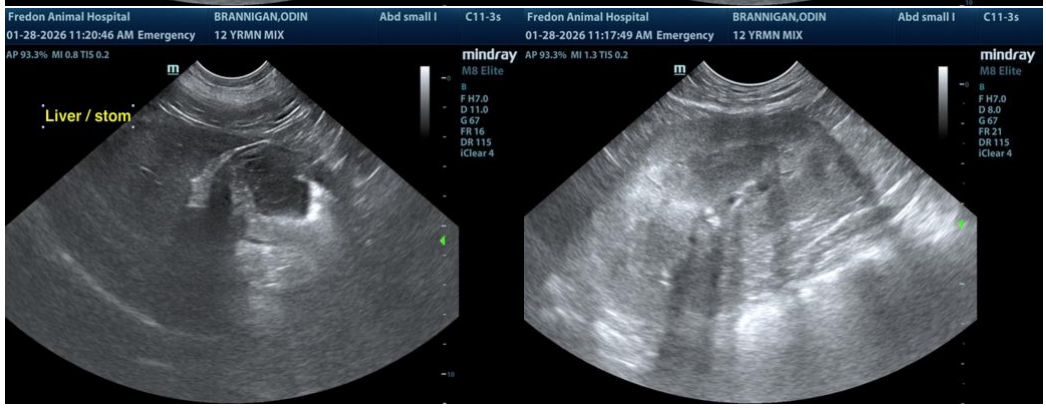

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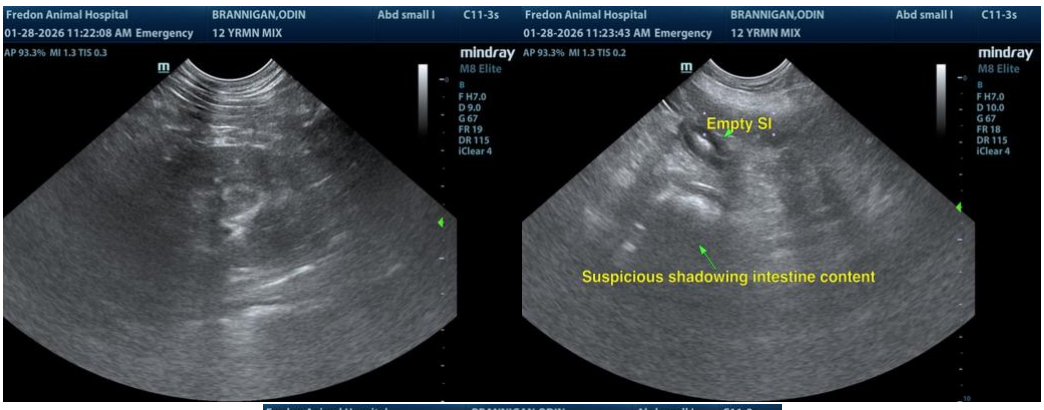

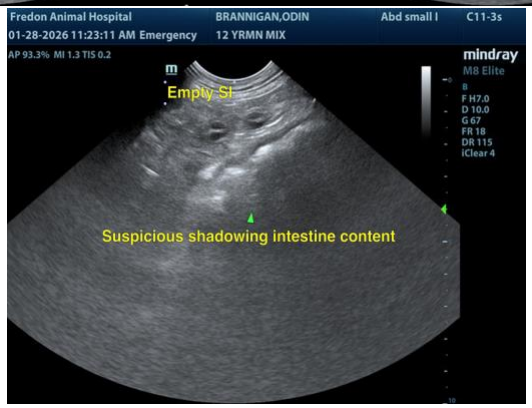

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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