



PATIENT

Gunner Harvey

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

8yr

WEIGHT

39.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emer Center

REFERRING VET

Lisa Miller

INVOICE
23424

DATE
01/05/2026

PRESENTING CLINICAL SIGNS

*presented 1/4 for vomiting, diarrhea, lethargic, and anorexia. Started vomiting at 7:30 this morning. has vomited 4 times; all mucous, bile, clear fluid. diarrhea one time today. has been stretching, abdominal discomfort. increased panting at home. wanting to drink more water today. owner has been offering a few ounces at a time. possible on wed or thursday of last week that he could have ate a few mini oreo's that grandchild dropped. owner also cleaned with lysol on Friday and concerned that he licked lysol off of his paws. anorexia today. owner notes weight loss, 4/2025 weighed about 95 pounds. weight 1/4 is 39.2 kg (86.2 pounds). Admitted for iv fluids, cerenia, unasyn, buprenorphine. *concern for gastroenteritis, pancreatitis, gi FB, other

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain; soft on abdominal palpation CBC : WBC 20.99 (5.32-16.92), Neu 18.32 (3.05 12.1), Mono 1.41 (0.2-1.38), EOS 0 (0.04-1.28) Blood gases: Potassium 2.8 (3.5-5), BUN <3 (7-26), Glucose 150 (63-124) Chemistry: BUN <5 (9-29), Glucose 153 (75-125), Cholesterol 349 (120-310), ALP 285 (0-140), Lipase 381 (0-225) cPL: 768.8 (abnormal)

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 8.5 cm in length. The right kidney measured 8.0 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased left perirenal artifact and right adrenal depth.

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



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and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distension with retained fluid and lumen gas, definitive evidence of obstruction to pyloric outflow was not obvious.

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The visualized 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.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No obvious visualized significant omental lymphadenopathy.

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Left lateral abdomen to potential retroperitoneal effusion and non-homogenous hyperechoic left abdomen omentum or retroperitoneal tissue was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate hypomotile stomach with retained fluid / gas
- Overtly normal empty visible visualized small intestine
- Sonographically unremarkable area of pancreas
- Sonographically normal liver, mild gallbladder debris suggestive of low-grade benign hepatopathy
- Non-specific left abdomen vs left retroperitoneal effusion, non-specific peritonitis vs retroperitonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate fluid distended stomach may indicate metabolic or functional gastric ileus potentially secondary to acute gastrointestinal inflammatory episode. Definitive evidence of pyloric or intestinal mechanical obstruction i.e. foreign body, mass, stricture etc. was not obvious, however visualization of the upper duodenum was limited. Mild pancreatitis at times may present sonographically normal. A definitive cause of the left abdomen peritonitis vs retroperitonitis presentation was not obvious.

Under sedation, FNA cytology or centesis of an area of effusion for analysis cytology +/- C/S is recommended. Potential for indistinct emerging left peritoneal to retroperitoneal neoplastic criteria thought less likely. Assessment for evidence of trauma in the area of the left abdomen or left kidney in correlation with UA is suggested.

Initial gastrointestinal support with close clinical monitoring and consideration for gastric evacuation



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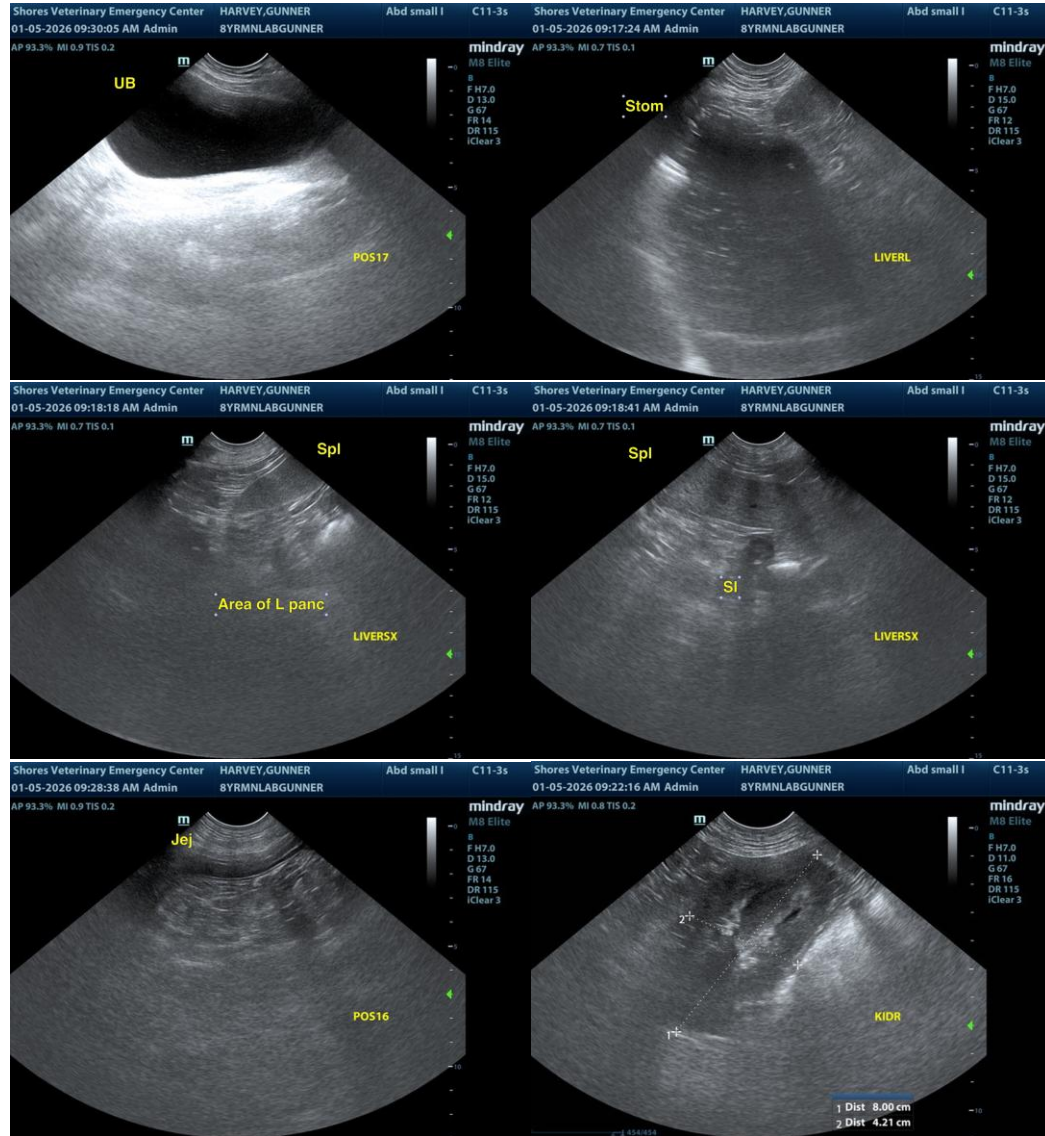
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would be appropriate however if non-responsive or progressive gastrointestinal signs or gastric ileus, exploratory laparotomy with gross inspection in the area of the left kidney and with gastrointestinal biopsies considered essential may be indicated.



