



PATIENT

Cheese Baraniuk

SPECIES

Canine

BREED

Lab Retriever X

SEX

Male Intact

AGE

1 year

WEIGHT

28.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah
Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr. Poulsen

INVOICE

10456

DATE

12/12/25

PRESENTING CLINICAL SIGNS

Presented with diarrhea with blood, lethargy, hyporexia. Previous episode back in November of GI signs which resolved with outpatient treatment. Parvo negative

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia and Hemoconcentration

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 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 4.0 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 7.0 cm in length. The right kidney measured 6.8 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 0.51 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 0.70 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



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normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, primarily gravity-dependent gallbladder debris in the area of the gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach lumen was empty with mild lumen gas. The stomach wall width measured 1.0 cm.

Mild duodenojejunal mucosal speckling was present. Segmental jejunal ileus was present with strongly shadowing midabdomen jejunal lumen echo, consistent with foreign body, potentially measuring 4.0 cm in length. Mild regional peri intestinal hyperechoic omentum was noted. Concurrent empty jejunal segments were noted likely distal to the level of the colon. Mildly thickened jejunum wall was in the area of the jejunal foreign body with indistinct mural detail, measuring 0.47 cm wall width. By comparison, normal intact empty jejunal wall measured 0.34 cm.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Generalized nonformed to fecal matter, consistent with patient history, was present in the colon lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent 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 lymph node measured 4.5 cm x 0.59 cm. Mild peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- General gastroenteritis pattern with partially obstructive jejunal foreign body
- Mild colitis with generalized non-formed fecal matter
- Peri intestinal hyperechoic omentum and mild volume peritoneal effusion
- Mild subjective benign mesenteric lymphadenopathy

Secondary Findings

- Benign prostatic hyperplasia pattern - expected prostatic presentation for a young intact male canine



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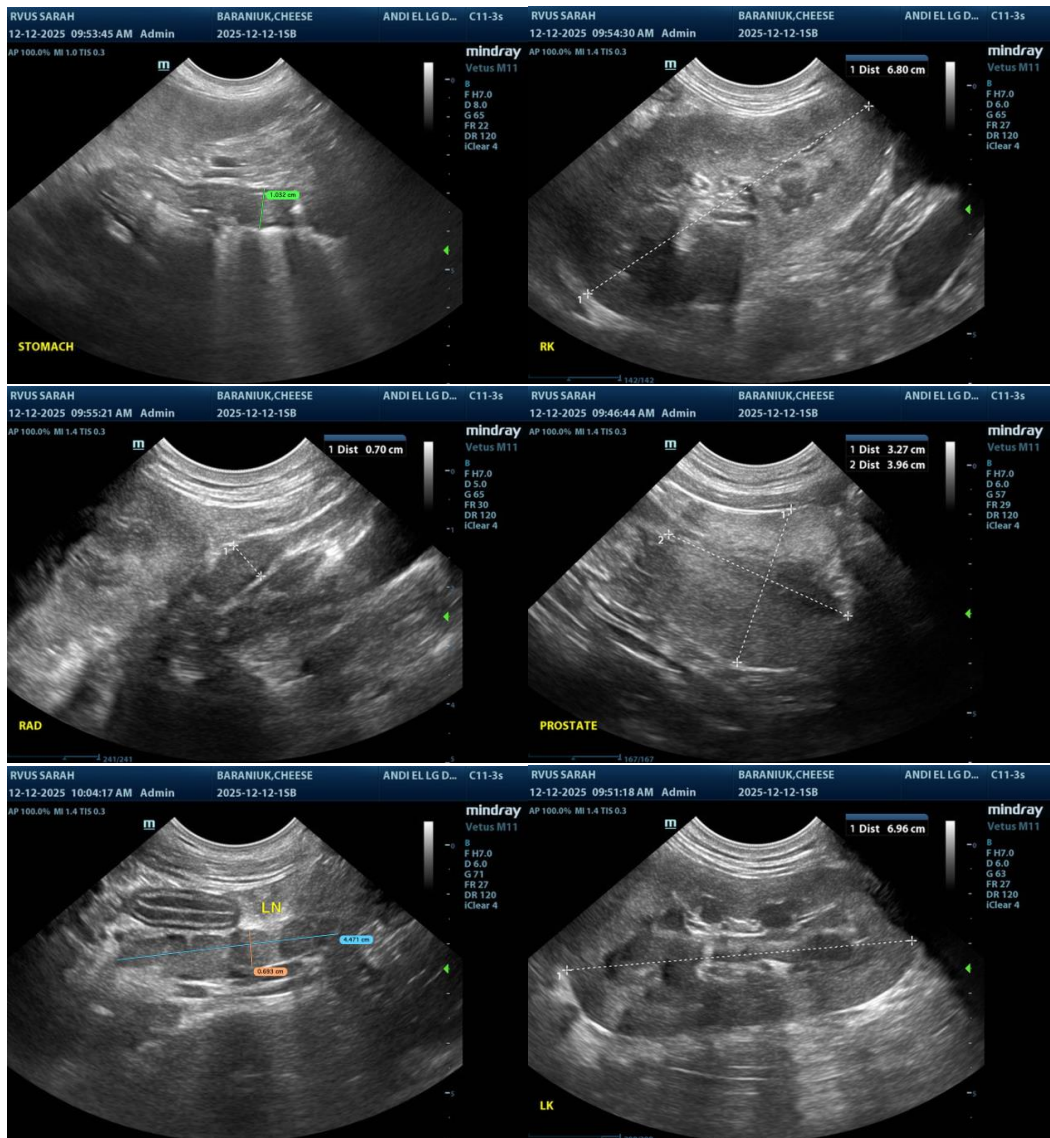
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with enterotomy and recommended gastrointestinal biopsies is indicated. Mild potential for emerging peritonitis is not excluded with suspect secondary inflammatory segmental jejunal changes in the area of the foreign body.





