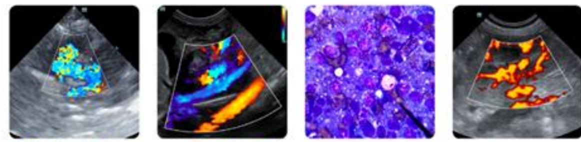


PATIENT
Otis Braun

SPECIES
Canine

BREED
Retriever Mix

SEX
MN

AGE
10yr

WEIGHT
14.2kg

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

IMAGING PERFORMED BY
Dr. Jill Rankin

HOSPITAL NAME
Fish Creek Pet Hospital

REFERRING VET
Dr. Kirsty MacDonald

INVOICE
23494

DATE
01/07/2026

PRESENTING CLINICAL SIGNS

Presented today for vomiting overnight and hematuria starting this morning. Examination unremarkable. On POCUS - fluid in stomach and reduced motility in intestines. Uroliths confirmed on radiographs. General blood panel - Neutrophils mildly elevated, albumin and ALP mildly elevated, Amylase mildly decreased. Sending off urine for culture as large amount of WBCs present. Concerned about stomach appearance - thickened walls. Owner would like to proceed with abdominal ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. Dependent lumen calculi (estimate 2-3) with an example measuring 0.63 cm in diameter. The urinary bladder wall measured 0.50 cm in width.

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. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 4.8 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 0.6 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 0.58 cm width at the caudal pole.

Spleen

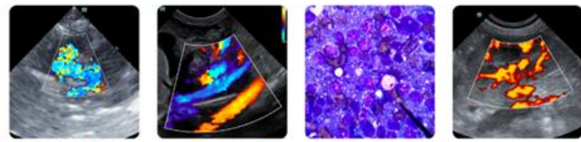
The spleen exhibited normal size and contour with primarily homogenous parenchyma. A solitary, non-capsule deforming, subtle non-homogeneous splenic nodule was present in the mid-spleen, measuring 1.6 cm in diameter.

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. 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 nonorganized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 1.2 cm width. Moderate gastric



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distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio and primarily empty intestinal lumen. Mid-abdomen segmental intestinal ileus consistent with jejunal location with solitary visualized strongly shadowing jejunal lumen echo measuring ~ 2.2 cm in diameter was present. Concurrent likely proximal mild intestinal fluid retention.

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 evidence of peritoneal effusion was present.

Regional mid-abdomen peri-intestinal hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Cystic calculi with polyploid cystitis pattern.
- Non-homogenous splenic nodule- hyperplasia, hematopoiesis, inflammation, possible emerging splenic tumor or other
- Hypomotile gastritis
- Jejunal shadowing echo consistent with foreign body with segmental enteritis and ileus, regional mid-abdomen peri-intestinal hyperechoic omentum.
- Age related renal changes

Secondary

- Sonographically normal liver with mild non-organized gallbladder debris- consistent with mild benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given time frame between ultrasound study and interpretation correlation with current clinical presentation and ideally brief sonographic reassessment to assess for or ensure intestinal shadowing echo is still present with the gastric stasis is recommended.

If not possible, exploratory laparotomy with gross inspection the gastrointestinal tract expectation toward probable enterotomy, gross inspection of the spleen, concurrent cystotomy with urinary bladder wall biopsies, +/- splenectomy pending gross inspection is recommended.

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URINARY BLADDER

STOMACH AND LT PANCREAS REG.

Spl nodule

SI echo

JEJUNUM

Empty SI

JEJUNUM

RT KIDNEY

RT ADRENAL

Upper duo

Pyl

DUODENUM AND RT PANCREAS REG.