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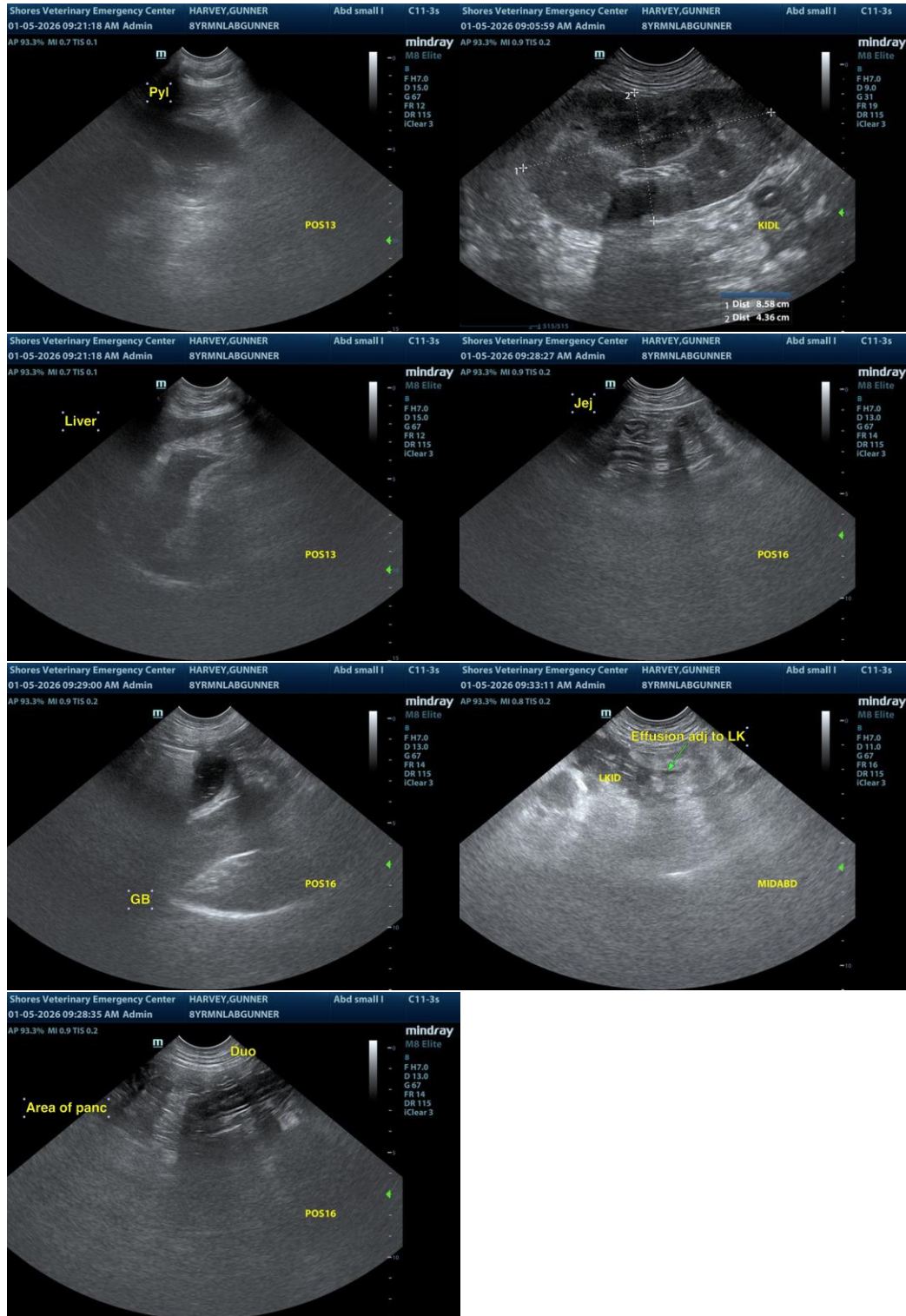
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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