

PATIENT

Baby The Boston
Terrier Rescue of
Florida

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

14yr

WEIGHT

10.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Massett

HOSPITAL NAME

Animal Emergency
Volusia

REFERRING VET

Dr Massett

INVOICE

28895

DATE

11/09/2025

PRESENTING CLINICAL SIGNS

Patient presented for acute onset vomiting and pacing. She ate dinner at 2pm. She was normal until 7pm when she jumped up from the couch and acted like she needed to go out urgently. She vomited 2-3x food. She then came back inside and was pacing, hypersalivating. She vomited a large pile of foam. Since then she has been unable to settle. She has a history of IVDD in her neck. She had a recent flare up and is on methocarbamol and gabapentin. She was on carprofen until yesterday. Previous history of kidney issues that have since been resolved. Is on a Royal Canin kidney diet.

Abnormal PE/Chem/CBC/UA Results: CPL: positive Chemistry: BUN:38.8, IP: 5.7 Epcoc: BUN: 30, HCO3-act: 28.4, mTCO2: 27.4 cbc: LYM#: 0.60, MPV: 7.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral areas of mild medullary mineral and pyelectasia were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in 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 borderline enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild distension with retained anechoic fluid. No obvious visualized 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 duodenojejunal intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt peritoneal effusion was present.

Intermittent mildly prominent to 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).

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute gastroenteritis with moderate hypomotile stomach
- Heterogeneous pancreas
- Intermittent mild mesenteric lymphadenopathy
- Chronic renal changes with bilateral medullary mineral and pyelectasia

Secondary

- Heterogeneous remodeled liver
- Gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel episode, mild or chronic pancreatitis possible. No evidence of gastrointestinal mechanical obstruction, foreign material or overt neoplastic criteria. Gastrointestinal support is recommended with monitoring. UA +/- C/S or UPC for renal staging is suggested. Monitoring of hepatic parameters going forward is recommended. A recheck sonogram if persistent / progressive gastrointestinal signs or hepatopathy is recommended.



