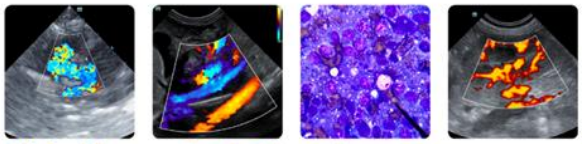


PATIENT

Slamwise Esgate

SPECIES

Canine

BREED

Dachshund

SEX

M

AGE

7yr

WEIGHT

4.86kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Manes

INVOICE
22903

DATE
11/09/2025

PRESENTING CLINICAL SIGNS

Pt initially present 11/7, 2 weeks being treated for IMPA. Has been pretty lethargic and depressed the last 2 weeks. This morning he seemed to be back to his normal self and seemed more energized up until he V+ this morning. 10am V+ 4 times, 1st time was just food, second time was foaming light pink. He threw up 2 more times and it got more bloody and was bright red. Pt hosp and upper GI endoscopy performed. Stomach fully visualized in all angles, no lesions or ulcers noted within stomach. Just above lower esophageal sphincter, fresh wound, no actively bleeding but evidence of recent trauma- no ulcerations noted. Pt did not start E but became more alert and active in hosp. D/C'd 11/8 AM, represented 11/8p for cont. ADR, leth, inappetance. Pt hosp again and repeat rads performed. FINDINGS Abdomen: Normal serosal detail is visible in the peritoneal and retroperitoneal cavity. The stomach is markedly dilated and is filled with a large amount of soft tissue opacity and heterogeneous, granular material as well as some mineralized material and a mild amount of gas. The small intestines are not dilated. No evidence of 2 populations of small bowel nor plication of the bowel is present. The colon shows a mild amount of granular fecal material. The abdominal wall and surrounding bony structures are within normal limits. CONCLUSION Markedly dilated stomach. The contents could be compatible with food and fluids, but foreign material cannot be excluded.

Abnormal PE/Chem/CBC/UA Results: EPOC performed 11/7: Generally unremarkable. Lactate was 3.77 (slightly elevated). - CBC: White blood cell count 52,000 (extremely high). Neutrophils 48,000 (extremely high). Bands present. Scatter plot shows marked inflammatory response.

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.

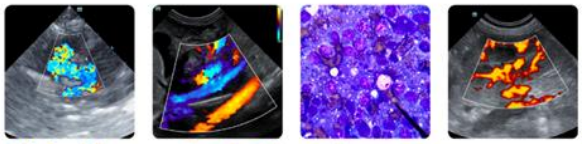
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured - cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size 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. The prostate measured 2.5 cm in diameter

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no obvious pathology.



PATIENT

Slamwise Esgate

SPECIES

Canine

BREED

Dachshund

SEX

M

AGE

7yr

WEIGHT

4.86kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Manes

INVOICE
22903

DATE
11/09/2025

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. Normal vascular volume. 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.

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach exhibited marked distention with retained fluid and variably echogenic non-shadowing ingesta / chyme extending into area of the pylorus. Overtly normal, intact visible gastric wall.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the visualized right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Marked distended stomach with fluid and variably echogenic nonshadowing ingesta
- Normal empty visible small intestine
- Suspect chronic pancreatitis / fibrosis
- Nonspecific transdiaphragmatic comet tail artifact

