



## PATIENT

Ranger Franklin

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Male Neutered

## AGE

1

## WEIGHT

33

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Dubos

## INVOICE

13029

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

History: suspect fb Hx of gastrotomy/ enterotomy. Dog has been fasted.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and cystourethral junction 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 changes were noted.

No obvious pathology in the area of the residual prostate.

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 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 5.8 cm in length. The right kidney measured 5.2 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was not definitively visualized with no obvious pathology present.

### 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

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 mild, non-organized, non-dependent, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact normal visible wall and exhibiting moderate distention containing strongly shadowing content occupying majority of the gastric lumen.

The visualized segments of the small intestine exhibited intact wall layering with normal wall layer ratio and empty intestinal lumen. No obvious intestinal foreign material or obstructive pattern.

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



**PATIENT**

**Pancreas**

Ranger Franklin

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

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No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Male Neutered

**ULTRASONOGRAPHIC FINDINGS**

- Gastric foreign body/bodies
- Normal empty visible small intestine
- Mild gallbladder debris – likely secondary to anorexia/fasting

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gastrotomy, gross inspection of the gastrointestinal tract and suggested gastrointestinal biopsies given reported incidences of pica to assess for underlying gastrointestinal disease is recommended.

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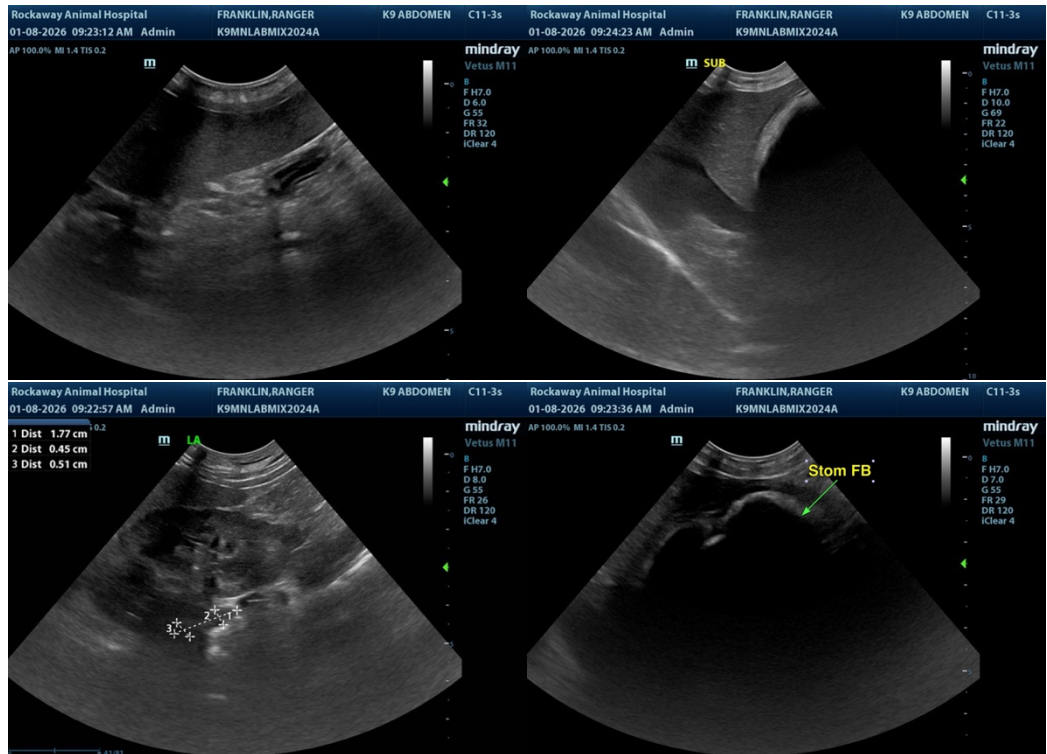
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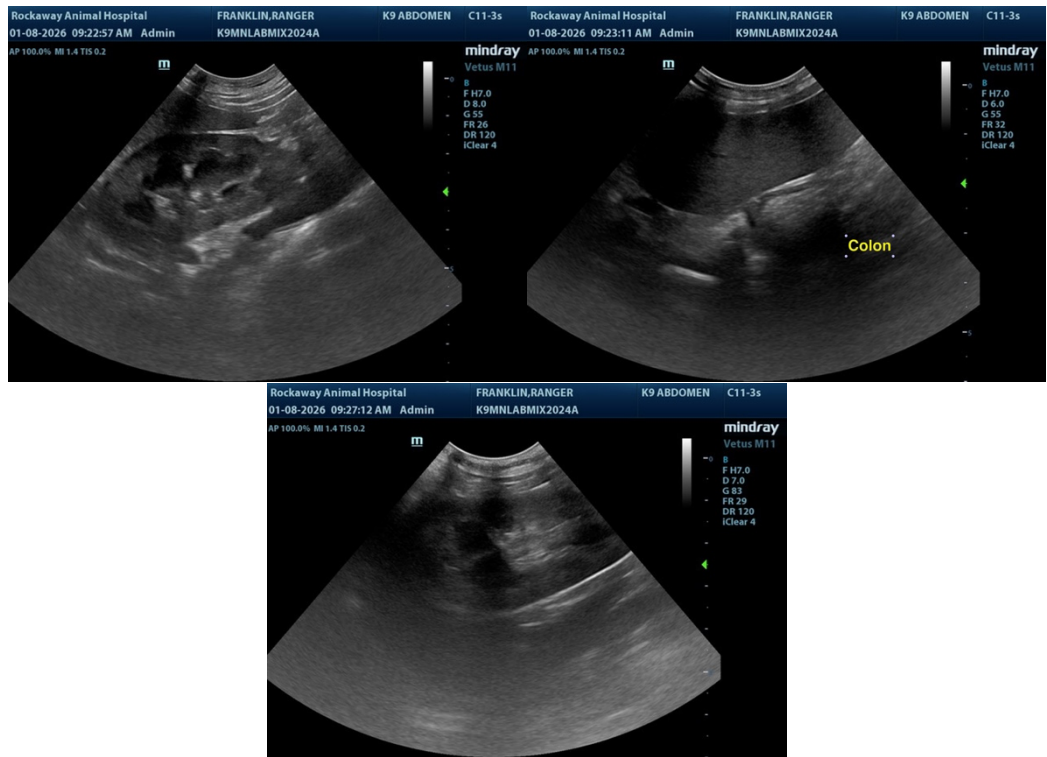
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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