

PATIENT

Bailey Graziano

SPECIES

Canine

BREED

Yellow Lab

SEX

Spayed Female

AGE

8

WEIGHT

39 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

VCA Country Hills

REFERRING VET

Dr. Huynh

INVOICE

12132

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Previous history of chewing rubber mats etc. going back over a year Recent episode of eating excessive kibble and possible foreign material vomiting no diarrhea passing stool and lethargic. Vomited piece of 3cm square of rubber mat 7 days ago.

Abnormal PE/Chem/CBC/UA Results: No abnormalities

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.

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 7.2 cm in length. The right kidney measured 7.4 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 0.61 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 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

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 biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented overall normal intact stomach wall. The stomach exhibited moderate distention with retained primarily anechoic fluid. Within the gastric lumen, irregular strongly



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shadowing content was present measuring approximately 6.0 cm in diameter with concurrent nondependent hyperechoic lumen echoes.

The small intestine presented overall intact wall layering and maintained wall layer ratio. Combined empty small intestine segments with mild segmental intestinal ileus. Within mid abdomen jejunal segments, partial to strongly shadowing content was present. Mid abdomen peri-intestinal mild nonuniform hyperechoic omentum and potential scant pockets of peritoneal effusion were present. Associated segmental inflammatory jejunal changes exhibiting prominent intact wall.

Normal visible colon wall layers were present with formed fecal matter 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 was evident.

Free Abdomen

No visualized significant omental lymphadenopathy although mild isoechoic mesenteric lymphadenopathy is possible.

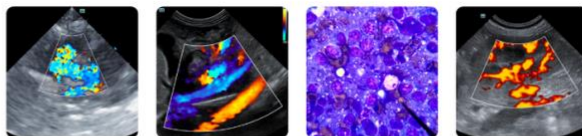
ULTRASONOGRAPHIC FINDINGS

- Gastric and segmental intestinal foreign material, associated gastric and segmental intestinal ileus/inflammation.
- Regional peri-intestinal reactive to mildly inflamed omentum.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward gastrotomy and enterotomy, possible enterotomies, is recommended. Potential for emerging nonobvious peri-intestinal peritonitis is not excluded. Perioperative gastrointestinal support and, if clinically indicated, coverage for potential peritonitis is recommended.





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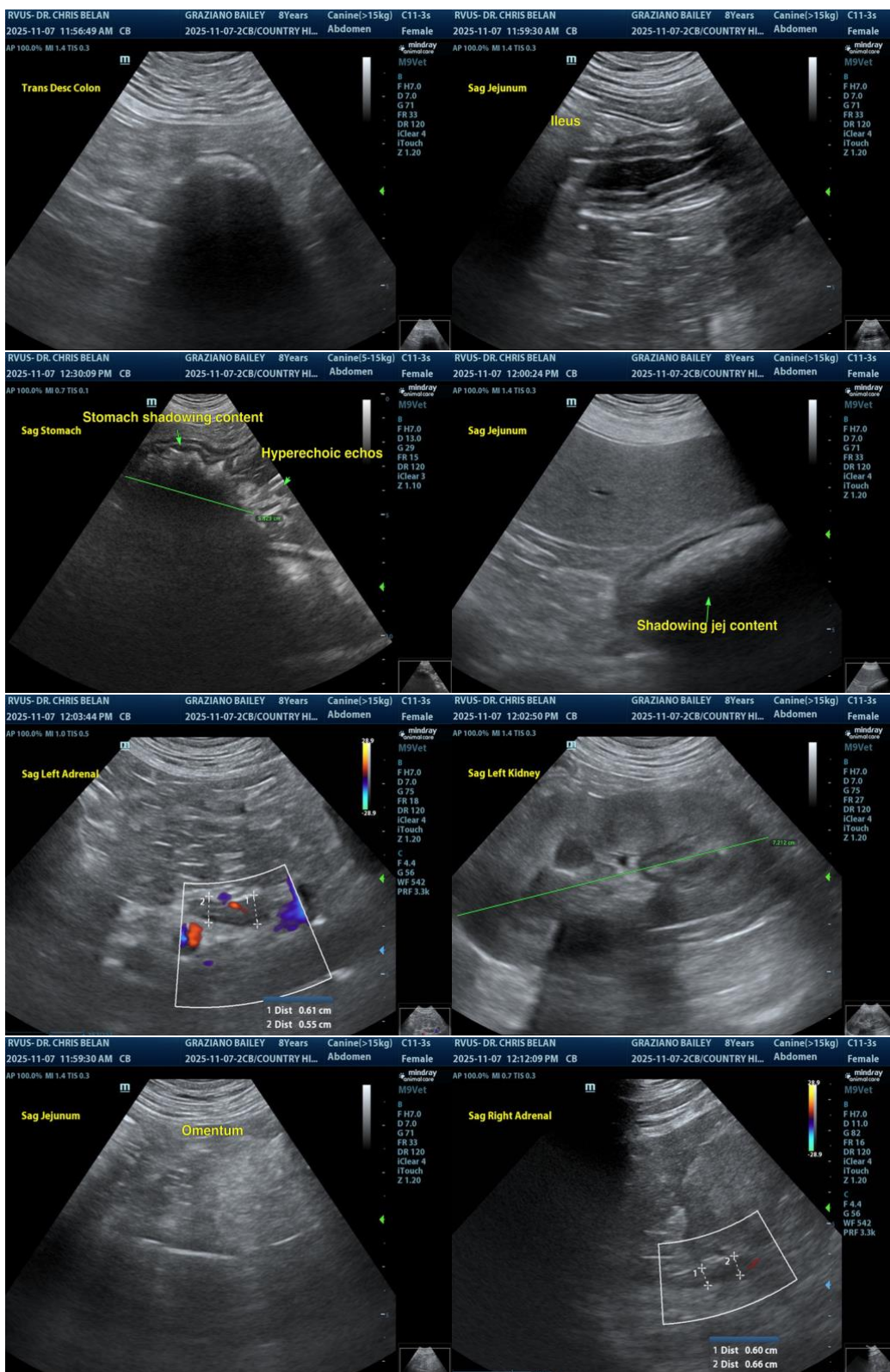
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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