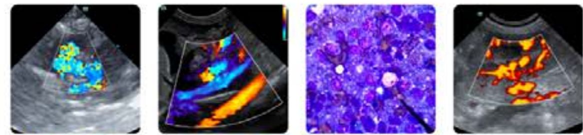


PATIENT

Maverick Bidgood

SPECIES

Canine

BREED

Mastiff x

SEX

Intact Male

AGE

4 Years

WEIGHT

120 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Snieder

INVOICE

71522

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Oct 28/2025 - No bowel movement for about two days - No vomiting - Grazes at food and owner did see eating yest - Abdominal auscultation: excessive gas - No pain on abdominal palpation T = 39.8 C
November 1/2025 -Vomited yesterday morning and this morning; This morning vomitus had a sock -Ate a bit after vomiting but has been back and forth only eating small amounts but that is not unusual for Maverick as per owner he never 'crushes' the food and typically only eats when excited -The soc that Maverick brought up thin female tennis soc -Wednesday, Thursday and Today has had small watery bowel movements -This morning owner watched and Maverick had a normal stream of urine -T = 40.0 C
Current Medications Metronidazole, Sulcrate, Gabapentin

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 evidence of medial iliac or sublumbar lymphadenopathy or masses.

The prostate was enlarged in size (5.4 cm in diameter) 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.

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. Lateral renal cyst noted in the right kidney measuring 1.6 cm in diameter. The right kidney measured 7.9 cm. The left kidney measured 8.2 cm.

Adrenal Glands

The left adrenal gland was overtly normal to possibly borderline subnormal in size, given patient body weight, measuring 0.59 cm at the caudal pole.

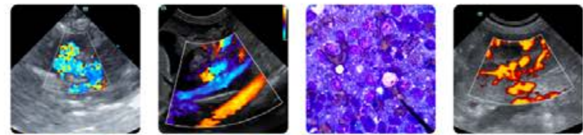
The right adrenal gland was not definitively visualized.

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.



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Gastrointestinal

The visualized stomach exhibited overtly intact wall and empty lumen. Mild luminal gas and potential mild retained non-shadowing gastric chyme noted. No evidence of visualized shadowing gastric content or obstruction to pyloric outflow.

The visualized segments of small intestine exhibited intact wall layering with normal wall layer ratio and empty intestinal lumen to the subjective level of the colon.

The visualized colon, specifically the descending colon, exhibited normal intact wall layering. Primarily empty colon lumen with mild segmental semiformed to mildly shadowing fecal content, yet primarily 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

A solitary enlarged mid abdominal mesenteric lymph node was present measuring 3.7 cm x 1.5 cm. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild regional perilymphatic hyperechoic omentum noted.

No evidence of peritoneal effusion.

The left and right testicles were sonographically normal.

PRIMARY FINDINGS

- Empty visualized gastrointestinal tract.
- Non-distended, primarily empty colon with mild semiformed to shadowing descending colon fecal matter.
- Solitary mesenteric lymphadenopathy with mild surrounding perilymphatic inflammation.

SECONDARY FINDINGS

- Small right kidney cyst.
- Benign prostatic hyperplasia, minor potential for prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of gastrointestinal obstructive pattern or definitive gastroenterocolic foreign body. Non-specific gastroenteritis or more chronic gastroenterocolic disease, given patient history, with potential for focal mesenteric lymphadenitis is possible. Minor potential for emerging neoplastic or metastatic mesenteric lymphadenopathy, though thought less likely.

Further assessment may include (assuming normal clotting, and if accessible) lymph node FNA cytology, GI panel to include PLI, TLI, cobalamin and folate, and fecal analysis. No overt indication for surgical intervention, with supportive care for non-specific gastroenterocolitis and potential associated mesenteric lymphadenitis recommended. As-needed sonographic monitoring or reassessment warranted if continued or progressive gastrointestinal signs or weight loss. Screening cortisol level to rule out occult Addison's disease is warranted.

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**Note: Colon subpar image quality secondary to patient size.

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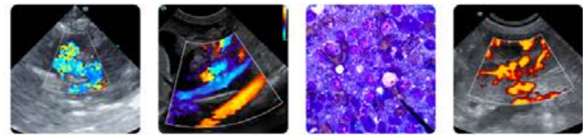
SonoPath
www.thefocalzone.com
info@thefocalzone.com
289.808.2608



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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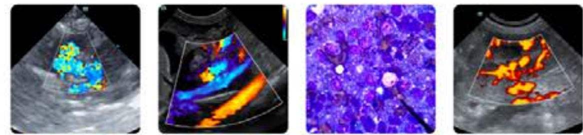

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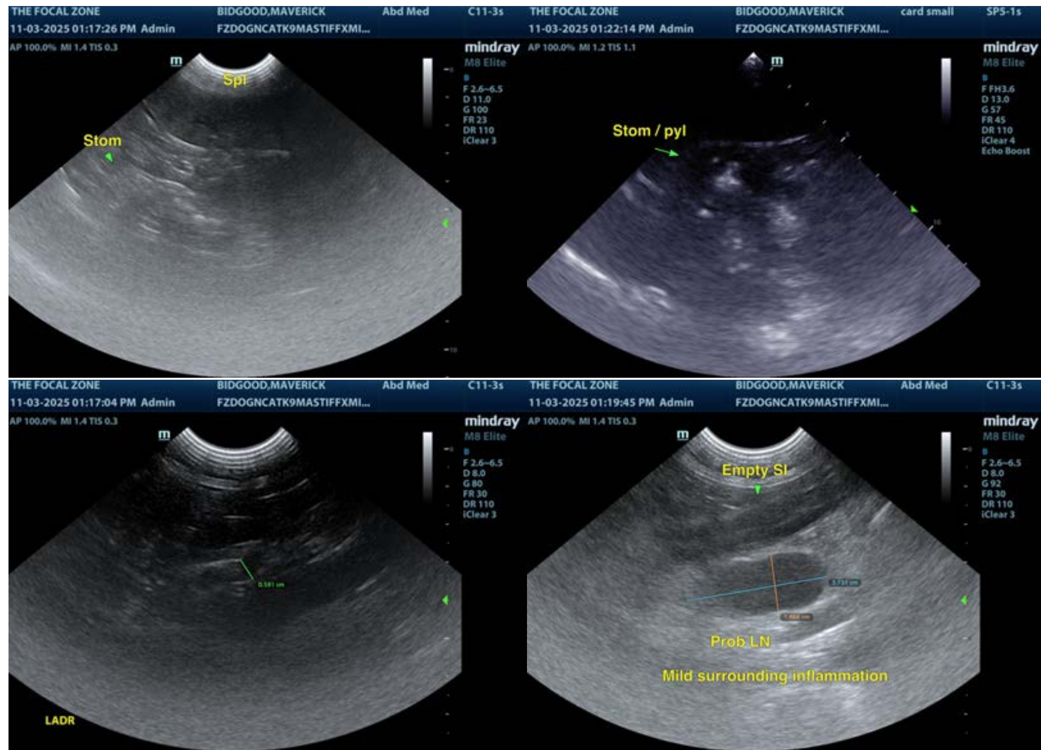

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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