



PATIENT

Paisley Speakman

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

9 Years

WEIGHT

32.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Poremba

INVOICE

13538

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- P has been nauseous and restless over the past few days
- -Has vomited a few times over past 2 days, one vomit appeared to have tissues in it, P has a history of eating foreign objects
- -P did eat this morning
- -P does have a history of cancer (grade 1 STS removed from front paw in 2023 which was treated with radiation)
- Current Medications: No medications

Abnormal PE/Chem/CBC/UA Results: We did not run bloodwork except for a QPL which was WNL (54 U/L) Radiographic Findings N/a Primary Question to Be Answered in This Exam Can a foreign body be seen? Or is something else causing her symptoms?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 iliac 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 6.9 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.51 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to adrenal depth.

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.



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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine exhibited primarily intact wall layering and maintained visible wall layer ratio. The small intestine exhibited a combination of mild to moderate fluid/chyme distended intestinal segments along with empty intestinal segments. An unspecified nonshadowing structure or echo associated with the mid abdomen intestinal segments was visualized measuring approximately 2.3 cm in diameter. Empty intestinal segments likely distal while fluid/chyme distended intestinal segments likely proximal.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild nonshadowing gastric ingesta.
- Fluid/chyme distended intestinal segments with concurrent empty intestinal segments.
- Unspecified nonshadowing structure/echo likely associated with mid abdomen intestine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given patient's clinical history of vomiting and combined fluid/chyme distended intestinal segments with empty intestinal segments, intestinal obstructive criteria is met. This is likely associated with the unspecified mid-abdomen likely intestinal structure versus echo which may indicate non-shadowing foreign body, granuloma, mass or other. A solitary mid-abdomen mesenteric lymphadenopathy impinging upon the intestinal tract is not definitively excluded.

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Exploratory laparotomy with gross inspection of the gastrointestinal tract is recommended given gastrointestinal presentation in conjunction with patient's clinical signs. Hospitalization with documented 12-hour fast, gastrointestinal support including IV fluids with sonographic reassessment in 18 to 24 hours would be a more conservative approach.

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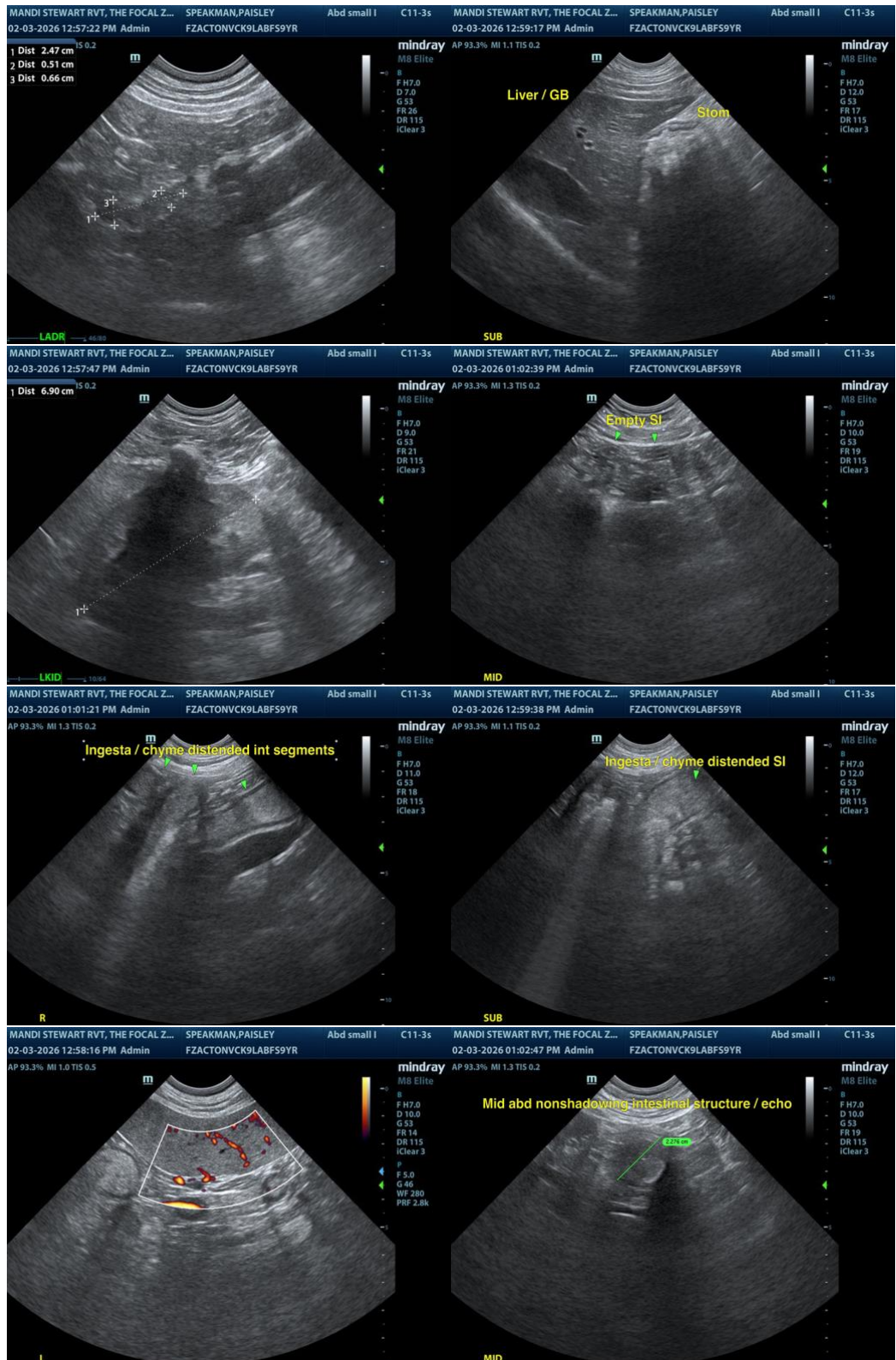
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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