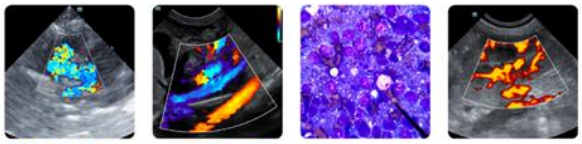


PATIENT
Duke Walker

SPECIES
Canine

BREED
Rottweiler

SEX
M

AGE
2.4yr

WEIGHT
83lb

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

IMAGING PERFORMED BY
Rodriguez

HOSPITAL NAME
Foxfield Veterinary Services

REFERRING VET
Rodriguez

INVOICE
23497

DATE
01/08/2026

PRESENTING CLINICAL SIGNS

Hx of prev FB. Presented after diarrhea yesterday and hyporexia as well as appearing nauseous. Afebrile. Ate 2cups of food today. Rectal WNL with soft formed feces.

Abnormal PE/Chem/CBC/UA Results: WBC:17.1(neut: 9.55, lym: 3.5, mono: 0.95, eos: 3.13.) , ALT; 233.

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 7.3 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.4 cm in diameter.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

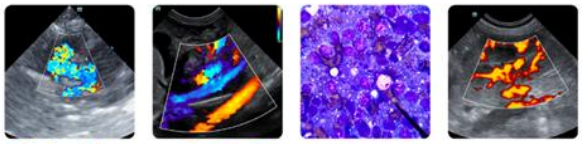
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/Gallbladder

The visualized liver was sonographically unremarkable, exhibiting subjective adequate vascular volume. The gallbladder was not definitively visualized, potentially secondary to gallbladder contraction owing to gastrointestinal ingesta.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The visualized small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Primarily generalized similar appearing yet non shadowing intestinal ingesta was present

Normal visible colon wall layers were present with soft feces in mildly distended lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy was present.

Scant pockets of ventral to lateral abdomen free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary

- Generalized gastrointestinal ingesta
- Subjective mild distended colon with generalized soft fecal matter
- Scant ventral and lateral abdomen free fluid- non-specific assuming normal ALB, potential incidental or physiological
- Sonographically normal liver- consistent with mild benign hepatopathy.
- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of mechanical gastrointestinal obstruction yet generalized gastrointestinal ingesta prohibited full evaluation of the gastrointestinal lumen. The presence of gastrointestinal ingesta may correlate with patient history. However, subjectively the amount of ingesta within the gastrointestinal tract may indicate some degree of gastrointestinal ileus. Hospitalization with IV fluid / gastrointestinal support, documented 12 to 18 hour fast and sonographic reassessment of the gastrointestinal tract is recommended.

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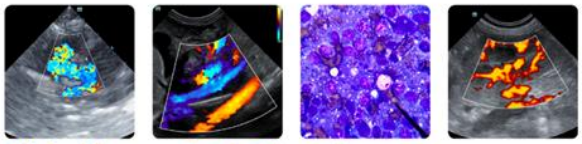

