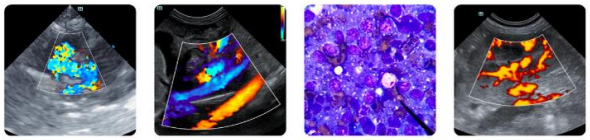

PATIENT

Finnegan Luther/Robinson

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

9 YO

WEIGHT

22.9 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

10606

DATE

2/3/26

PRESENTING CLINICAL SIGNS

P presented for hyper-salivating, not eating, and not having a bowel movement 2 weeks post op. Patient was at rDVM today for this where they did blood work and radiographs. Patient was doing great post op until sunday when they ate a "yak chew" and switched back to dry food. Patient started to not eat on sunday after and salivate and "bugging owners". Patient has decreased stool and thirst. Patient vomited twice, once yesterday (yellow bile) and a few days ago (bile and food). O notes p is not one to eat things he shouldn't.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 changes were noted.

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

No evidence of pathology in the area of the aortic trifurcation.

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 kidneys were visualized primarily in the transverse plane.

Adrenal Glands

The left and right adrenal glands were 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/ 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. The gallbladder was non-distended in size containing primarily anechoic content with nonorganized, mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact, mildly thickened wall. The stomach was empty with mild lumen gas.

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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 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

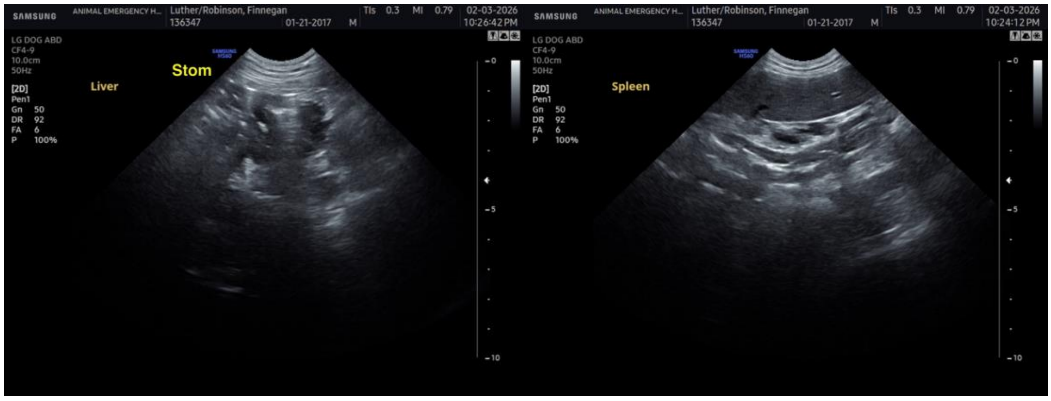
There is no evidence of peritonitis or visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild thickened empty stomach
- Normal empty small intestine
- Normal area of pancreas
- Mild gallbladder debris (non mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of peritonitis, gastrointestinal foreign material, or obstructive pattern. Mild gastritis, potentially residual from recent surgery or secondary to dietary indiscretion, is suspected. Empirical therapy for gastritis with clinical monitoring is recommended. Sonographically reassessment is indicated if nonresponsive or progressive clinical signs are present. Screening cortisol level to rule out occult Addison's disease may be considered.



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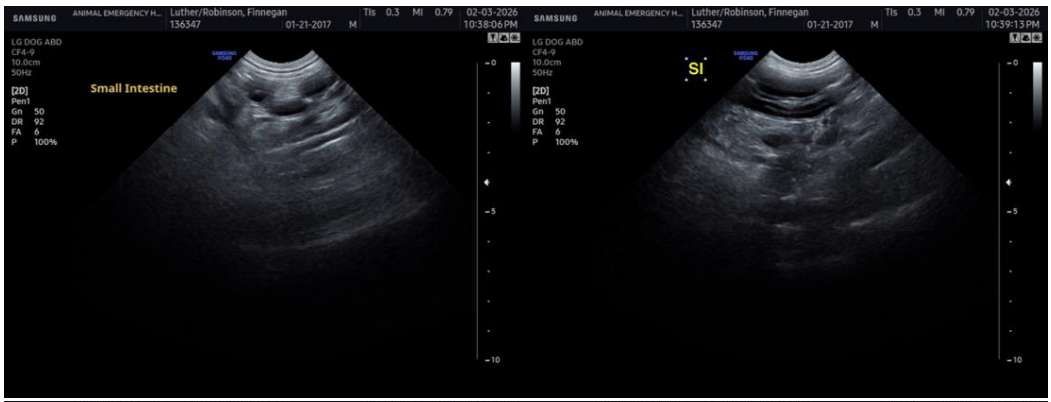