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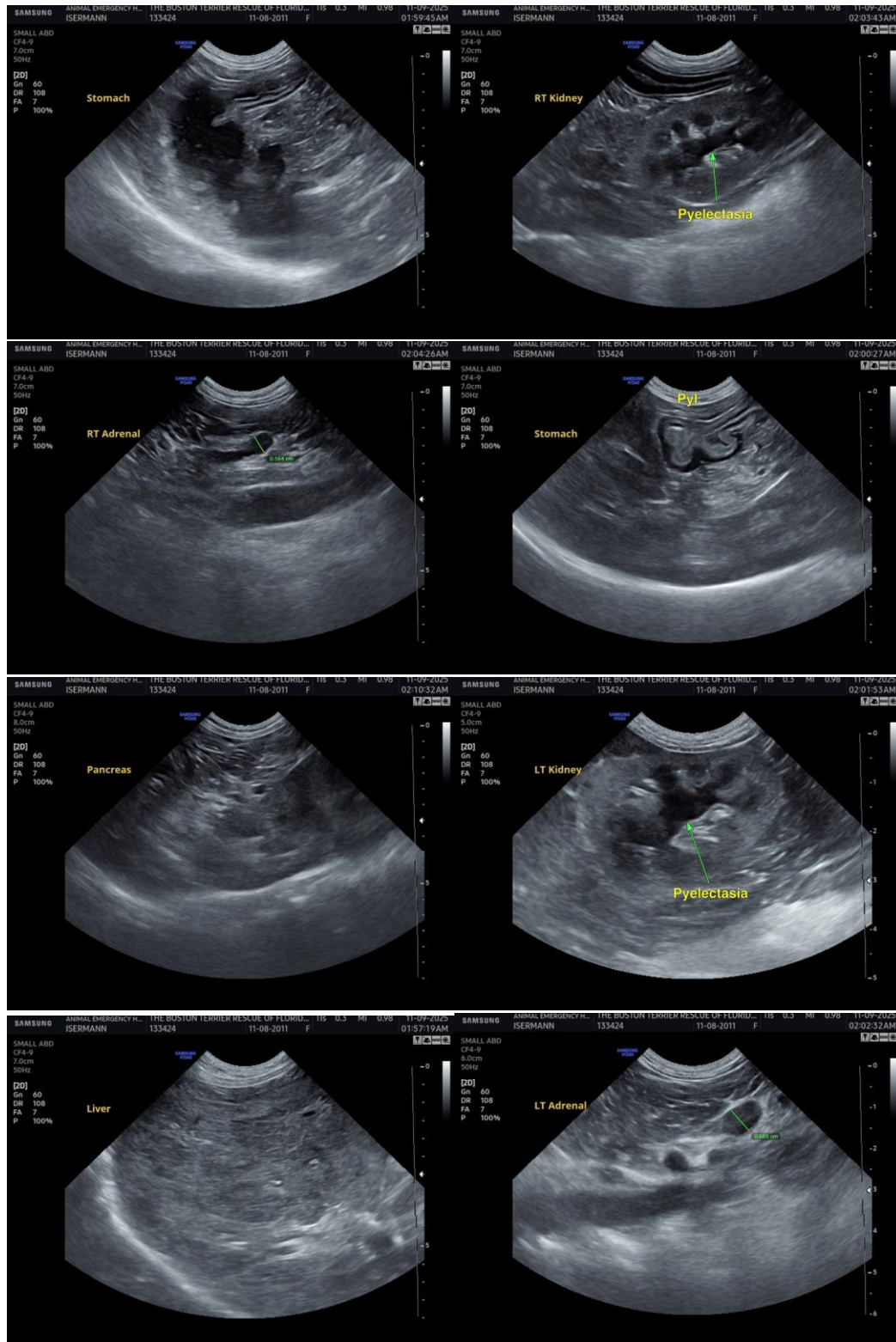
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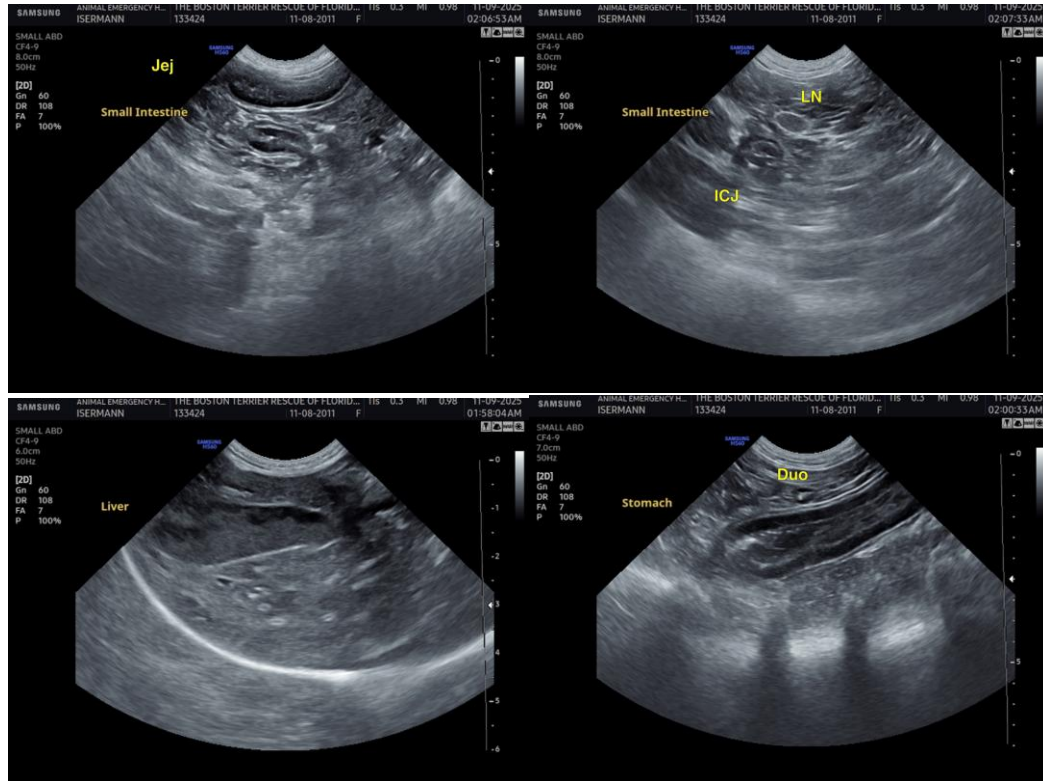
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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