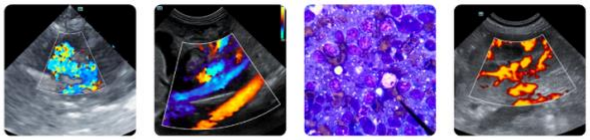

PATIENT

Ace McCarthey

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

7

WEIGHT

48.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills Veterinary Hospital

REFERRING VET

Dr. Camille Sieger

INVOICE

12576

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Vomited blood-tinged fluid last night, has been feeding i/d for history of sensitive stomach. vomited one other time this week just before feeding time. does have history of dietary indiscretion. O feeding smaller amounts of i/d last night and this morning - last meal around 5 am, has not vomited this morning. Concern for delayed emptying, pyloric foreign body

Abnormal PE/Chem/CBC/UA Results: slightly dehydrated and tense on abdominal palpation rads showed dilated stomach, concern for delayed emptying, pyloric foreign

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 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.

No overt pathology in the area of the residual prostate.

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 6.4 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.69 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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. 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

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The stomach presented with normal intact visible wall. The stomach contained moderate variably echogenic primarily nonshadowing to focal mild progressively shadowing ingesta. No overt obstruction to pyloric outflow. Pylorus wall measured 0.43 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty small intestine lumen with mild segmental nonshadowing intestinal ingesta. The duodenum wall measured 0.59 cm width. The jejunum wall measured 0.40 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

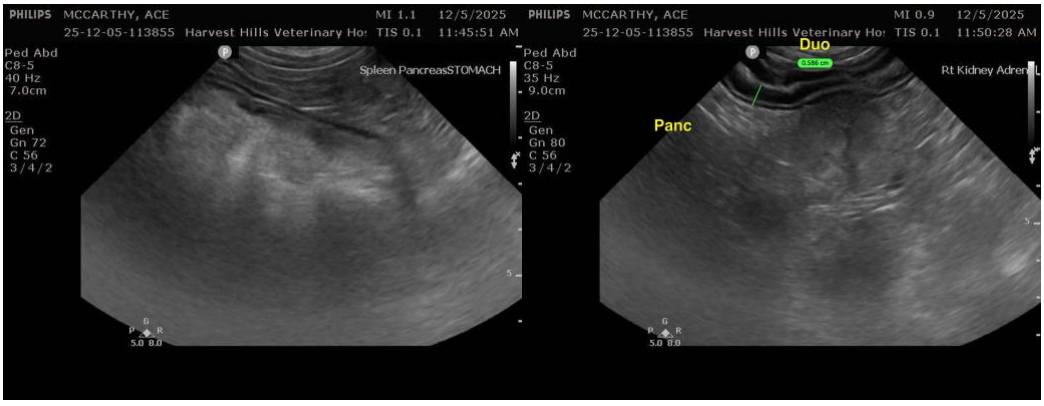
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically/structurally normal gastrointestinal tract with primarily nonshadowing gastric and segmental mild intestinal ingesta.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric and mild segmental intestinal ingesta is most consistent with food echogenicity. Definitive evidence of pyloric, upper intestinal or generalized gastrointestinal mechanical obstructive pattern i.e. foreign body, mass, stricture, etc. was not obvious. Metabolic or functional gastric ileus and nonobstructive delayed gastric emptying is favored. Documented 12-hour fast and sonographic monitoring of the gastrointestinal tract to assess gastric emptying and gastrointestinal motility would be ideal. If persistent gastric stasis, upper gastrointestinal endoscopy for further evaluation of the pyloric outflow may be indicated. Empirically, smaller more frequent feedings of a canned bland or hydrolyzed diet and as needed gastroprotectants with assessment of clinical response may prove beneficial. Screening cortisol level to rule out occult Addison's disease is recommended.



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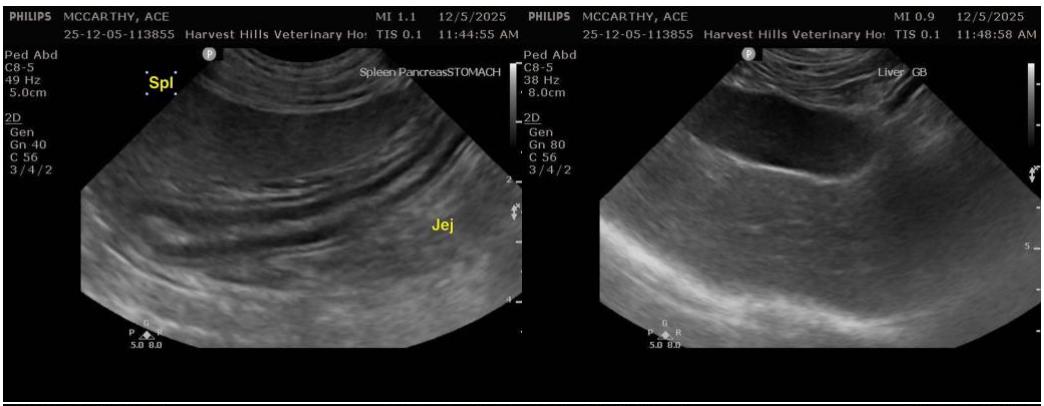