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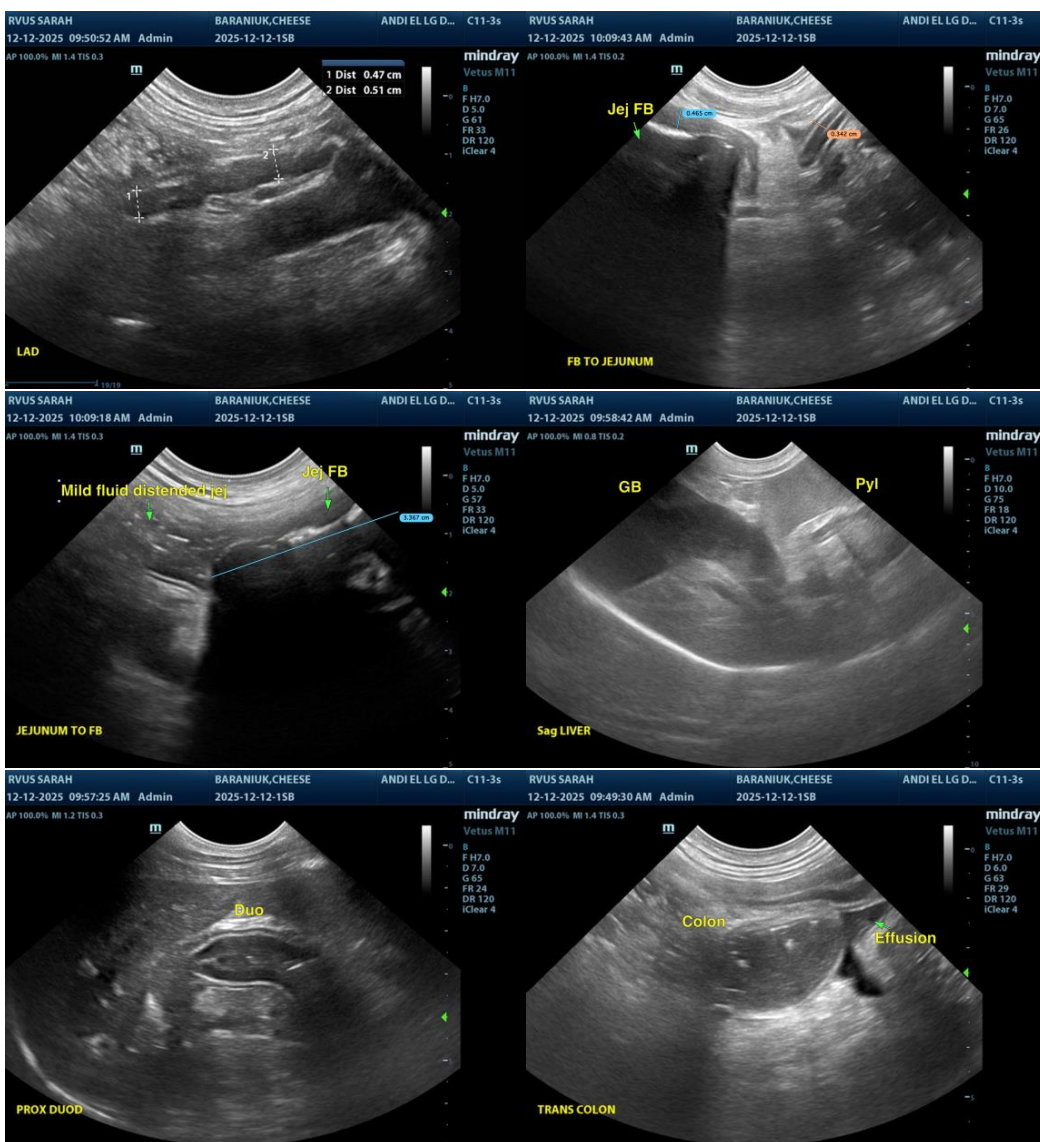
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com