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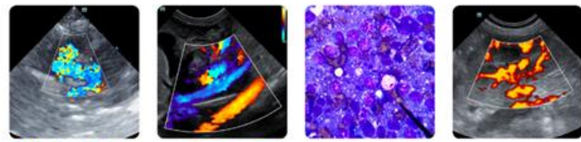

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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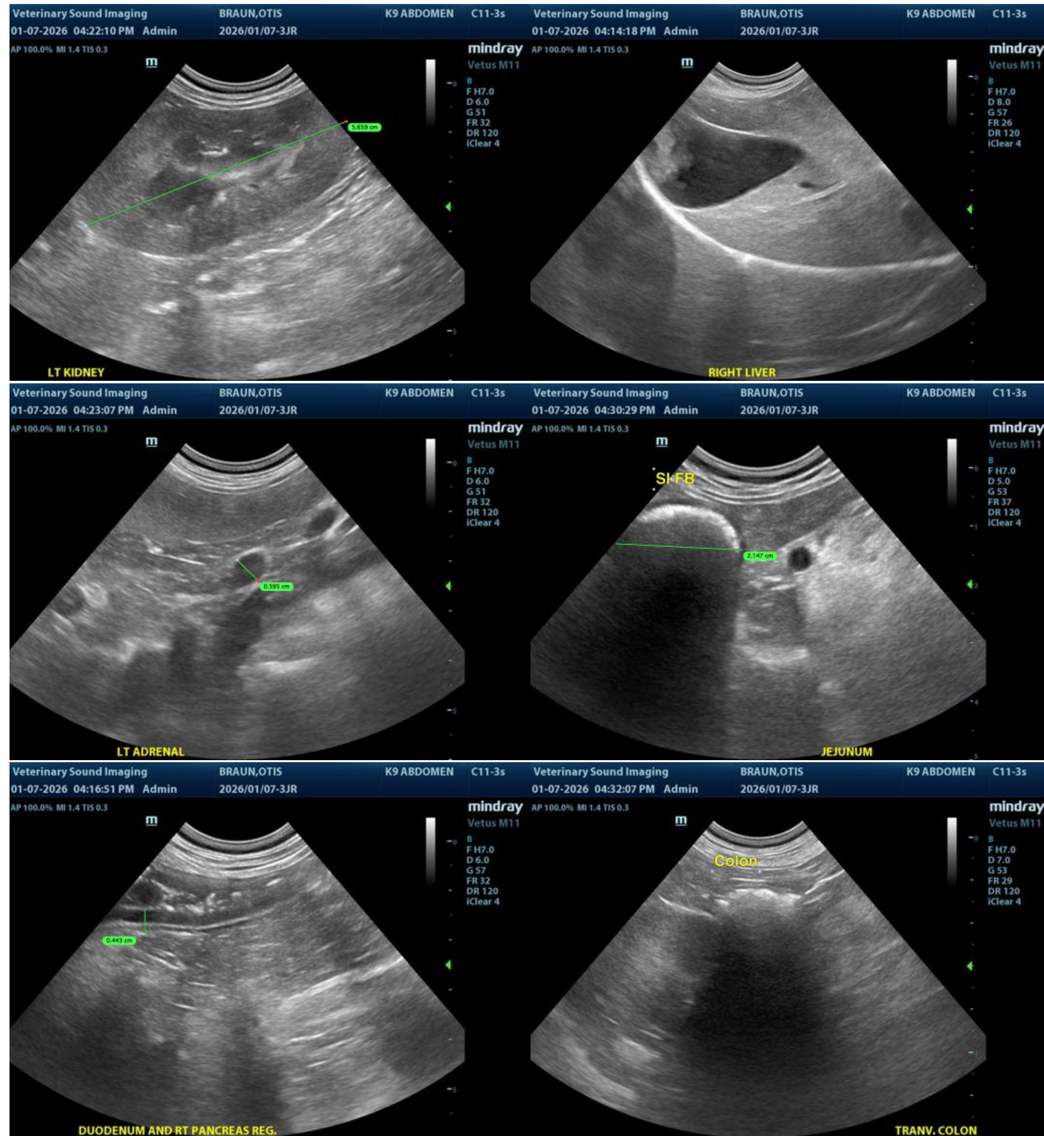

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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