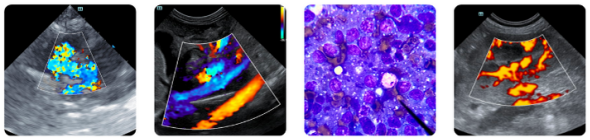


PATIENT

Charlie Reed

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

8 yo

WEIGHT

64.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Alesha Diniz

INVOICE

12822

DATE

11/16/25

PRESENTING CLINICAL SIGNS

History: Patient had been vomiting on and off since 11/4. Went to emergency clinic night of 11/4, did x-rays and bloodwork, nothing found to explain vomiting. Examined at our practice 11/7, keeping some food down but vomiting at least once daily. Based on exam and seeming improvement from previous, gave maropitant tgh, B12 injection, and sq fluids in clinic. Patient improved with no vomiting while taking maropitant Saturday and Sunday, but then 11/10 started drooling/lick lips and seems nauseous again without Cerenia. Started Ondasetron. Within the last 24 hours prior to scan patient seems to be significantly improved.

Abnormal PE/Chem/CBC/UA Results: Radiographs from emergency- unremarkable, no concern for obstruction Bloodwork from emergency - overall unremarkable, LYM 0.85 - L, Amylase 395 - L.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

The residual prostate was free of pathology.

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 6.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

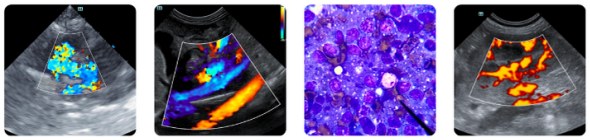
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



SonoPath.com info@sonopath.com 1.800.838.4268

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Gastrointestinal

The stomach presented mildly thickened wall layering with a primarily empty lumen with lumen gas, and mild retained fluid. Suspect small, repeatable, non-obstructive, shadowing lumen echo potentially measuring ~2.0 cm in diameter. Gastric wall measured 0.7 – 0.8 cm. No evidence of obstruction to pyloric outflow,

The small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio. Empty intestinal segments with segmental, mild, non-shadowing ingesta without obstructive pattern to the level of the colon.

The colon exhibited normal visible wall with subjective mild distention and soft to possible non-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion with overall normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened stomach with lumen gas, mild retained fluid and suspect small non-obstructive shadowing echo
- Structurally normal small intestine exhibiting segmental non-shadowing ingesta
- Soft to -non-formed fecal matter and subjective mild distended colon
- Intermittent mild benign mesenteric lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although indistinctly visualized owing to gastric gas, a small, non-obstructive gastric foreign body is of concern with concurrent gastritis. No evidence of gastrointestinal obstructive pattern. A more generalized, nonspecific gastroenteropathy may be possible given soft to non-formed fecal matter in colon. Likewise, low-grade pancreatitis may present sonographically normal. Correlation with a spec cPL or GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease is recommended. Ideally, if available, gastric endoscopy is strongly recommended for further assessment and potential for upper gastrointestinal biopsies. Given clinical improvement, documented 12-hour fast with as needed gastro protectants and support with sonographic reassessment of the gastrointestinal tract, specifically to see if a small, non-obstructive gastric lumen echo is persistent is recommended.

