



## PATIENT

Woods Monego

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

67.6

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Marco Litchfield

## HOSPITAL NAME

Sova Animal Hospital

## REFERRING VET

Dr. Dodson

## INVOICE

13892

## DATE

02/20/26

## PRESENTING CLINICAL SIGNS

- Vomiting and diarrhea x's 4 days, per owner didn't see pet get into anything. Pet is interested in food but everything comes back up. pet has lost roughly 20 pounds went from 80 pounds down to 67 pounds.
- Hospitalized on IVF yesterday and today, gave Cerenia, metoclopramide, ampicillin. Regurgitating today. AXR showed fluid filled stomach, loss of serosal detail.

Abnormal PE/Chem/CBC/UA Results: WBC 22k Alb 4, ALP 537 (H), ALT 193 (H), creat 2.5 (H), Cl 108 (L), glob 5.1 (H), K 5 (L), phos 14.3 (H)

## 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.

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. Mild pyelectasia within the left kidney suspect secondary to IV fluid therapy. The left kidney measured 8.0 cm in length. The right kidney measured 7.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

The spleen presented normal in size with mild asymmetrical splenic capsule contour and nonhomogenous parenchyma exhibiting discrete to indistinct splenic variably echogenic noncapsule deforming splenic nodules with an example measuring 0.55 cm in diameter.

### 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent indistinct hyperechoic intraparenchymal nodules were present with an example measuring 2.4 cm in diameter.

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 visible wall. The stomach exhibited significant distention with retained fluid and a mild amount of variably echogenic nonshadowing pyloric ingesta.

The small intestine presented overall intact wall layering with maintained wall layer ratio. The small intestine exhibited segmental to primarily mild to moderate distention with intestinal fluid. Concurrent



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empty intestinal segments also visualized, suspected to be distal to the fluid dilated intestinal segments. The fluid within the intestine was anechoic with mild segmental intestinal gas.

The visualized descending colon at the level of the urinary bladder and colorectum was mildly distended with non-formed non-shadowing fecal matter.

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### **Free Abdomen**

No obvious visualized significant or swollen mesenteric lymphadenopathy was present. Minor pocket of peritoneal effusion in the ventral abdomen along with mild hyperechoic omentum.

## ULTRASONOGRAPHIC FINDINGS

- Significant distended stomach with retained fluid and mild variably echogenic nonshadowing pyloric ingesta.
- Concurrent fluid dilated intestinal segments with empty small intestinal segments- highly suggestive of obstructive pattern.
- Distended distal colon/colorectum with nonformed fecal matter.
- Minor volume peritoneal effusion and possible regional mild peritonitis.
- Hepatopathy exhibiting indistinct hyperechoic intraparenchymal nodules- vacuolar hepatopathy with nodular hyperplasia or lipogranulomas, low-grade hepatic inflammation, nonobstructive cholestasis or other haptic neoplasia thought less likely.
- Nonhomogenous to subtle nodular spleen- hyperplasia, hematopoiesis, inflammation, neoplasia are all potentials.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of intestinal mechanical obstruction i.e. foreign body, mass, stricture, etc. was not definitively visualized, however, the degree of gastric fluid distension combined with fluid dilated intestinal segments with concurrent empty intestinal segments is highly suggestive of intestinal obstructive criteria in conjunction with patient clinical signs.

Assuming normal clotting status and if patient is stable for anesthesia, exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal +/- hepatic biopsies and splenectomy is strongly recommended.



