



PATIENT

Ana Griscom

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Spayed Female

AGE

9 Weeks

WEIGHT

8.2 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Leanna Boyd

HOSPITAL NAME

Oakridge Veterinary
Clinic

REFERRING VET

Dr. Leanna Boyd

INVOICE

12388

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Patient presented with vomiting since last night and this morning. Parvovirus positive. Adopted from Humane Society on Saturday and recently spayed (in the last two weeks). Did not fully sedate so a little tense for ultrasound R/O: gastrointestinal obstruction or signs of intussusception

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

No evidence of pathology in the area of the uterine remnant.

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 4.7 cm in length. The right kidney measured 4.8 cm in length.

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

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.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly thickened wall. The stomach exhibited moderate distention with retained anechoic fluid and no evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.



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The visualized colon exhibited normal intact wall layering. The descending colon at the level of the urinary bladder was primarily empty with minor soft to nonformed fecal matter and lumen gas.

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

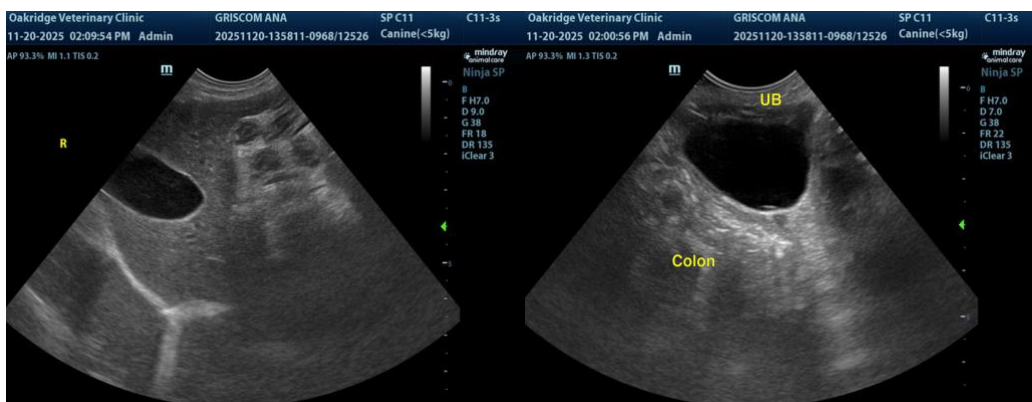
Intermittent mildly enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Scant pocket of caudal abdomen free fluid was present, likely consistent with physiologic free fluid.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern exhibiting moderate gastric and mild segmental intestinal ileus-nonobstructive.
- Empty colon containing mild nonformed fecal matter and lumen gas.
- Intermittent mild benign mesenteric lymphadenopathy- hyperplasia, mild inflammation, immunologic immaturity.
- Scant caudal abdomen free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroenterocolic presentation consistent with acute inflammatory or infectious criteria in conjunction with patient's history. No evidence of mechanical gastrointestinal obstruction i.e. foreign material, intussusception, etc. Gastrointestinal support and empirical therapy for infectious disease is recommended. Sonographic reassessment could be considered if continued or progressive gastrointestinal signs.





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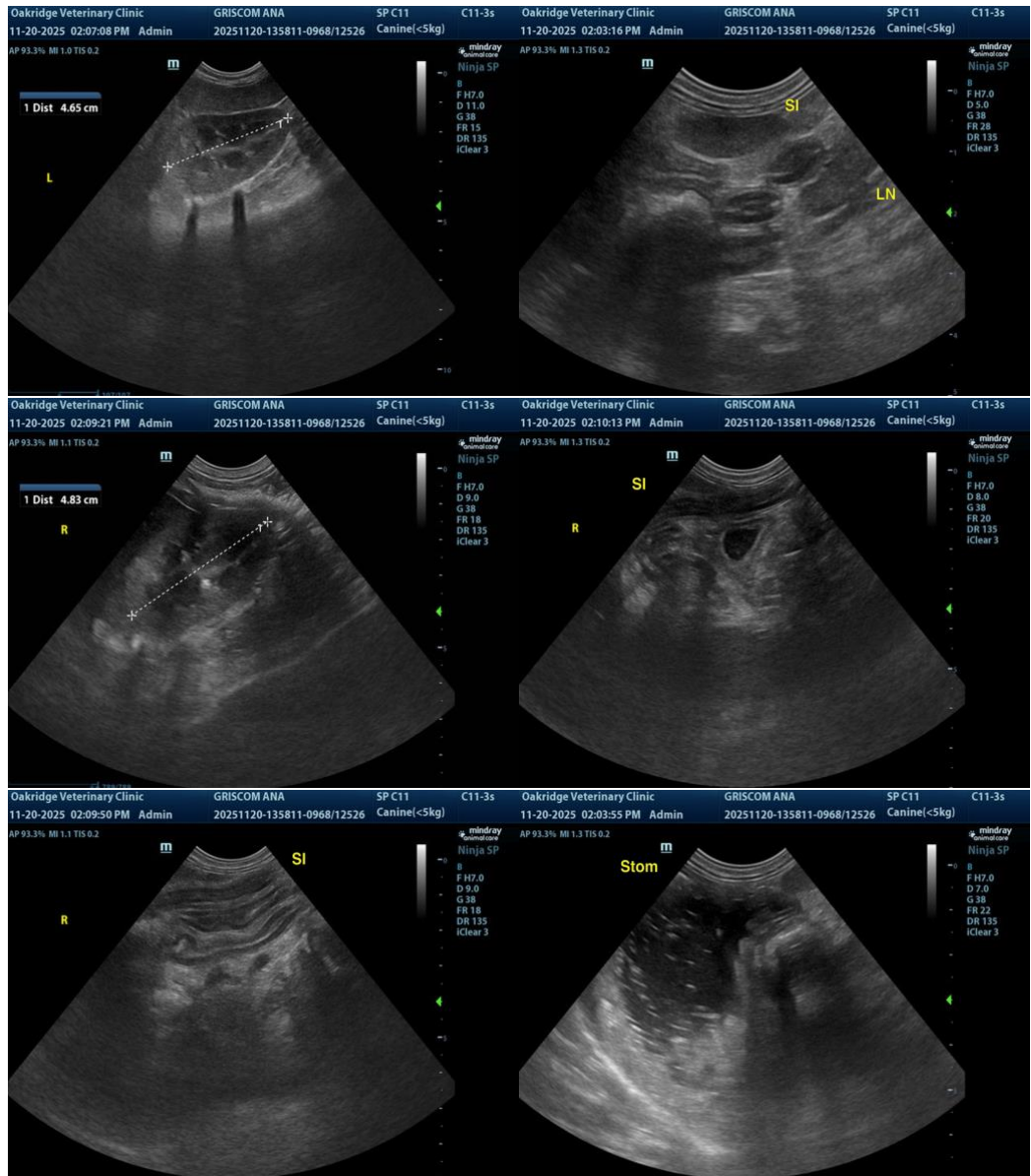
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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