PATIENT
Slamwise Esgate

SPECIES
Canine

BREED
Dachshund

SEX
M

AGE
7yr

WEIGHT
4.86kg

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

IMAGING PERFORMED BY
Seyler

HOSPITAL NAME
Wilvet South

REFERRING VET
Manes

INVOICE
22903

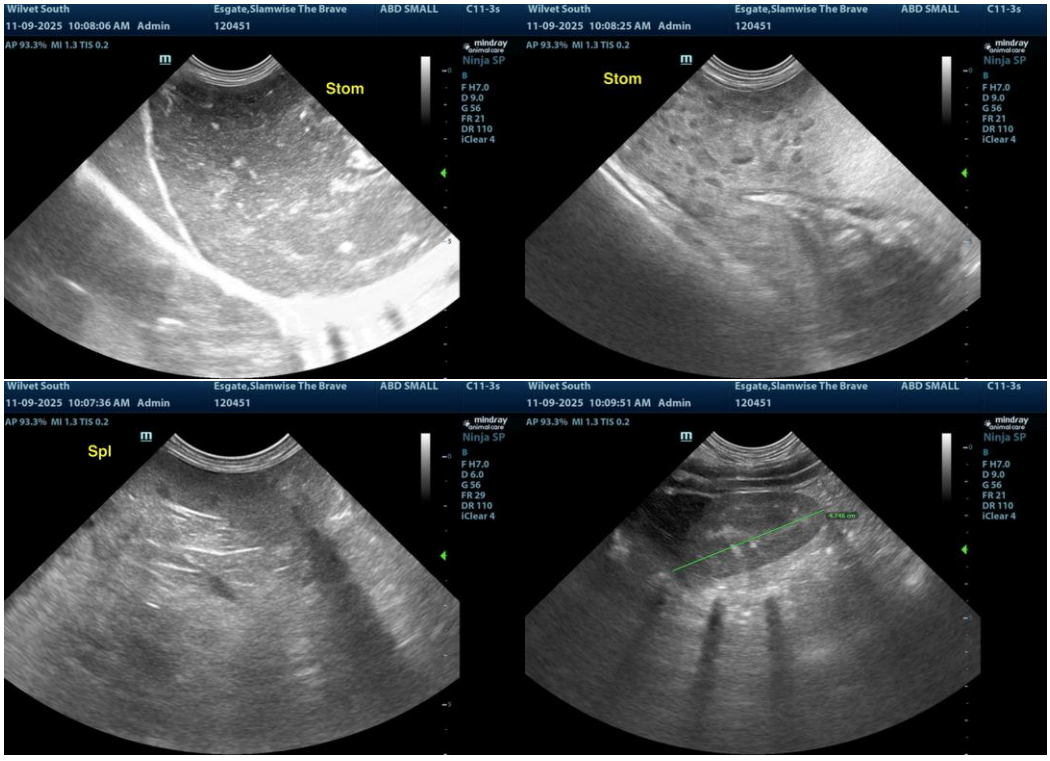
DATE
11/09/2025

Secondary

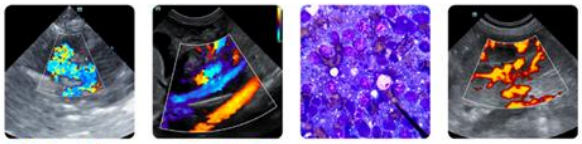
- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nonshadowing gastric ingesta is consistent with retained food / chyme without shadowing content. A definitive area of pyloric / upper intestinal mechanical obstruction was not visualized which may suggest severe metabolic gastric statis yet, given degree of gastric distention, is not excluded. Consideration for partial gastric evacuation via gastric tube passage, documented 12-18 hour fast and radiographic or sonographic monitoring of gastric motility is recommended. If persistent gastric distention combined with clinical signs, laparotomy with gross inspection of the GI tract and biopsies should be considered. A spec cPL or GI panel, cortisol level and thoracic radiographs are suggested.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Slamwise Esgate

