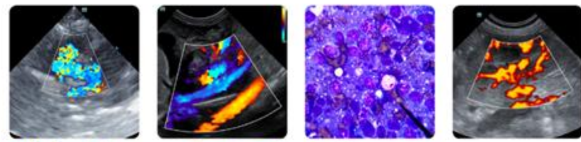


PATIENT
Abrik Sherifova

SPECIES
Canine

BREED
Shiba Inu

SEX
MN

AGE
15yr

WEIGHT
29.8

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

IMAGING PERFORMED BY
M Santiago

HOSPITAL NAME
Alison Animal Hospital

REFERRING VET
Dr Klein

INVOICE
24219

DATE
03/16/2026

PRESENTING CLINICAL SIGNS

Pt presented for inappetance, vomiting and appearing painful. Symptoms began last night after a walk. Pt vomited last night. Did not eat since yesterday. O said pt appears uncomfortable and was pacing around house all night. CBC/CHem WNL wth the exception of a slightly elevated BUN 28 (7-27 wnL), ALT 126 (10-125), ALKP 491 (23-212). PLI WNL. Some foreign material noted in radiographs.

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 evidence of urine/lumen sediment, mineral, or calculi. 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 left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney was not definitively visualized.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited overall normal size, symmetrical contour and minor parenchyma heterogeneity exhibiting intermittent discrete hypoechoic non-capsule deforming splenic nodules. An example of a splenic nodule measured 0.66 cm in diameter.

Liver/Gallbladder

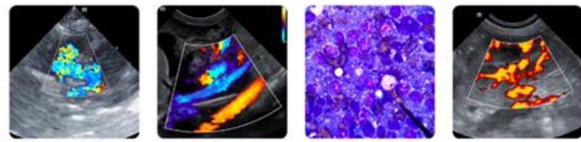
The liver was subjectively mildly enlarged with non-homogenous hyperechoic parenchyma exhibiting multifocal, primarily small to non-expansive hypoechoic nodules. A solitary mid to caudal liver mildly non-homogenous to hypoechoic lobar swelling to potential liver mass measuring ~ 6 cm in diameter was present.

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 wall layering with a normal wall layer ratio. The stomach was overall empty to non-distended in appearance with lumen gas and potential mild retained anechoic fluid.

The small intestine presented primarily intact wall layering with overall normal muscularis/mucosa ratio. Empty intestinal segments with concurrent fluid dilated intestinal segments exhibiting anechoic to mildly echogenic fluid with subjective mild oral /aboral fluid movement were present. Indistinct yet highly suspicious intestinal shadowing echo to potential echoes was present in the mid abdomen. An example measured ~ 2 cm in diameter.



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Potential variably formed fecal matter in the colon, although differentiation between fluid dilated small intestine and colon was difficult.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mid abdomen strongly shadowing intestinal lumen echo/echoes with concurrent segmental fluid dilated intestine and empty small intestine
- Primarily empty stomach with lumen gas and potential mild retained gastric fluid
- Normal area of pancreas
- Hepatopathy exhibiting non-homogenous nodular parenchyma and lobar swelling vs hepatic mass
- Discrete splenic nodules

Secondary

- Moderate left kidney chronic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although indistinctly visualized, the combined fluid dilated intestinal segments with empty intestinal segments and suspicious to shadowing intestinal lumen content mid abdomen is highly suggestive of segmental mechanical intestinal obstruction and intestinal foreign body.

In combination with patient clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and probable enterotomy is recommended. Gross inspection of the liver and spleen +/- hepatosplenic sampling at time of surgery is recommended.

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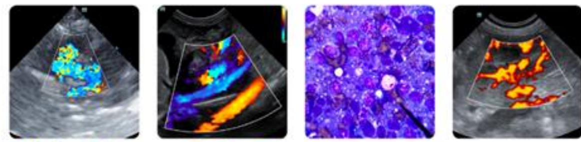

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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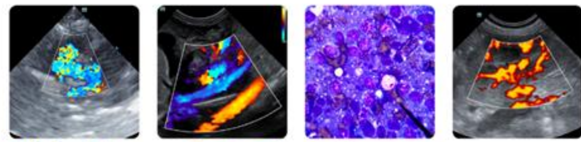

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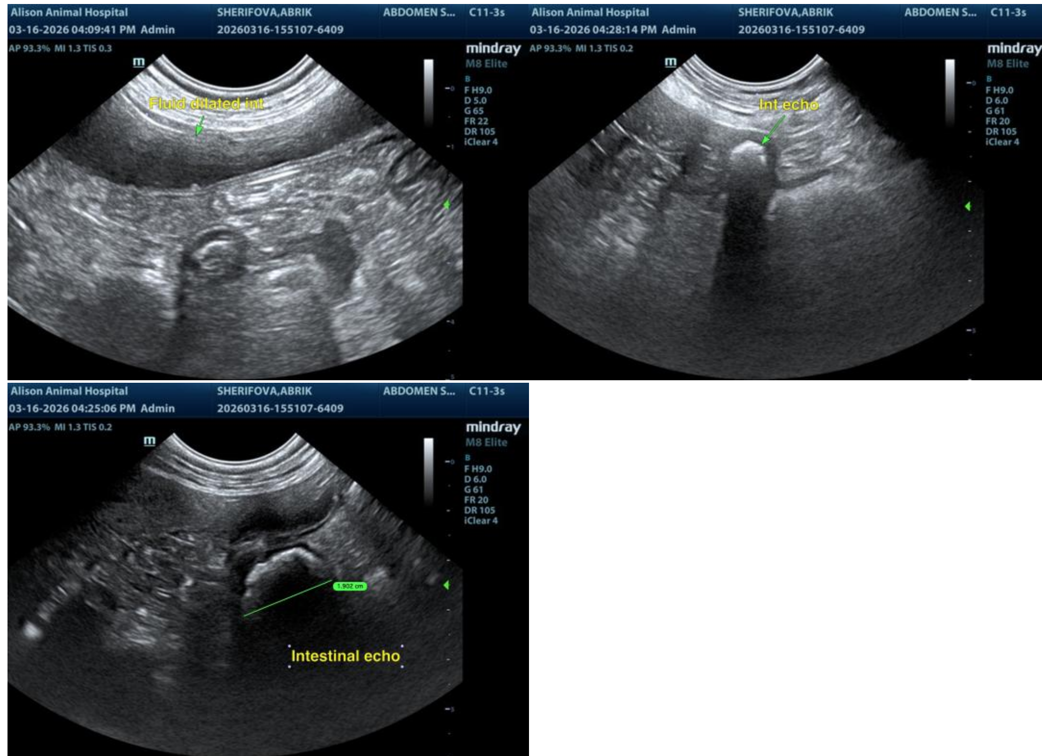

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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