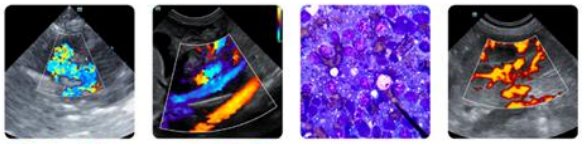


PATIENT

Astrid Barnes

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

4yr

WEIGHT

25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE
23343

DATE
12/26/2025

PRESENTING CLINICAL SIGNS

*Last Tuesday my husband fed Astrid the wrong food he fed her pro plan salmon and rice. she can only eat I/D low fat. the first few days she had some bad gas. She was still eating and acting herself. last Sunday 12/14/25 she didn't eat her breakfast but that night she did eat her dinner. Monday, she didn't eat at all that day. Tuesday she only ate a few pieces. Wednesday, she ate both morning and night. From Thursday she had only eaten a little here and there. She was not herself and just laying around and drinking a little more. Saturday she was eating grass outside and had a little diarrhea she also had pale/pink gums over the weekend. today 12/22/25 she didn't want to eat at all and when went to check her gums they were pale. prior history of urinary incontinence, parvo, pancreatitis. daily medications of Proin and joint supplement. 12/22 outpt treatment with sucralfate and Proviable capsules. came back in 12/24 for repeat cbc. 12/24 was eating better but still lethargic. came in again on 12/25 for anorexia and lethargy, retching, and eating grass. admitted for supportive care ivf, Cerenia, ondansetron, Unasyn buprenorphine. *concern for pancreatitis, gastritis, gi FB, gi bleed, primary blood cell issue, non-regenerative anemia, other, open

Abnormal PE/Chem/CBC/UA Results: 12/22 cbc: hct 28.9% L, hgb 9.8 L, rbc 4.27 L 12/22 cPL: 206.8 suspect 12/22 rad: some ingesta in stomach (ate this am) stool in colon, no signs of obstruction or FB 12/24 cbc: hct 22.8 L, hgb 7.9 L, rbc 3.40 L 12/24 saline agglutination: negative 12/25 slide review imagyst: anemia, moderate, non-regenerative currently; oxidative damage, mild evidence 12/26 cPL: 52.5 normal 12/26 liver panel: WNL 12/26 cbc: hct 25.8 L, hgb 8.4 L, rbc 3.84 L 12/26 rads: ingesta in stomach, some gas in small bowel, mild clumping in right upper quadrant 12/26 repeat rads: some material moving through but stomach still contains significant debris

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 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 6.0 cm in length. The right kidney measured 6.3 cm in length.

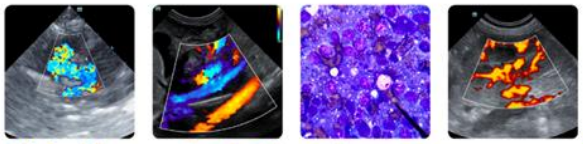
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left /right adrenal glands were indistinctly visualized exhibited subnormal size. The left adrenal gland subjectively measured 0.45 cm width at the caudal pole. The right adrenal gland subjectively measured 0.35 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



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing to mild focally shadowing ingesta with no signs of obstruction.

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 area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild primarily non-shadowing to focally shadowing gastric ingesta
- Sonographically unremarkable area of pancreas
- Subjective bilateral subnormal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is most consistent with food echogenicity with potential for focally shadowing treat, medication or similar. Small amounts of non-obstructive intermixed gastric foreign material not definitively excluded yet thought less likely. No evidence of gastrointestinal mural pathology, intestinal obstructive pattern or active pancreatitis. Given patient history, mild flare ups of pancreatitis or chronic pancreatitis may present sonographically normal.

Further assessment may include a GI panel as well as screening cortisol level to assess for non-structural intestinal disease or occult Addisons disease as a contributing factor. Pending additional diagnostics, gastrointestinal support with clinical monitoring and as needed sonographic reassessment if evidence of persistent gastric ileus is recommended.

A definitive cause of the anemia was not obvious without evidence of abdominal masses or effusion. A