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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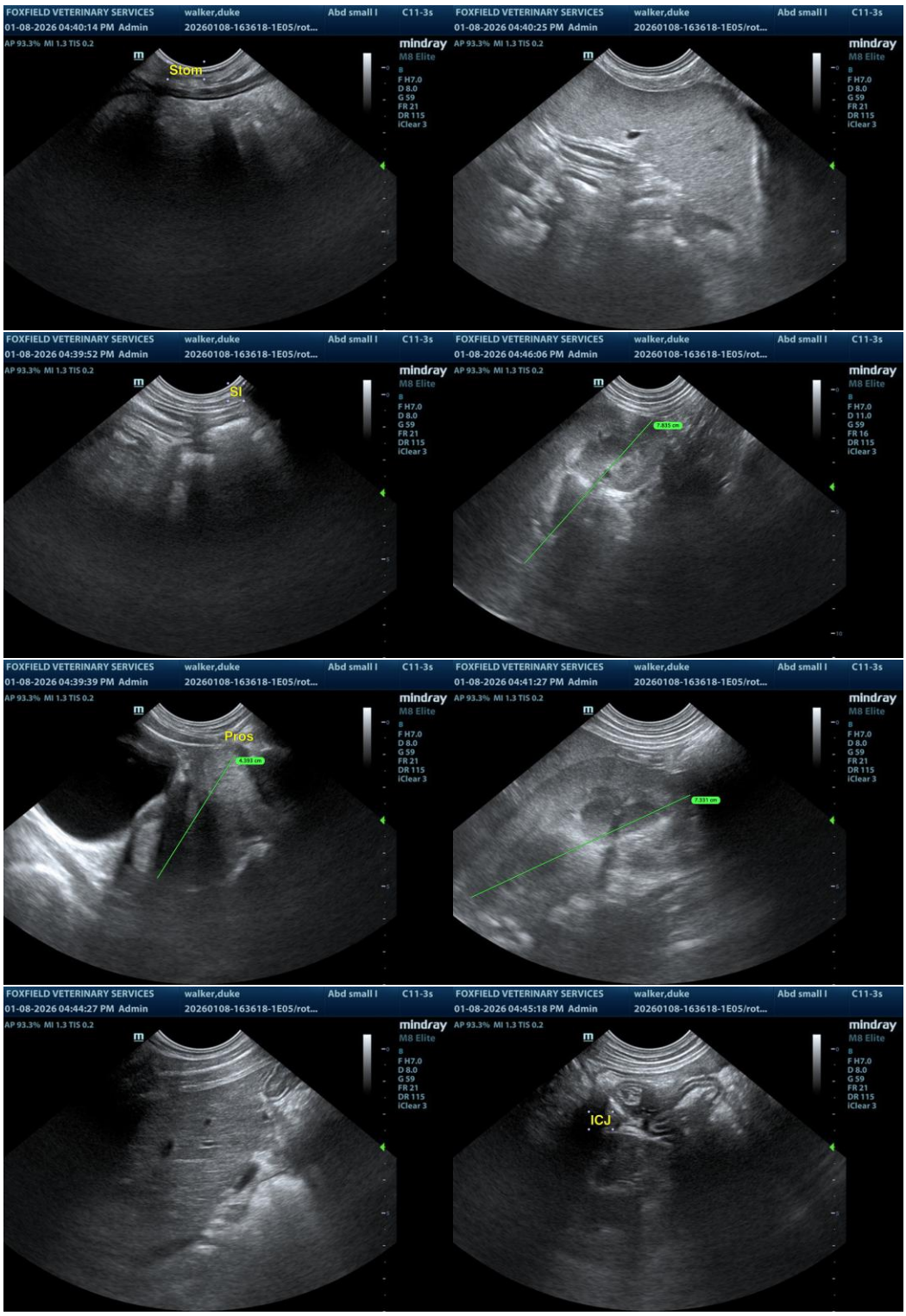

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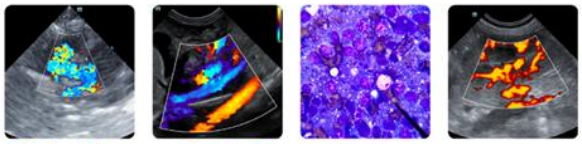

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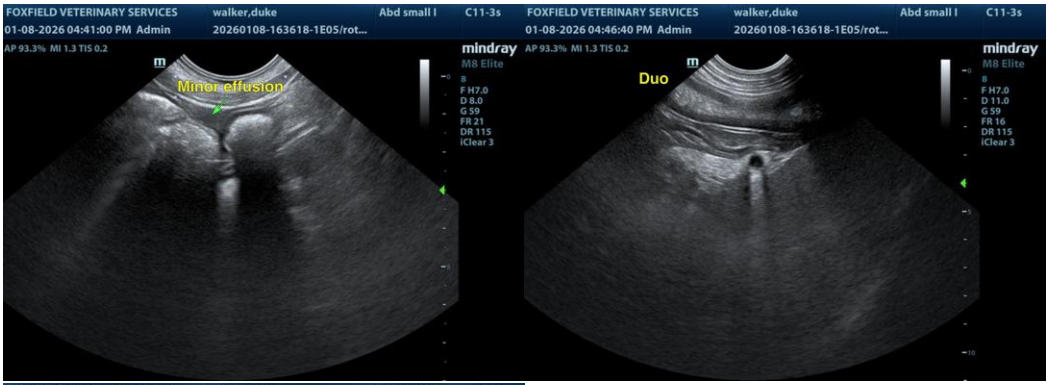

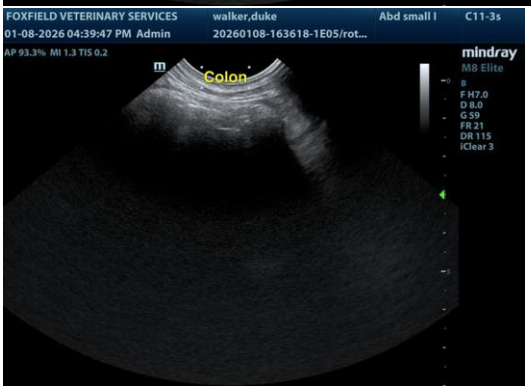

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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