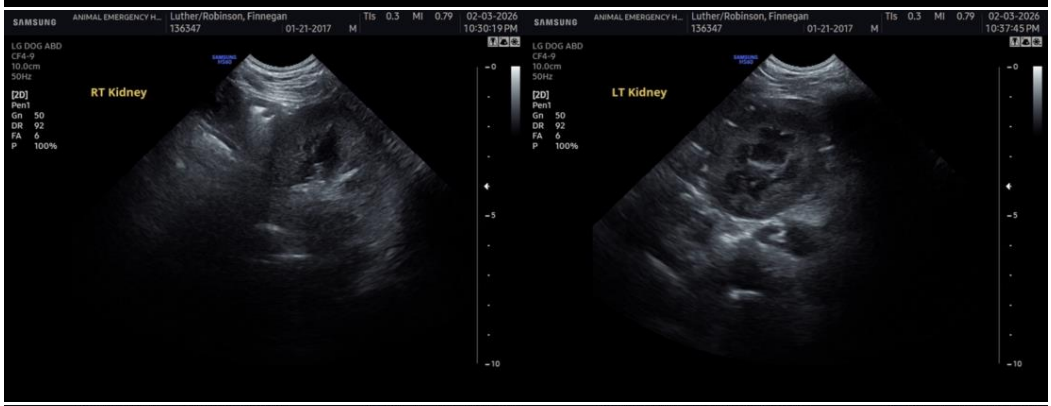

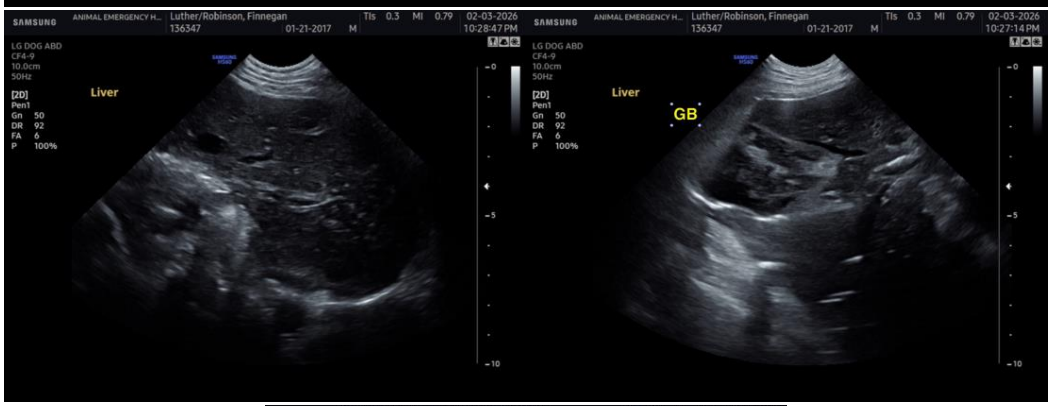

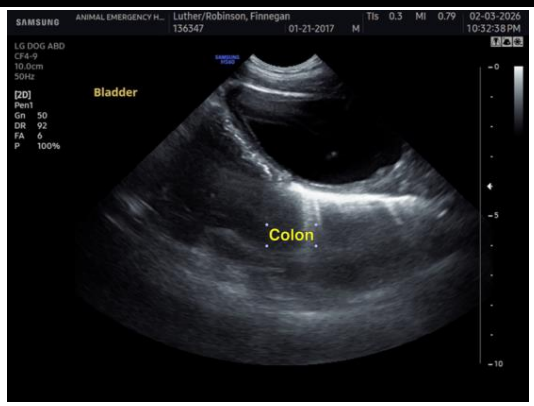

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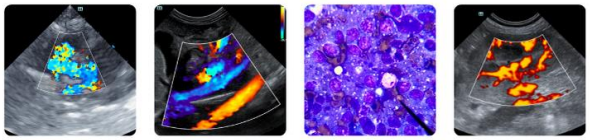

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com