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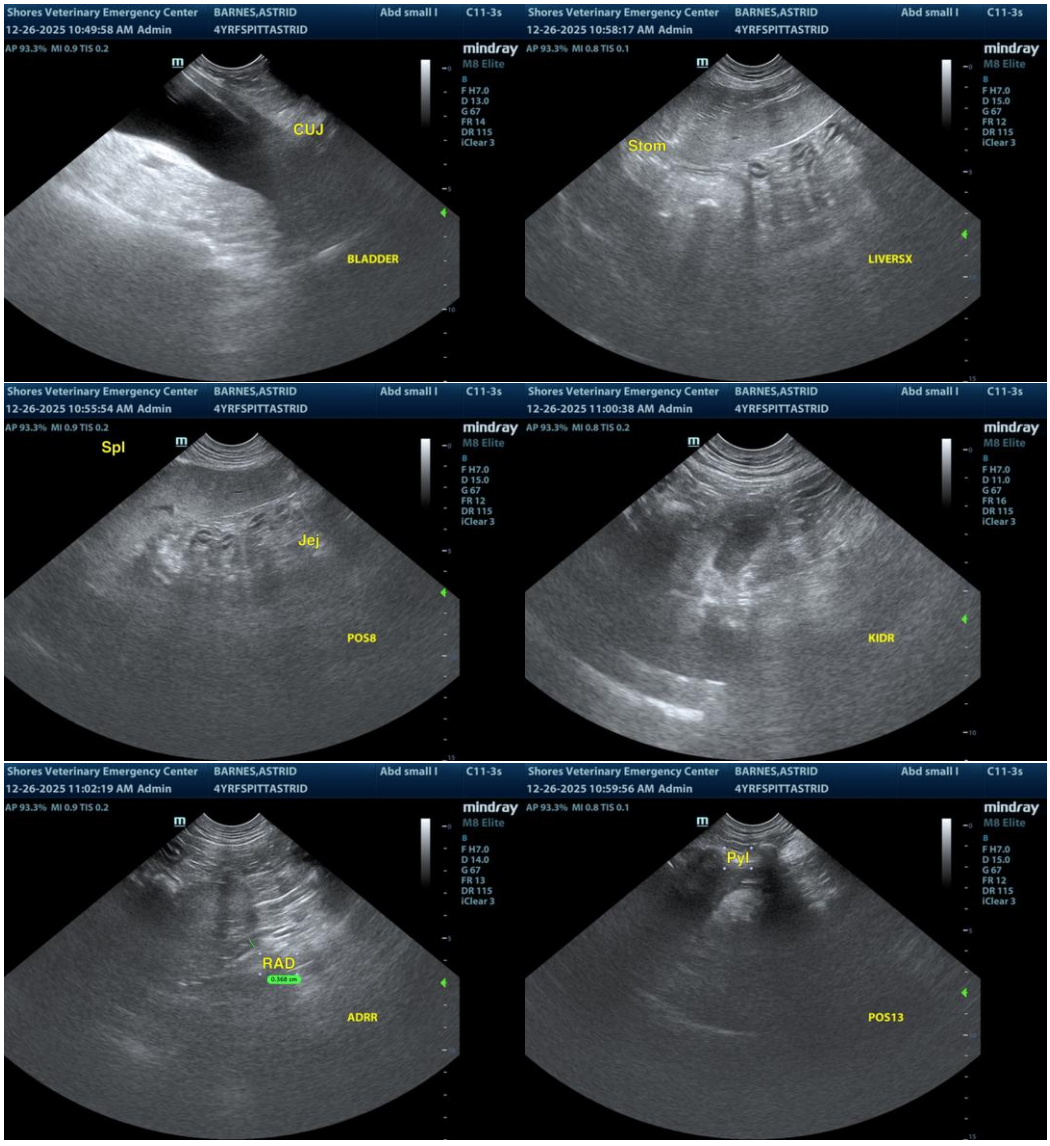
CBC pathology review and screening three view chest radiographs may be considered.



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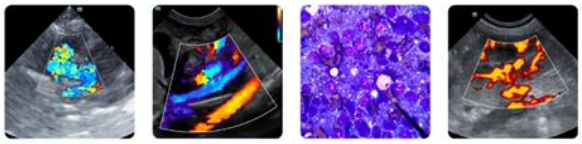

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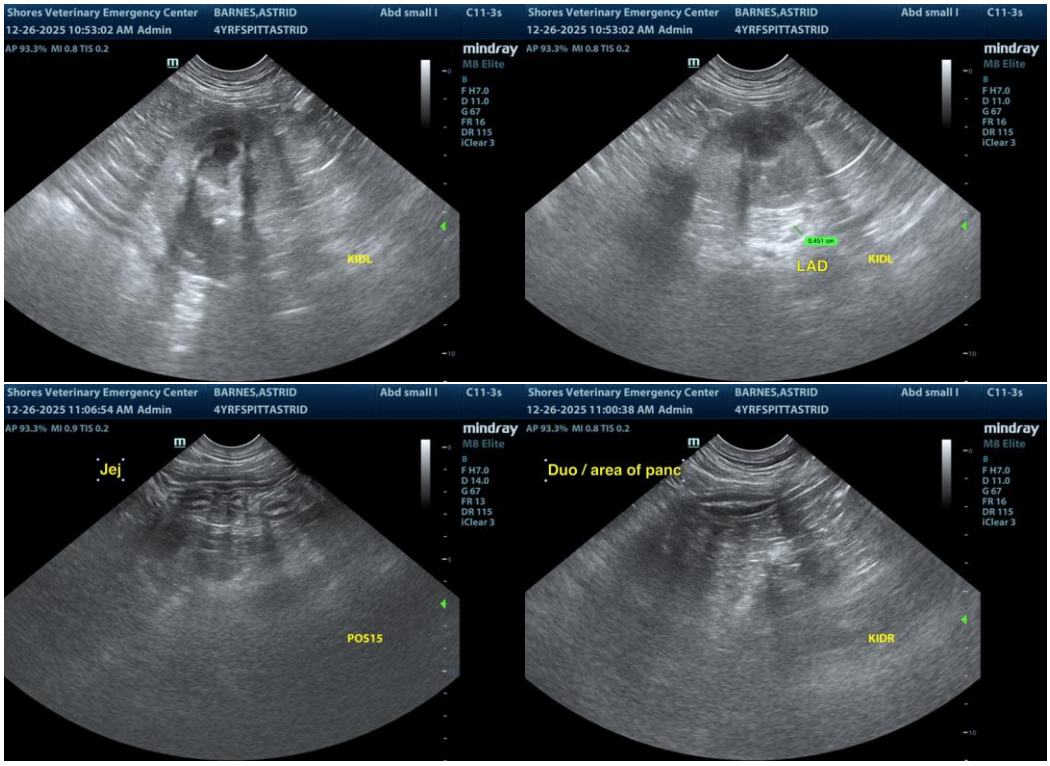

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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