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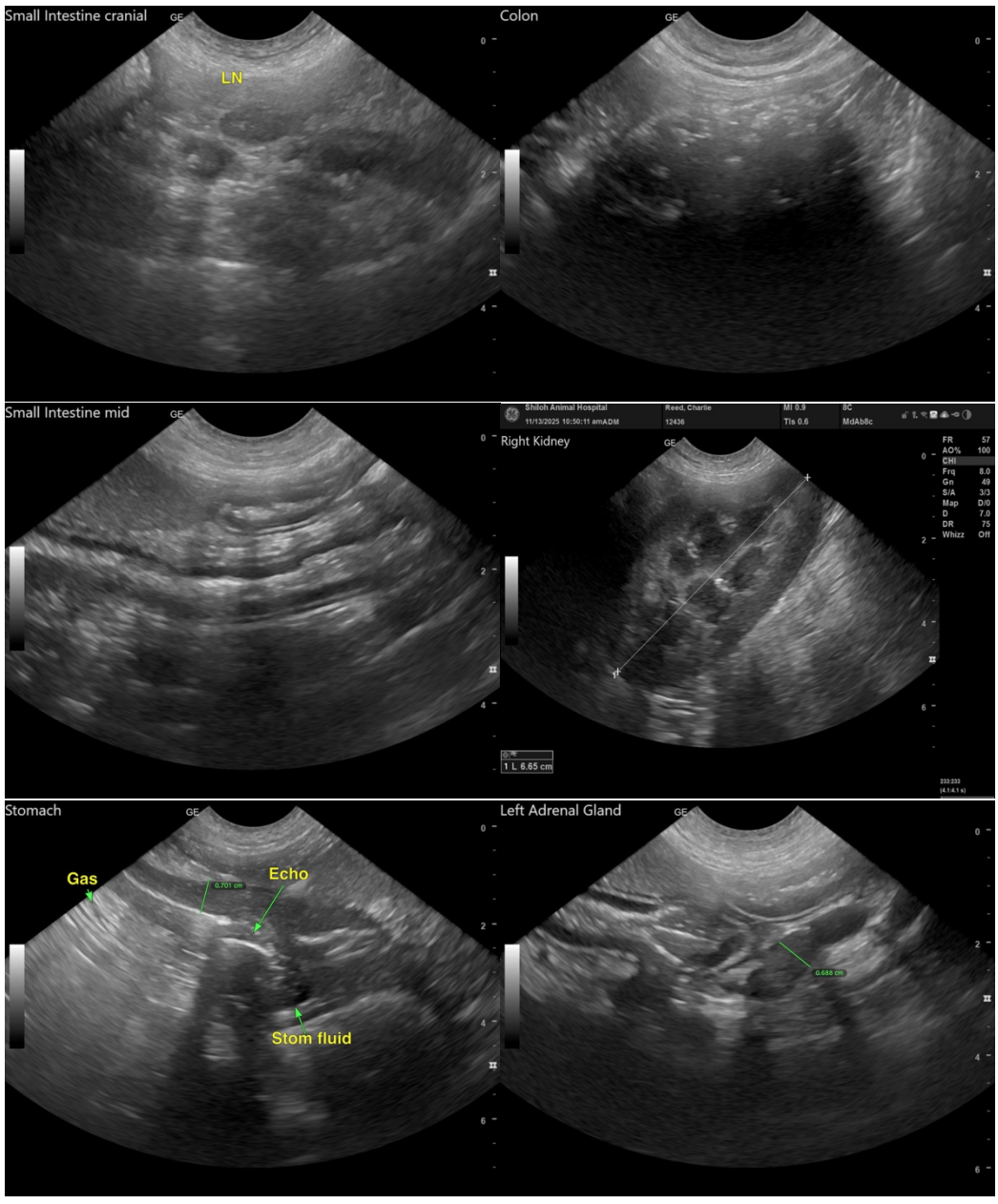

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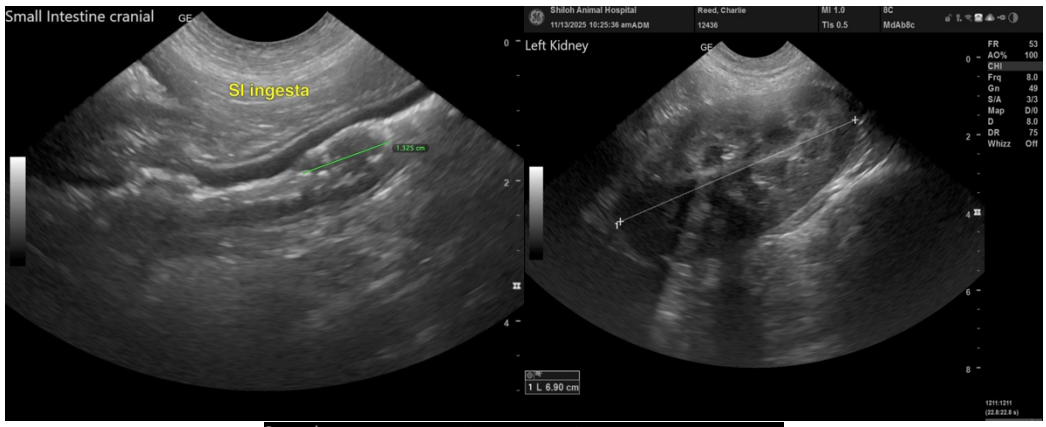

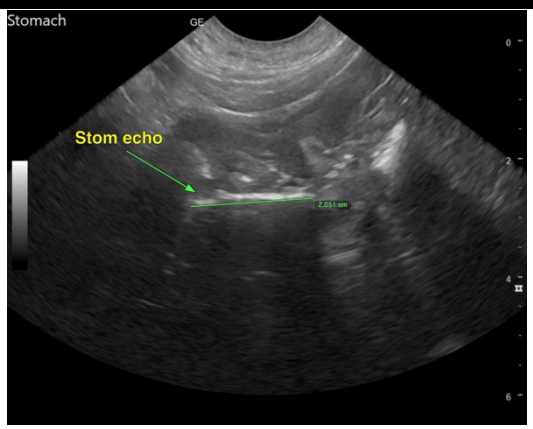

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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