

**PATIENT**

Theodore Achey

**SPECIES**

Canine

**BREED**

St. Bernard

**SEX**

MN

**AGE**

3y 3mos

**WEIGHT**

109.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Brodheads ville  
 Veterinary Clinic

**REFERRING VET**

Dr. Abby Worton

**INVOICE**

10284

**DATE**

11/4/25

**PRESENTING CLINICAL SIGNS**

Hyporexia, vomiting, elevated kidney values. NSF clinical findings. Receiving Clavamox (250 + 375mg); SQF; Trazodone/Gabapentin for scan.

Abnormal PE/Chem/CBC/UA Results: Creatinine 1.7; SDMA 18; UA: USG: 1.019; marked cocci >40

**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 evidence of urine or 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 7.6 cm in length. The right kidney measured 7.7 cm in length.

**Adrenal Glands**

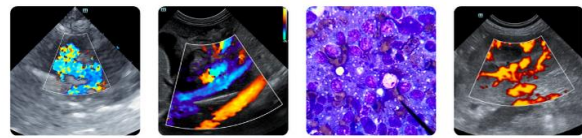
The adrenal glands exhibited subjective mild subnormal size, given patient breed and bodyweight, exhibiting symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland measured 0.39 cm width at the caudal pole.

**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 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 stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow visualized.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, generally mild, nonshadowing intestinal ingesta was noted without an obstructive pattern to the level of the colon.

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

***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 were evident.

***Free Abdomen***

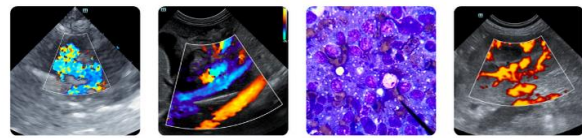
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Normal gastrointestinal tract with gastrointestinal ingesta - ingesta most suggestive of food echogenicity
- Normal bilateral kidneys
- Subjective mild subnormal adrenal glands
- Normal urinary bladder, residual prostate, and visible proximal urethra

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of nonobstructive or metabolic gastrointestinal ileus could be possible. There is no evidence of gastrointestinal obstructive pattern or foreign material. Screening cortisol level +/- ACTH stimulation test, if cortisol level <2.0, to assess for Addison's Disease in conjunction with gastrointestinal signs and mild azotemia, is recommended.



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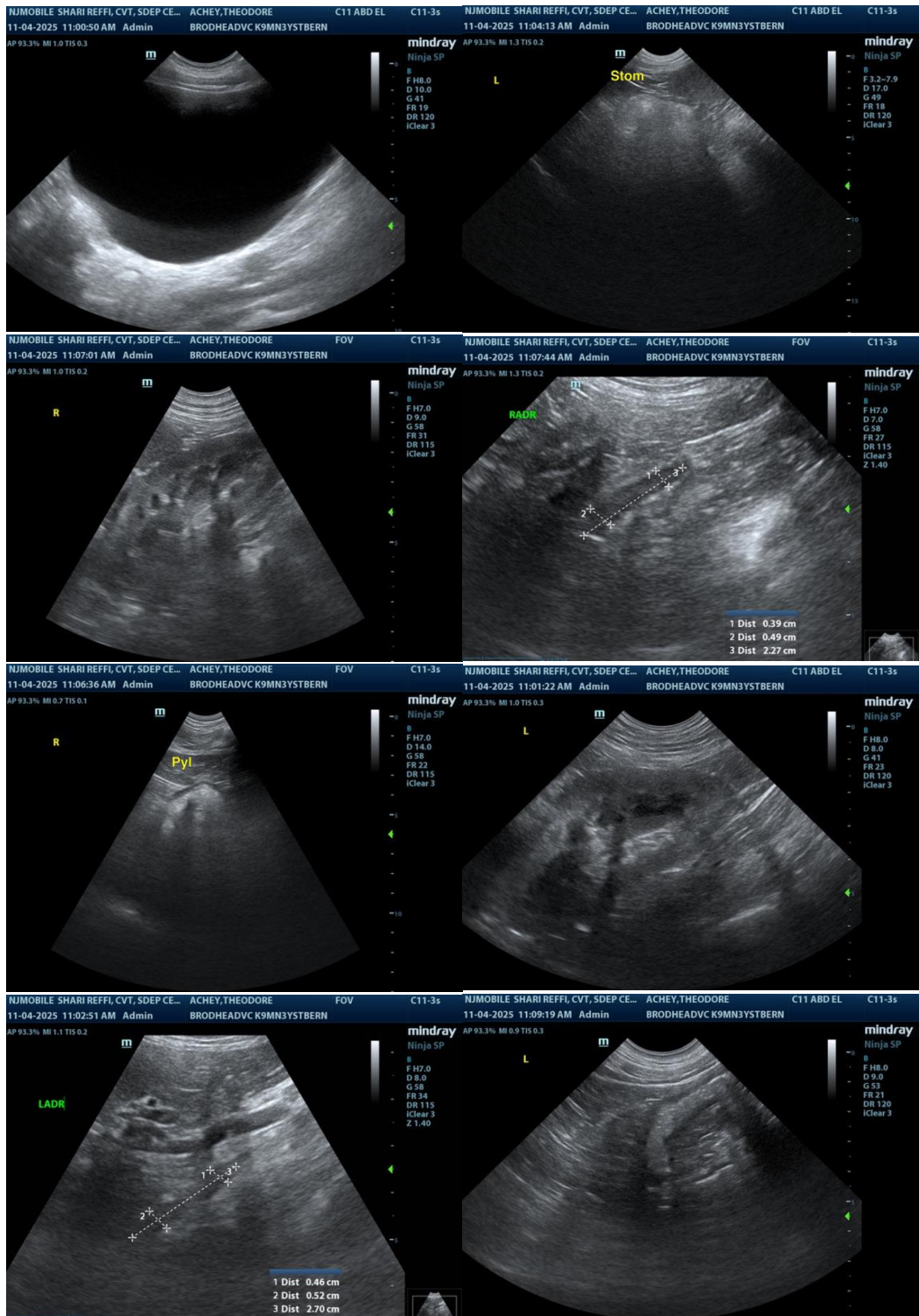
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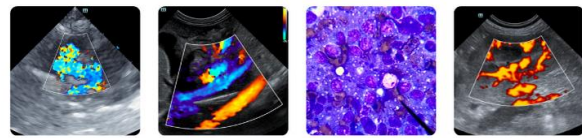
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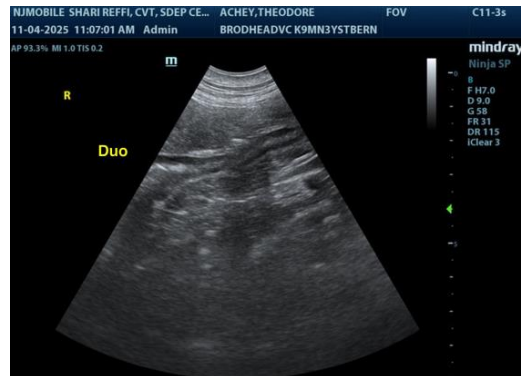
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

R. McKenzie Daniel,  
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**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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