



PATIENT

Flynn Shelton

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

5

WEIGHT

27.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr Hayes

INVOICE

23116

DATE

12/04/2025

PRESENTING CLINICAL SIGNS

2 days ago diarrhea; frequently gets giardia per O. Yesterday not eating last full meal yesterday (farmers diet) 8am. Today not eating or interested in food. Vomited with some blood. Diarrhea with some blood today. Lethargic today. P is always with O, O doesn't think p could have eaten anything foreign.

Abnormal PE/Chem/CBC/UA Results: 12/2: HCT 69.1 (H), wbc 14.78, neut 12.38 (H), lymph 1.35, PLT 129 ALP <10 (L) ePOC: pH 7.349 (L), Glucose 138 (H), HCT 59 (H) cPL: 235 (H) UA: USG >1.050, glucose 50 mg/dl, negative for ketones, bili, bld/homo. WBC 2/hpf, RBC 6/hpf, no bacteria detected, NSEC 1-2/hpf, no casts or crystals noted. Radiographs: - Intraluminal gastric foreign body versus less likely normal ingesta, nonobstructive. - Moderate regional to diffuse enteropathy. - Diffuse colonopathy. - Rounded appearance of the tail of the spleen on the right lateral projection. - Mild microhepatia. AFAST: No ff noted. hyperechoic swirling material within urinary bladder.

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. The left kidney measured 6.9 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 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 0.59 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



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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 was moderate to significantly distended with echogenic fluid and mild lumen gas with overtly normal visible stomach wall. Definitive evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was not obvious. The pylorus wall measured 0.62 cm in width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation and gas in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.45 cm width.

The visualized colon exhibited empty descending colon lumen with intact mildly prominent descending colon wall.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate to significant fluid and gas distended stomach
- Non-specific enterocolitis exhibiting segmental generally mild intestinal ileus and mild semi-formed/ soft fecal matter
- Sonographically normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of upper to generalized mechanical gastrointestinal obstruction, i.e. foreign body mass, stricture, etc. was not overtly evident, which may indicate significant metabolic gastric ileus owing to generalized non-specific gastroenterocolopathy. However, given the degree of gastric distention with retained fluid, gas and reported progressive regurgitation, a non-obvious area of upper intestinal obstruction is of concern.

Exploratory laparotomy with gross inspection of the gastrointestinal tract and gastrointestinal biopsies strongly recommended despite exploratory findings is warranted. Gastric evacuation via esophageal or nasogastric tube with gastrointestinal support, documented 12-hour fast and sonographic/ clinical monitoring would be a more conservative approach.



