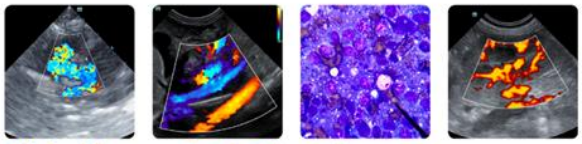


PATIENT

Thomas Orozco

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13yr

WEIGHT

7.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography

REFERRING VET

Dr Clive

INVOICE
22313

DATE
12/22/2025

PRESENTING CLINICAL SIGNS

Drooling since 12/22 am. Deceased appetite and low water intake since Saturday. The owner reports that the lack of appetite began on Sunday, and Thomas has not been drinking water. There has been no vomiting. but started drooling this morning. The owner has been forcefully administering medication orally due to Thomas reluctance to take it with food. Thomas is currently on Cerenia and Forti Flora. Thomas has a history of giardia but is currently having normal stools. Pt has history of pancreatitis in the past, pt has history of proteinuria. Has a grade 3/6 heart murmur.), Last ate (Patient ate 12-24 hours History: Clinical signs (Other/not listed), signs 2 (-Drooling since this Decrease prior to exam) Physical Exam: S

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

The area of the residual prostate appeared normal and free of pathology

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

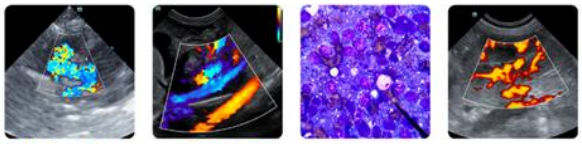
The left adrenal gland was mildly enlarged exhibiting asymmetrical capsule contour and mild non-homogenous hypoechoic non-mineralized parenchyma. The left adrenal gland measured 0.81 cm width at the caudal pole. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.45 cm width.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non-distended in size with thin walls and mild to moderate non-dependent mildly congealed yet non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited subjective moderate distension with gas and partially shadowing content appearing to extend into the area of the pyloric outflow.

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Subjective mildly thickened duodenum wall with subtle duodenal corrugation, the duodenum wall measured up to 0.73 cm in width. Similar appearing partially shadowing duodenum content potentially extending into the upper jejunum was present. The overall jejunum extending to the level of the ileum and colon was empty distal to the duodenum.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant caudal abdomen peri-intestinal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Partially shadowing gastric and duodenal content potentially extending into upper jejunum, empty small intestine distal
- Non-specific chronic renal changes exhibiting mild medullary mineral
- Mild asymmetrically enlarged left adrenal gland
- Mild non-organized gallbladder debris
- Scant caudal abdomen/ peri-intestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The partially shadowing gastric and duodenal content given reported inappetence is highly concerning for gastric and duodenal partial fluid absorbing foreign material, although no definitive evidence of current gastrointestinal obstructive pattern was present.

Correlation with most recent meal ingestion is recommended. Documented 12-hour fast and sonographic reassessment of the upper gastrointestinal tract would be reasonable, whereas direct exploratory laparotomy with gross inspection of the upper gastrointestinal tract would be appropriate.

No overt sonographic evidence of active pancreatitis as a primary contributing factor. If surgery is elected, concurrent gross inspection of the left adrenal gland at time of surgery is recommended.

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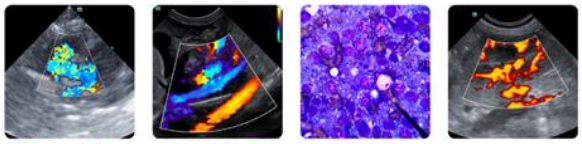