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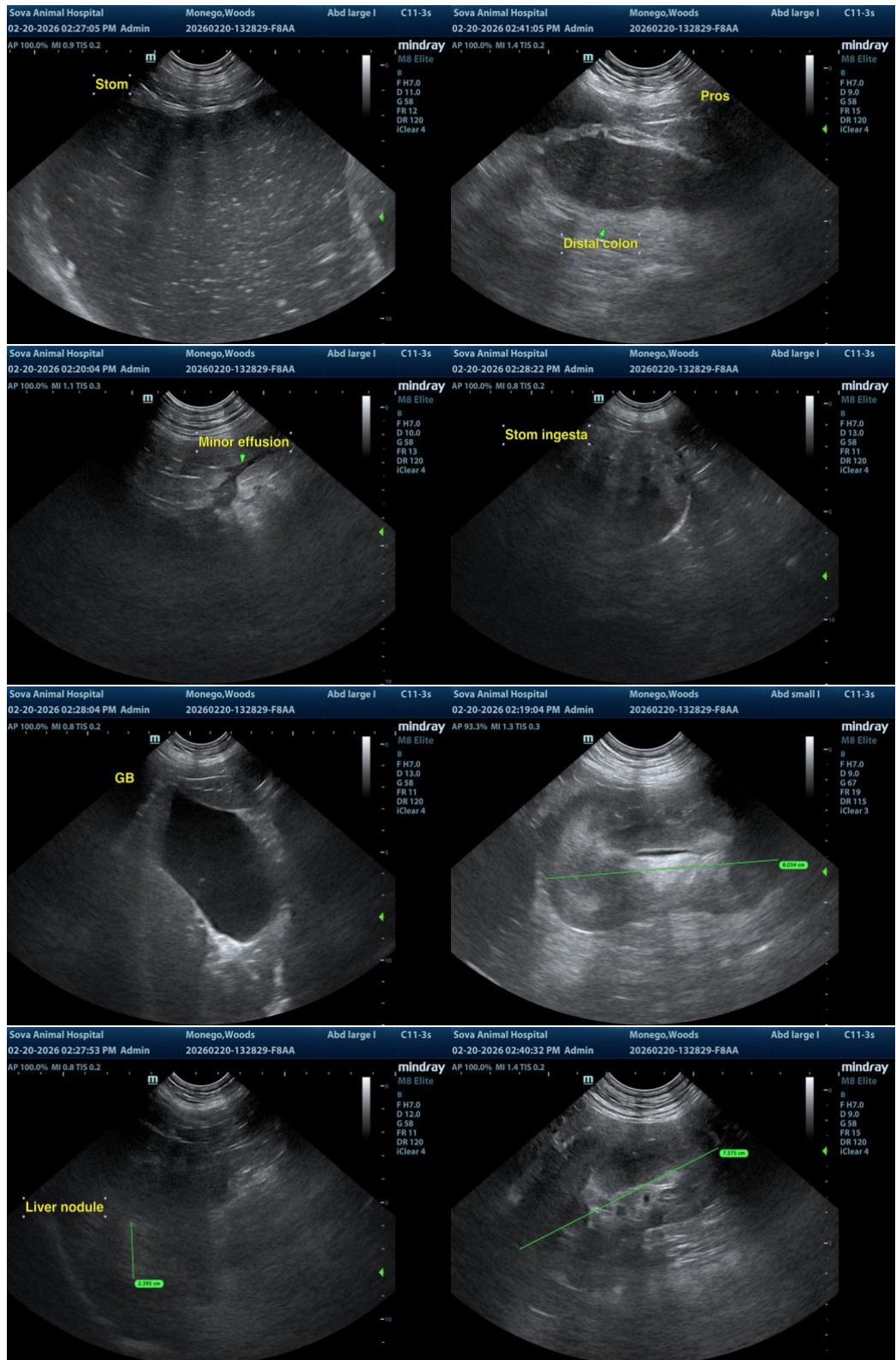
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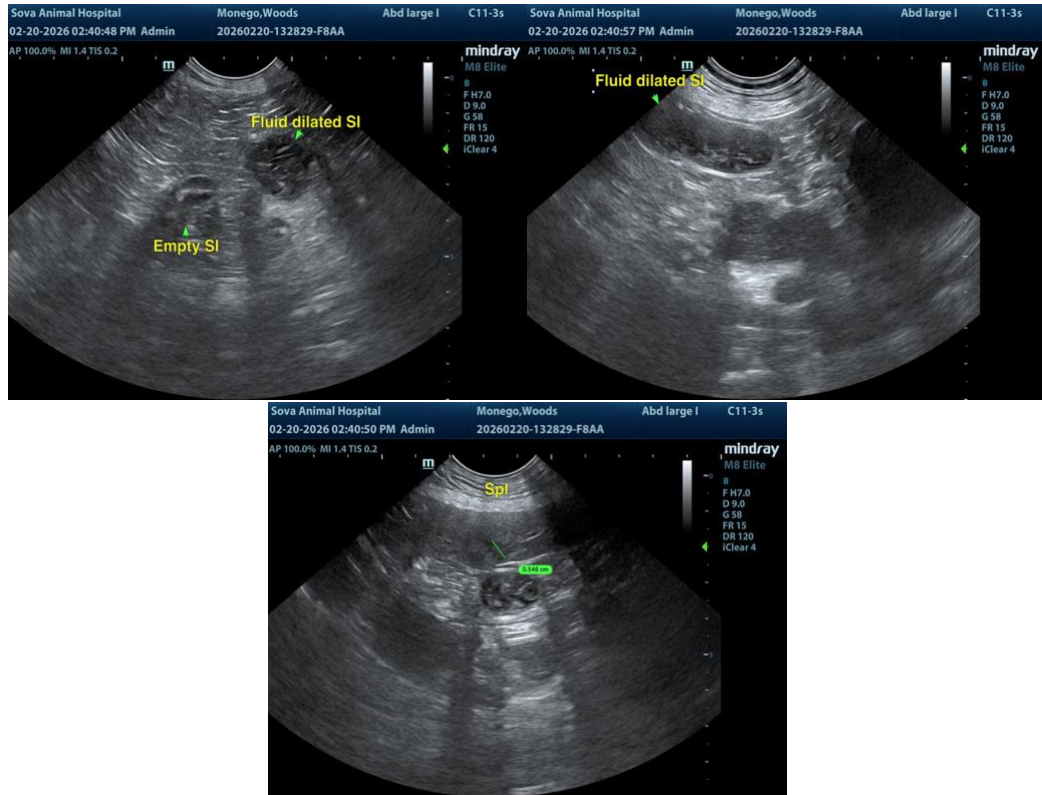
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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