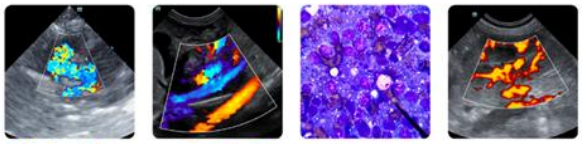


PATIENT

Sadie Jones

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

11yr

WEIGHT

42lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock Animal Hospital

REFERRING VET

Tracy Eure

INVOICE
23695

DATE
01/28/2026

PRESENTING CLINICAL SIGNS

- vomiting & inappetence x 48hr
- Abnormal PE/Chem/CBC/UA Results: loose stool chem/cbc attached = nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 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. Minor right kidney pyelectasia was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.0 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 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

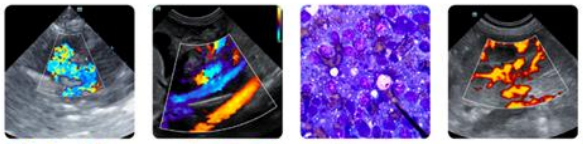
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/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 mild gravity dependent non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Moderate ingesta was present exhibiting mild near field hyperechogenicity with strong distal acoustic shadowing appearing



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to extend into the area of the pyloric outflow. Definitive obstructive pyloric mural pathology was not visualized.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi formed to soft feces in lumen with mild 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate strongly shadowing gastric ingesta
- Sonographically normal empty small intestine
- Normal area of pancreas

Secondary

- Mild age-related renal changes with mild right kidney pyelectasia
- Mild non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported vomiting and inappetence for the last two days, the presence of strongly shadowing gastric ingesta is highly suggestive of gastric foreign material, although metabolic gastric stasis and retained dense ingesta is not definitively excluded. No evidence of small intestinal shadowing content or obstructive pattern.

Hospitalization with documented 12-hour fast, gastrointestinal support including IV fluids which may help promote gastric motility and sonographic monitoring for evidence of gastric emptying or persistent shadowing content is recommended. If non-responsive or persistent gastrointestinal signs and shadowing gastric content, exploratory laparotomy with gastric evacuation would be indicated.

Three view chest radiographs and screening cortisol level to rule out occult disease as a contributing factor or prior to surgical considerations is recommended.

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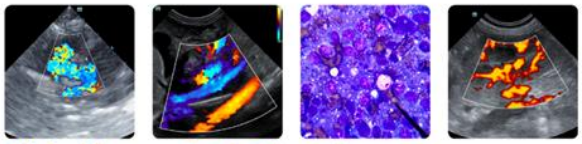

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Educational Teleconsultation Services™

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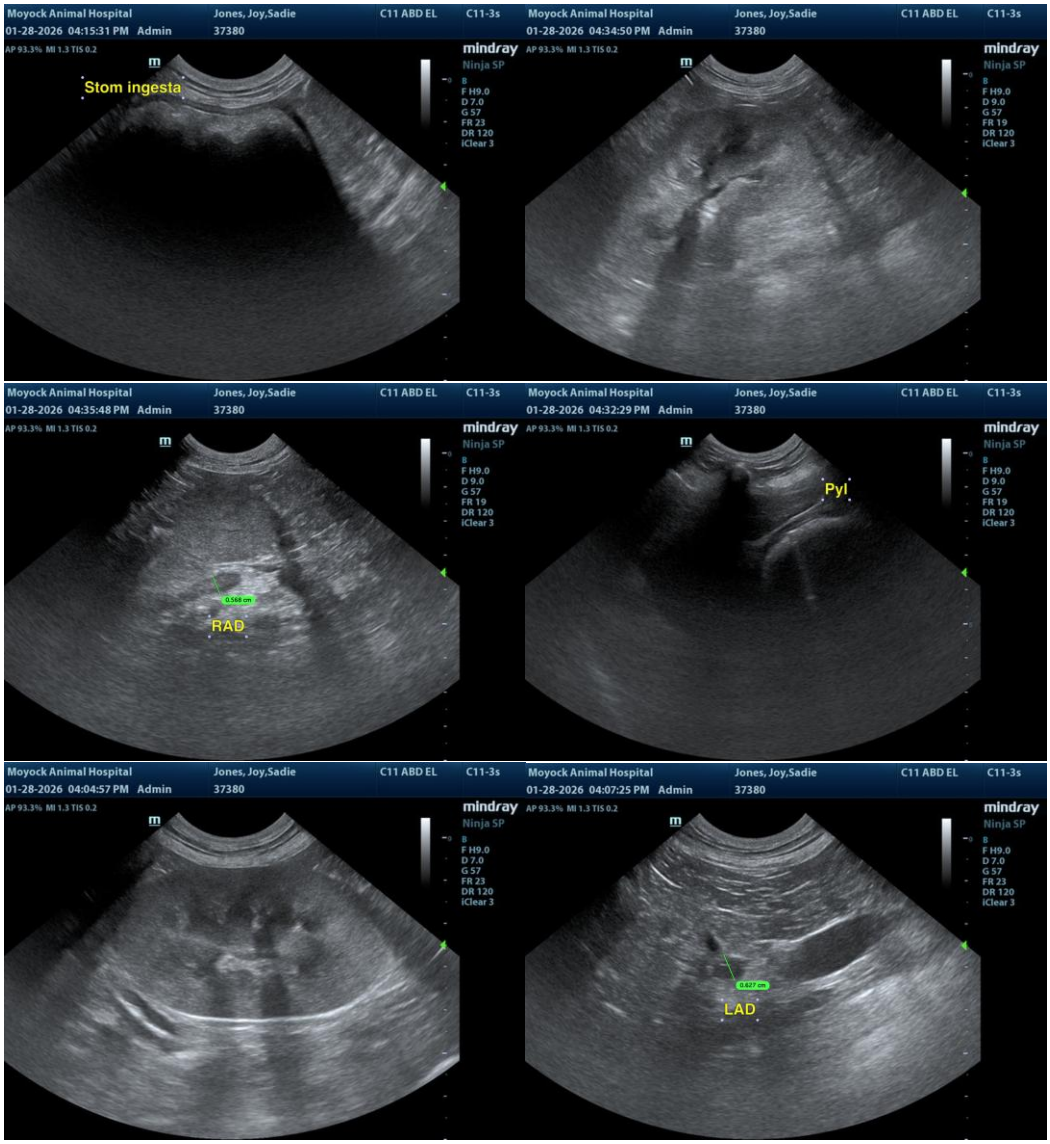