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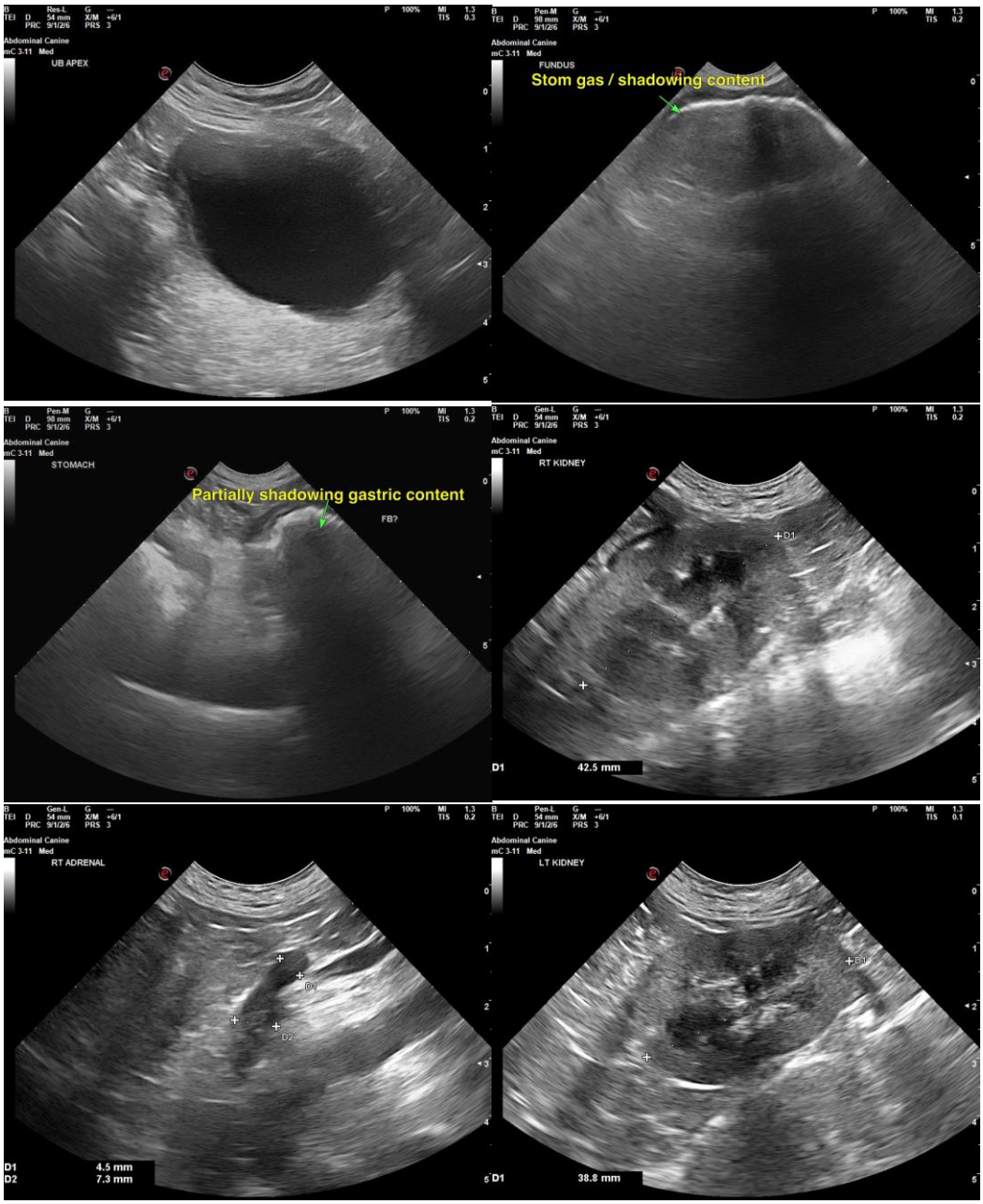

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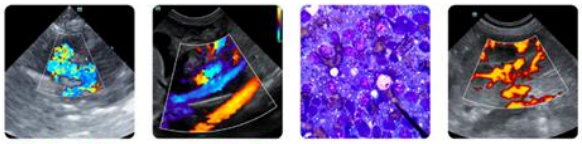

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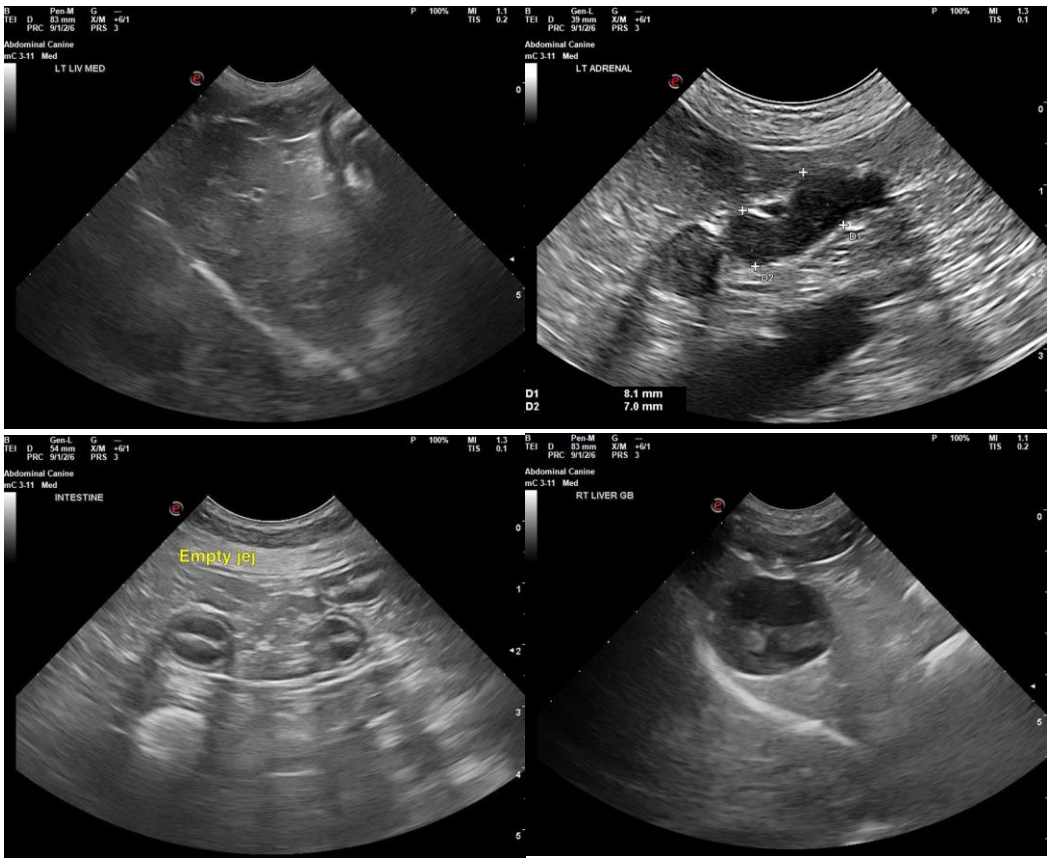

