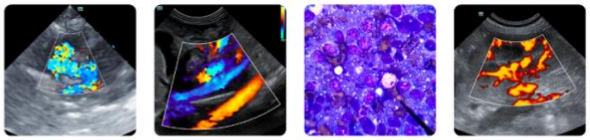


PATIENT

Milo Paul

SPECIES

Canine

BREED

Bichon Mix

SEX

Male

AGE

11 Weeks

WEIGHT

1.9

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

12860

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Lethargic, vomiting brown liquid.

Abnormal PE/Chem/CBC/UA Results: Glu 220 Na 144 K 3.2 TP 4.4 Alb 2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.0 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

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

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. Subjective adequate vascular volume was present.

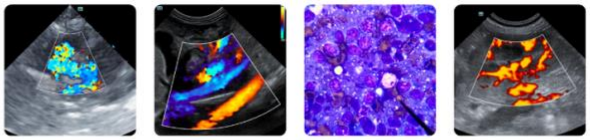
The gallbladder was mild to subnormal in size likely given the presence of gastric ingesta.

Gastrointestinal

The stomach presented with overtly normal intact visible gastric wall. The stomach exhibited moderate distention with variably echogenic to regional mild progressively shadowing ingesta. No definitive visualized obstruction to pyloric outflow. Pylorus wall measured 0.30 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing intestinal ingesta was present without obstructive pattern to the level of the colon. Small intestine wall measured 0.24 cm to 0.25 cm wall width.

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



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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). The lymph node measured 1.4 cm x 0.50 cm width. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically normal gastrointestinal tract with moderate gastric and mild segmental intestinal ingesta.
- Intermittent mild benign mesenteric lymphadenopathy- mild immunologic immaturity or reactive hyperplasia probable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the gastrointestinal ingesta is suggestive of food echogenicity which may suggest some degree of metabolic gastric and mild segmental intestinal ileus potentially owing to nonspecific inflammatory bowel episode. The potential for a small amount of intermixed to nonobstructive gastric foreign material is thought less likely yet cannot be definitively excluded. Correlation with most recent meal ingestion is recommended given the reported vomiting. Definitive evidence of obstructive criteria was not met. Hospitalization with gastrointestinal support, documented 8 to 12 hour fast and sonographic reassessment of the gastrointestinal tract pending clinical response to supportive care is recommended.

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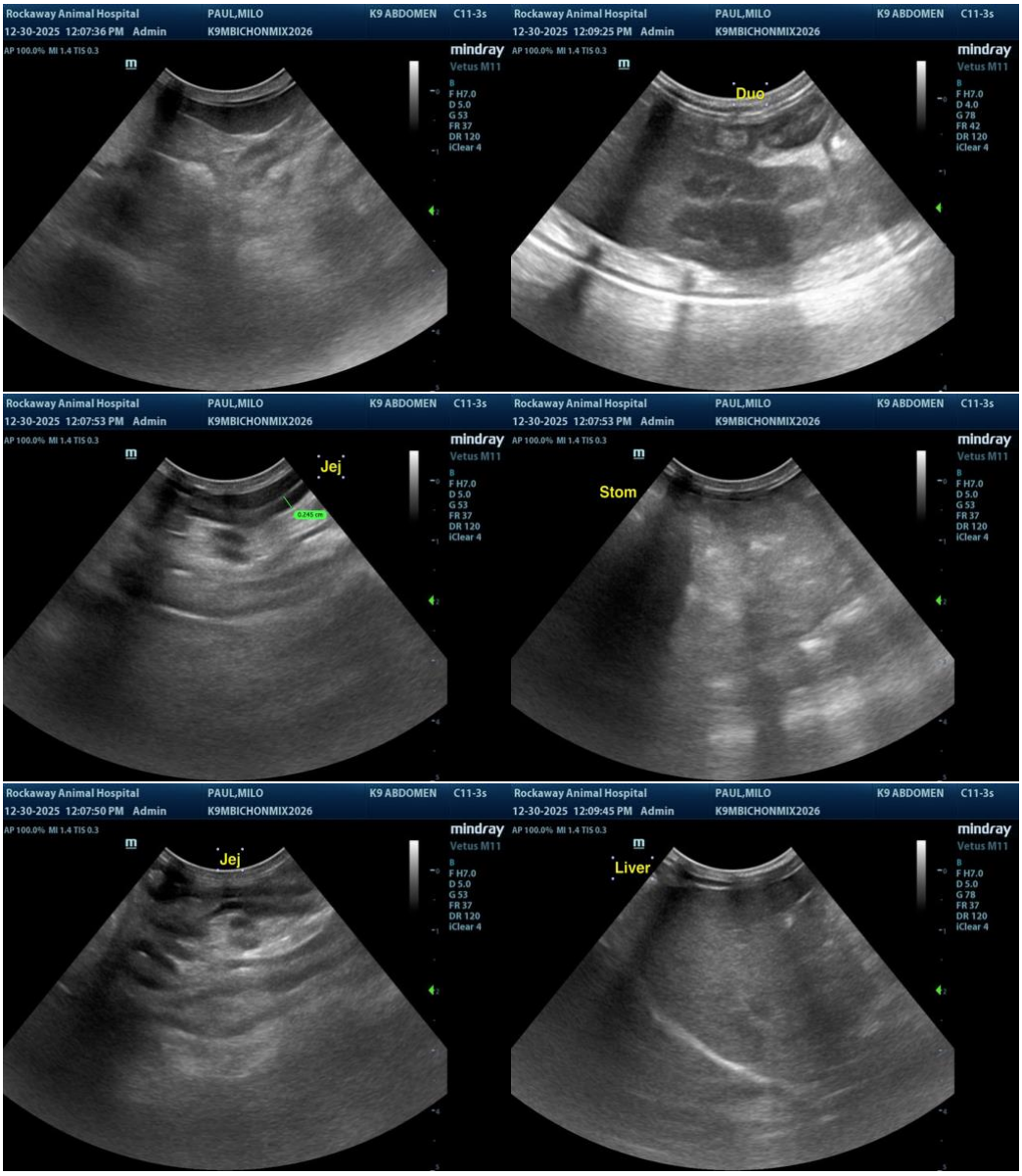