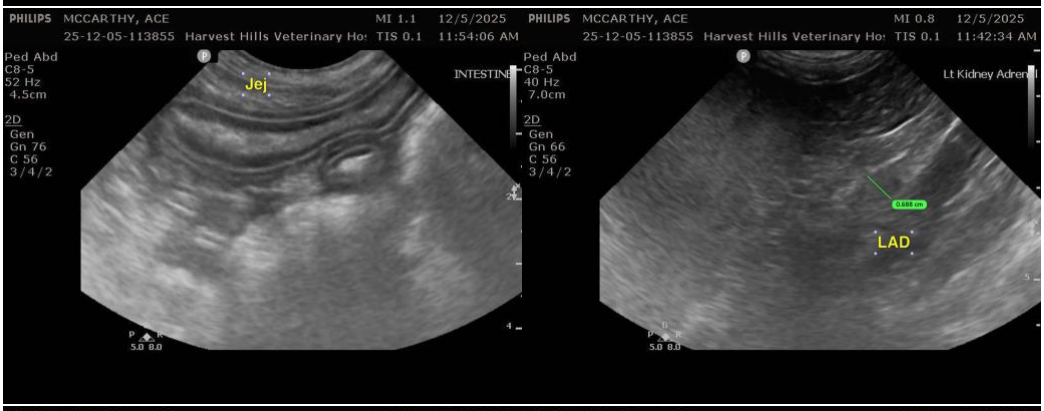

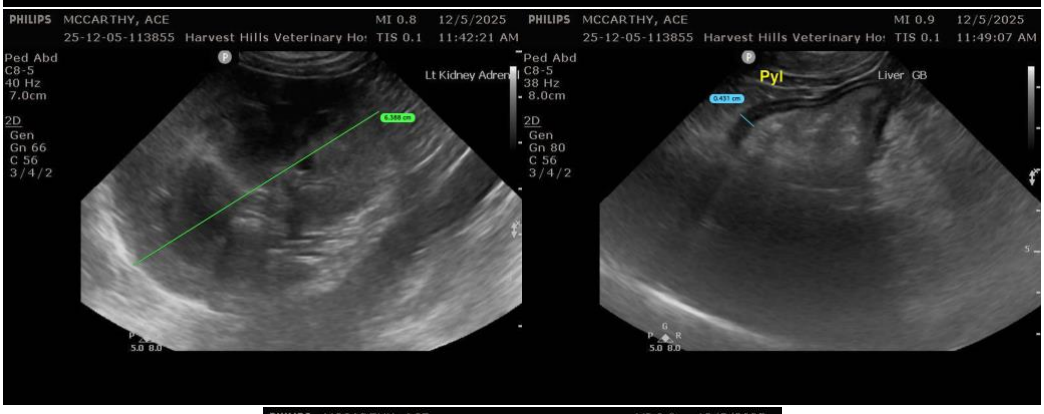

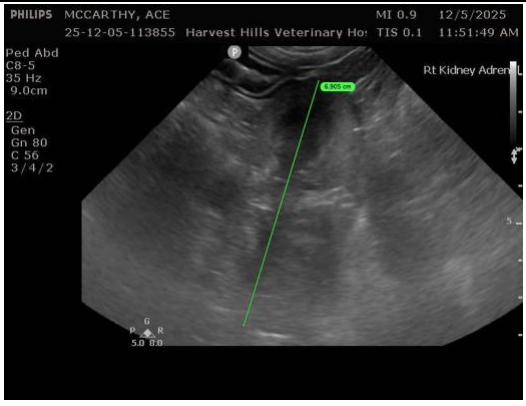

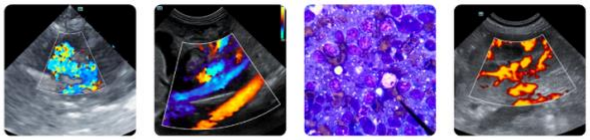

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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