SPECIES

Canine

BREED

Dachshund

SEX

M

AGE

7yr

WEIGHT

4.86kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

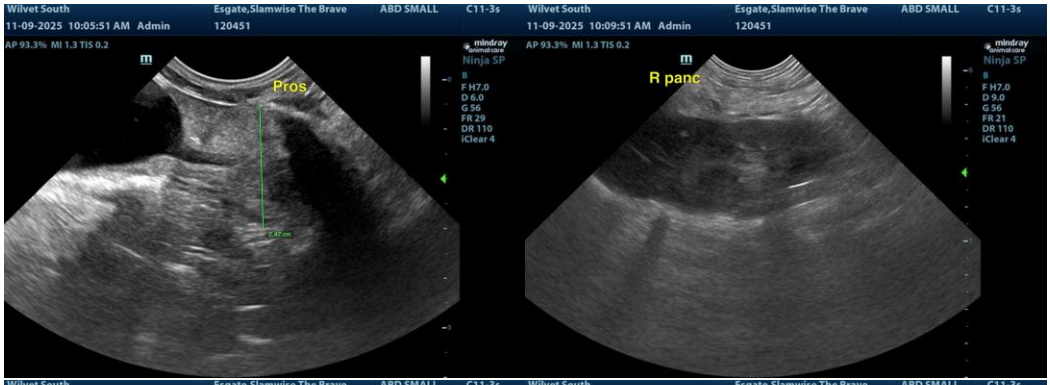
Wilvet South

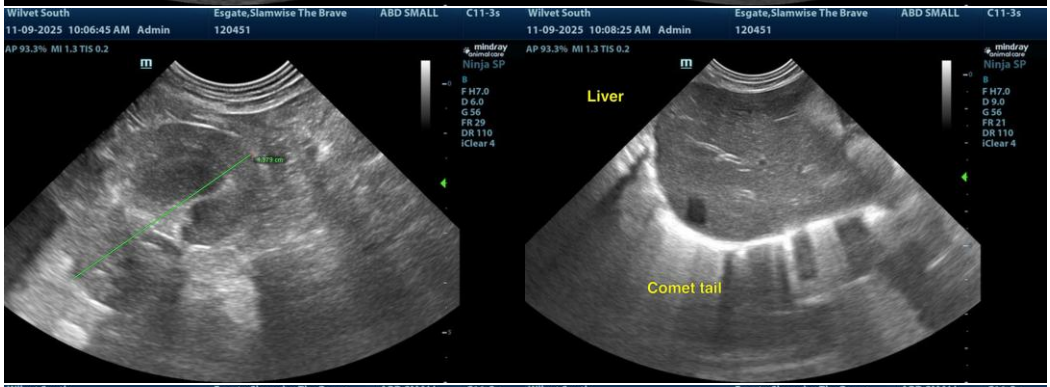
REFERRING VET

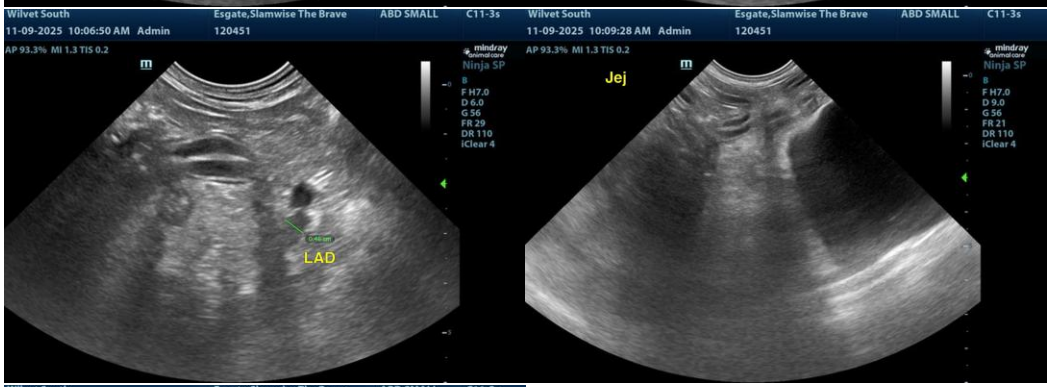
Manes

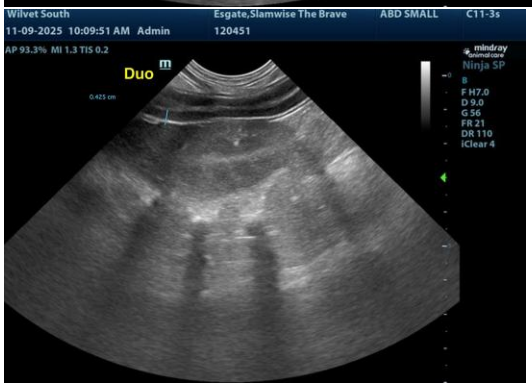
INVOICE
22903

DATE
11/09/2025

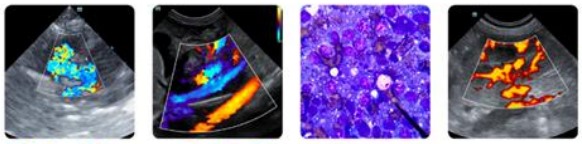








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Slamwise Esgate

SPECIES

Canine

BREED

Dachshund

SEX

M

AGE

7yr

WEIGHT

4.86kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Manes

INVOICE
22903

DATE
11/09/2025

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