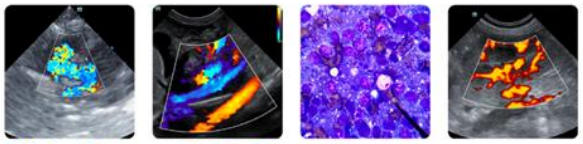


PATIENT

Sundae Parrissh

SPECIES

Canine

BREED

Golden Retriever

SEX

F

AGE

4mo

WEIGHT

16.70kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr Brian Barnes

INVOICE
23206

DATE
12/10/2025

PRESENTING CLINICAL SIGNS

Had two socks in stomach and induced vomiting 2 day ago and brought up the socks, Now has a fever 40 C and is quiet and not eating much. WBC were elevated 2 dayss ago and a bit higher today. Treating with antibiotics (sstarted today) and fever is coming down. Now eating

Abnormal PE/Chem/CBC/UA Results: RBC 4.59 ((N 5.65-8.87) 2 days ago HCT 29.3 (N 37.3-61.7) HGB 10.6 (N 13.1-20.5) WBC 28.65 (N 5.05-16.76) today 30.54 Neu 22.29 (N 2.95-11.64) today 23.49 Monos 2.28 (N 0.16-1.12) Chem all normal Repeat xrays today; 1. Suspect gastroenteritis due to nonspecific etiologies. Systemic disease such as pancreatitis or nondescript infectious process can cause bowel atony resulting in a similar radiographic change. 2. The possibility of soft tissue gastric foreign material cannot be completely ruled out.

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 mild non-dependent particulate sediment. 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. Mild bilateral pyelectasia was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

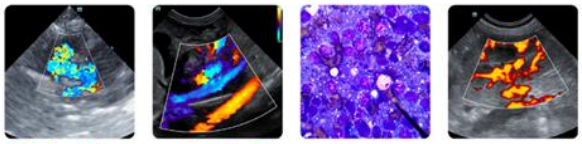
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland measured 0.42 cm width at the caudal pole.

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. 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 minor congealed debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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Transdiaphragmatic view revealed minor 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 presented intact mildly thickened wall. The lumen of the stomach contained mild lumen gas and non-shadowing chyme with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Subjective mild prominent duodenum wall with mild non-obstructive duodenal ileus was present. Generalized empty jejunum and ileum to the level of the colon.

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

Pancreas

The left pancreas was normal to mildly prominent in size with mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses or 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). An example measured 4.2 cm x 0.73 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenteritis pattern accentuated by mild duodenitis-likely resolving, no evidence of gastrointestinal foreign material or obstructive pattern
- Possible low-grade left limb pancreatitis
- Bilateral mild pyelectasia
- Mild urine sediment
- Intermittent mild mesenteric lymphadenopathy-consistent with benign criteria, i.e. Mild hyperplasia or possible resolving lymphadenitis
- Mild nonspecific transdiaphragmatic comet tail artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be secondary to IV fluid therapy if applicable or underlying urinary infection. Correlation with urinary workup, including C/S is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A spec cPL is recommended. Continued supportive care, including empirical therapy for nonspecific gastroenteritis and possible low-grade pancreatitis with clinical monitoring is recommended. Sonographic reassessment if recurring gastrointestinal signs or a fever is recommended.

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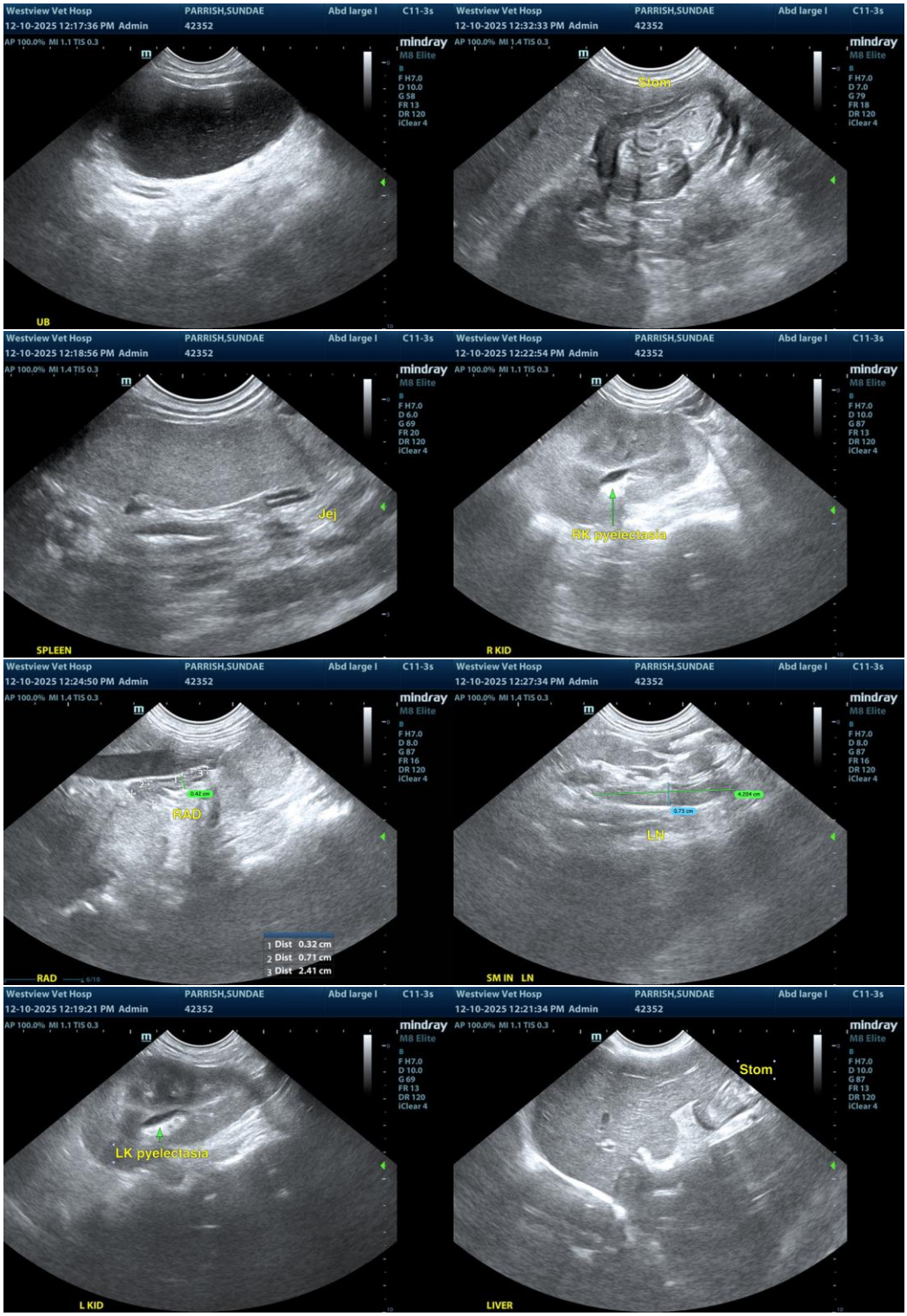