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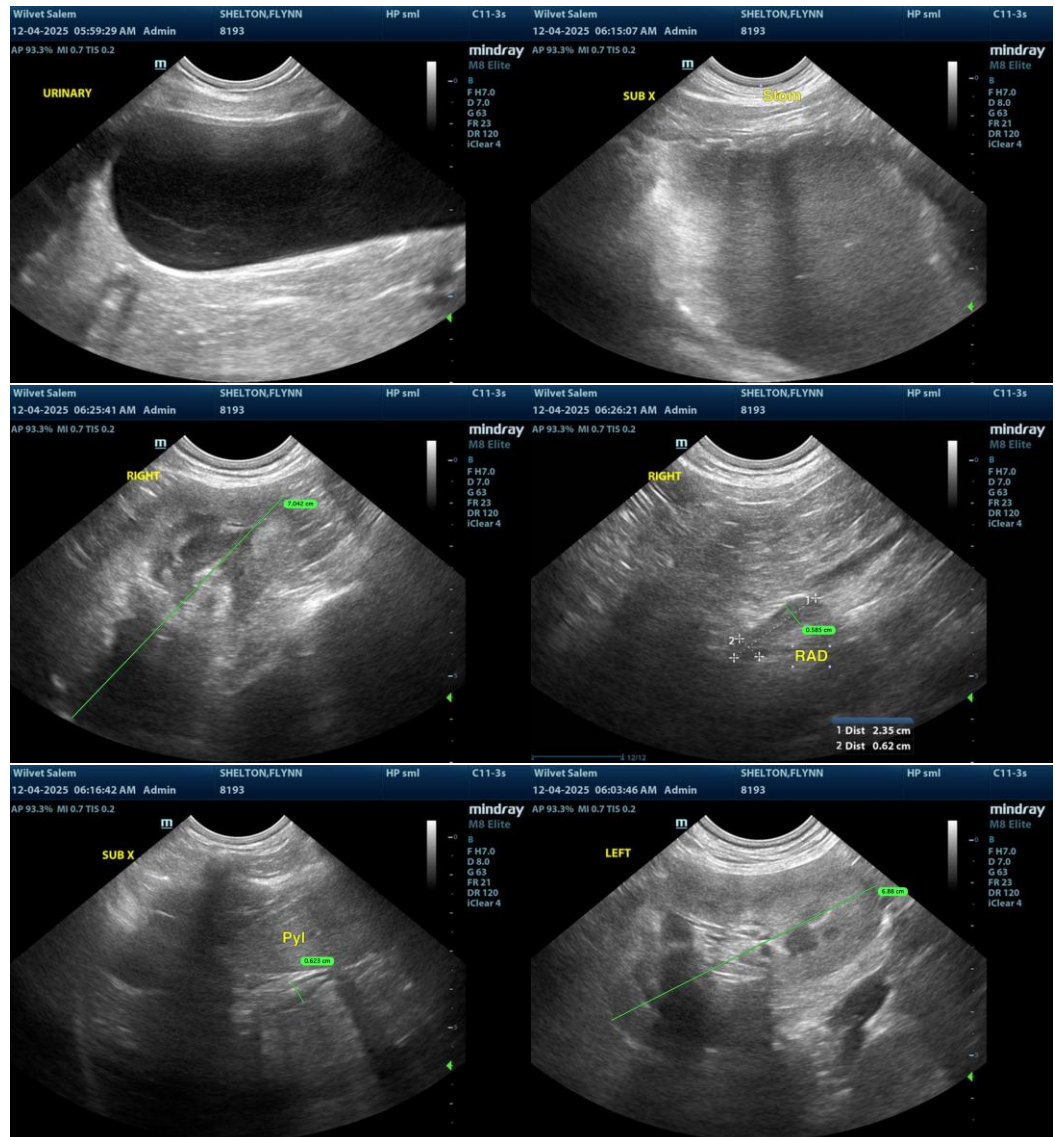
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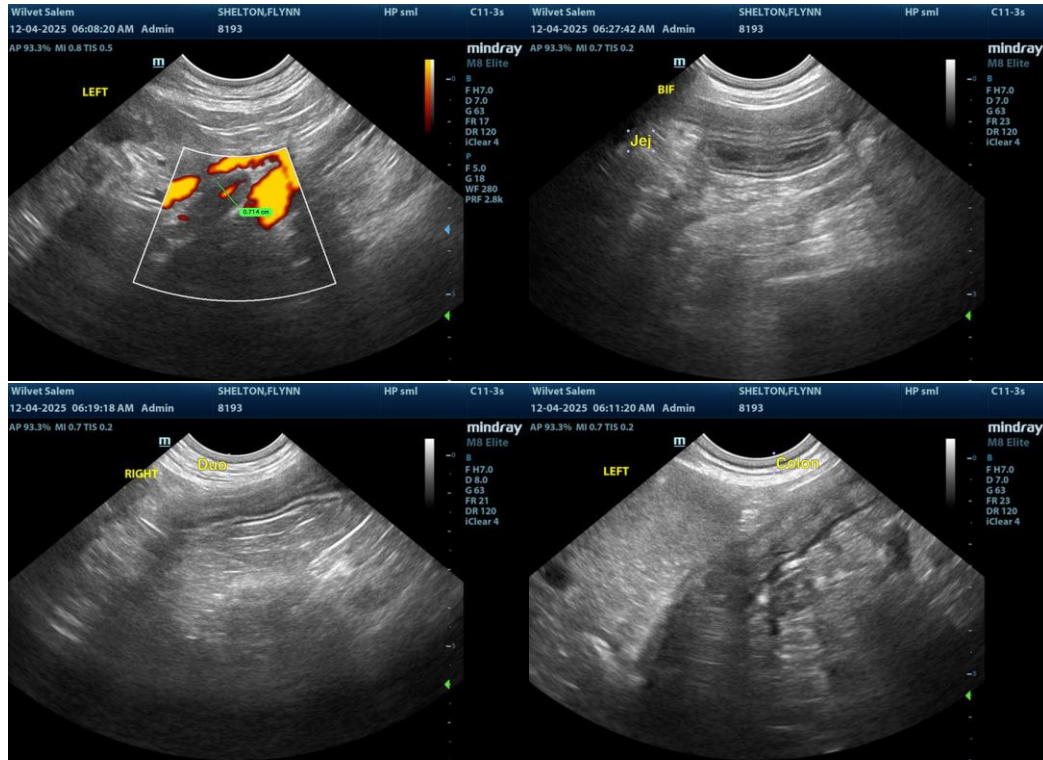
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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