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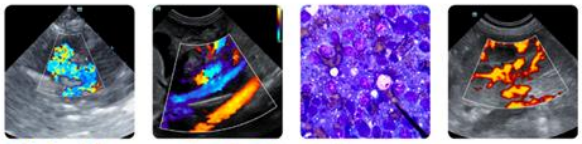

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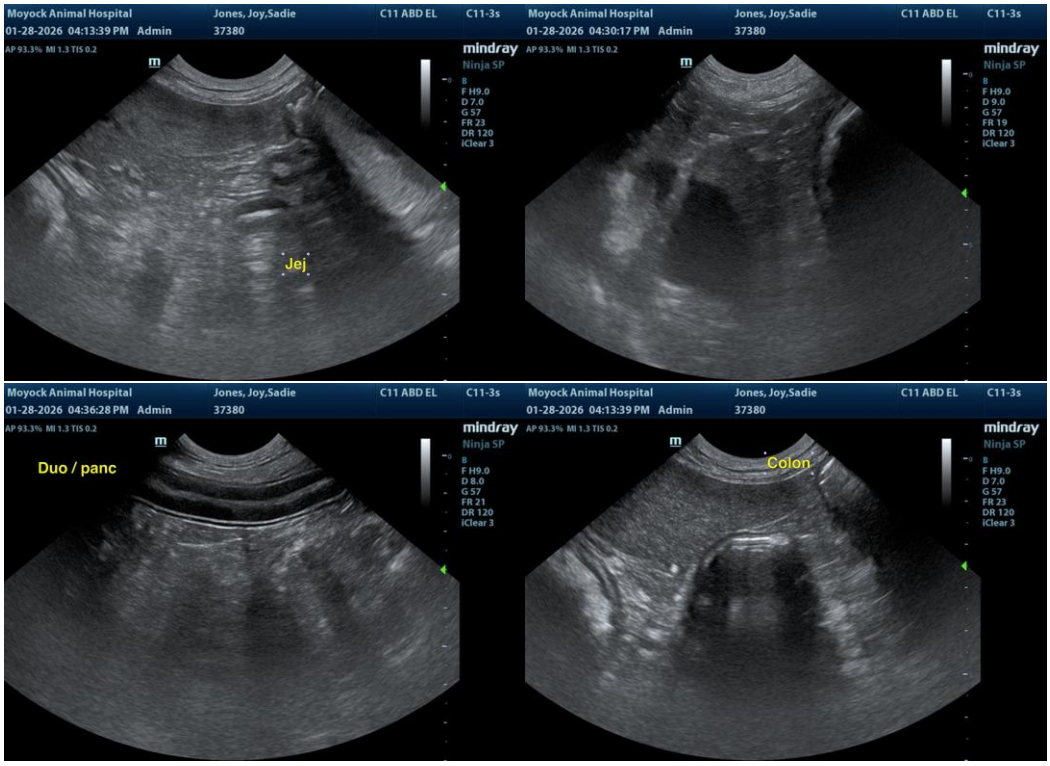

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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