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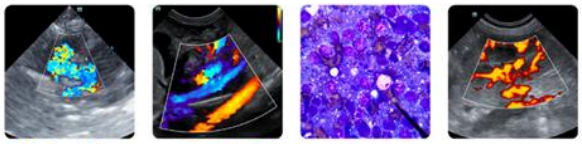

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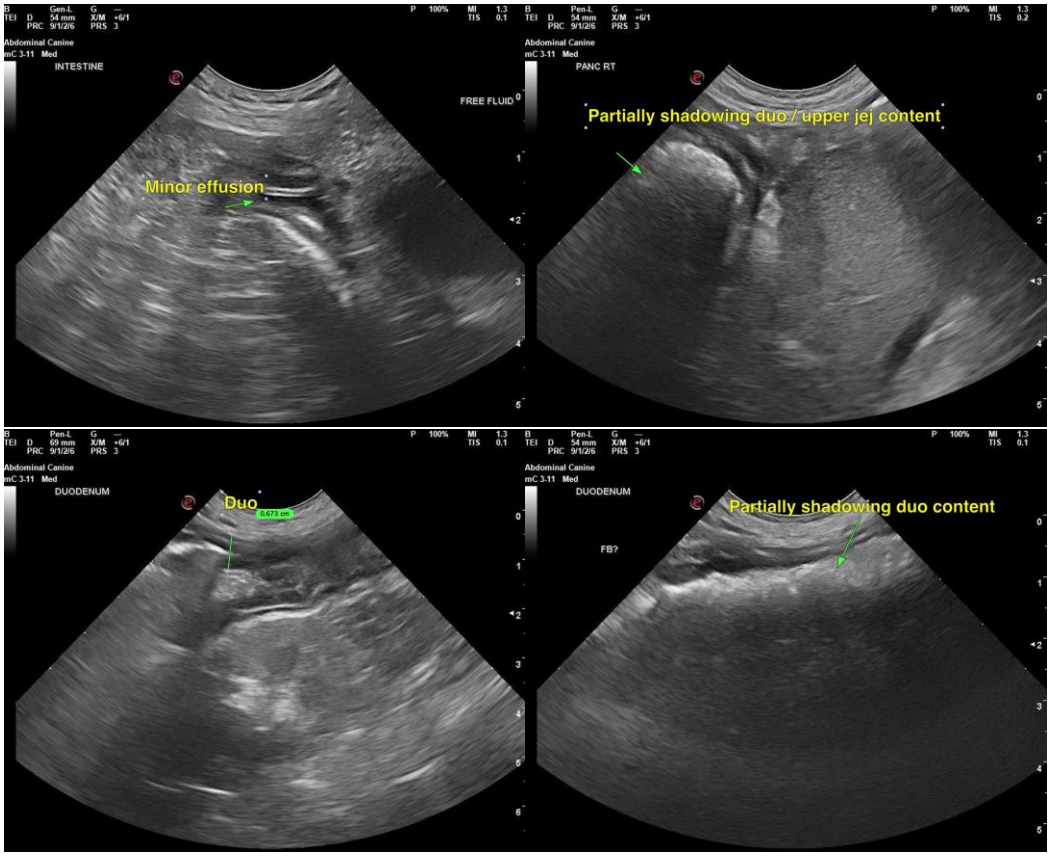

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com