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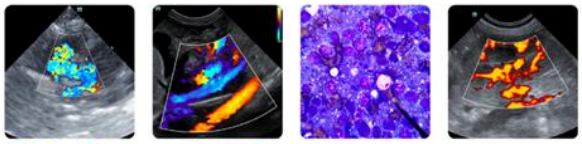

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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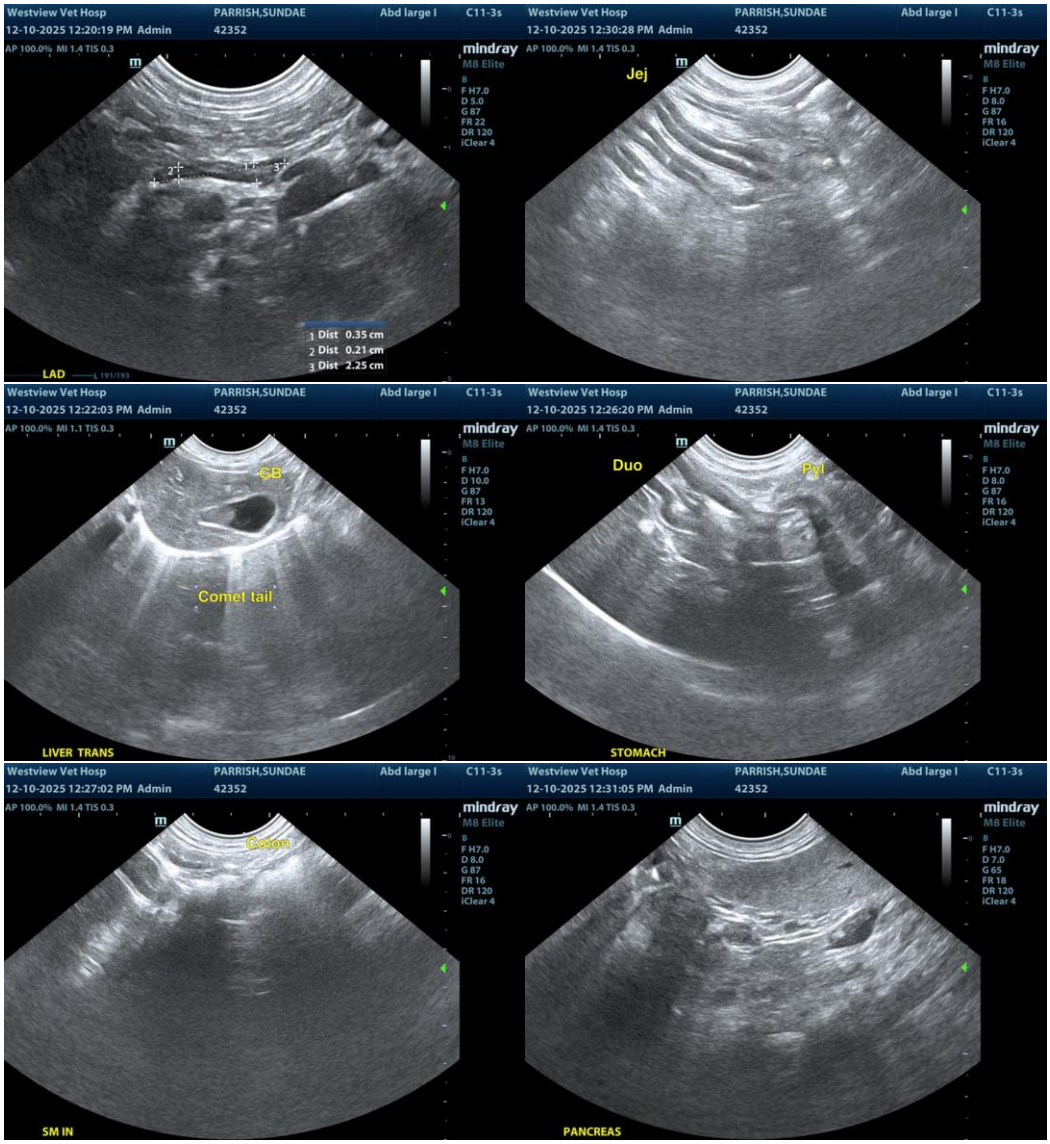

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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