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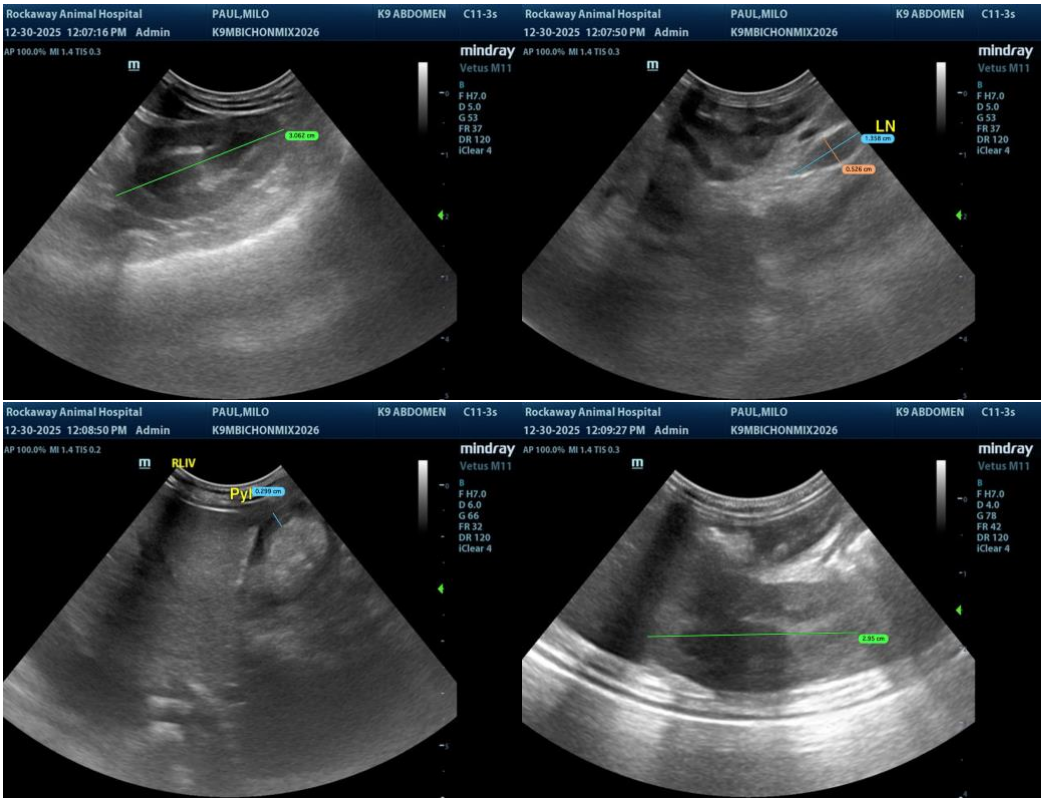

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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