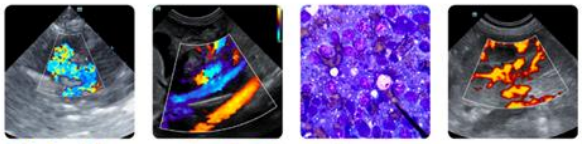


PATIENT

FrankS Stevenson

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

11yr

WEIGHT

102.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas DVM, PhD

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Aaron Lucas DVM, PhD

INVOICE
24096

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

- Patient presented to ER in the early hours of this morning with a 24 hours history of straining to defecate
- Given attitude patient was sedated for exam and radiographs
- Abdominal radiographs were concerning for partial or emerging complete intestinal obstruction
- Abdominal ultrasound was recommended, but owner elected to have patient seen at my hospital today
- Abdomen is soft and nonpainful with no foreign body or masses detected.
- Hepatomegaly is suspected upon palpation
- Watery, mucoid and hemorrhagic feces present in colon
- Abnormal PE/Chem/CBC/UA Results: Diarrhea (watery and hemorrhagic) Elevated ALP 700, ALT 153

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm 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 kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

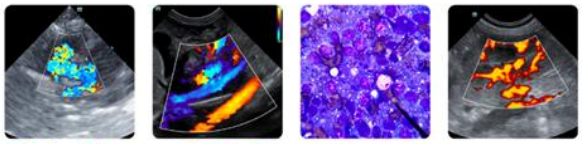
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

The spleen exhibited possible mild enlargement with areas of mild medial capsule asymmetry and generalized mild non-homogenous parenchyma. No visualized mass or nodules.

Liver/Gallbladder

The liver was enlarged in size with rounded mild asymmetrical hepatic capsule contour. Non-homogeneous diffuse nodular hepatic parenchyma. The nodules were hypoechoic in appearance. Some nodules exhibited subtle associated capsule distortion. An example of a nodule measured 2.4 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distension with retained anechoic to mildly echogenic fluid and lumen gas.

The small intestine presented overall intact wall layering with normal muscularis/mucosa ratio. The small intestine exhibited a combination of moderately fluid dilated intestinal segments as well as empty intestinal segments. The fluid within the dilated small intestine exhibited subtle oral /aboral movement. Segmental intestinal gas present to the level of the colon.

Differentiation between the colon and fluid dilated intestinal segments was difficult. The descending colon dorsal to the urinary bladder appeared empty with normal wall layering.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Regional mid-abdomen peri-intestinal hyperechoic omentum and mild volume peri-intestinal to peritoneal effusion.

No overt visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged diffusely nodular liver
- Mild gallbladder debris
- Borderline splenomegaly exhibiting non-homogenous parenchyma
- Moderate fluid dilated stomach
- Segmental moderate intestinal fluid dilation exhibiting subtle oral /aboral fluid movement, concurrent empty small intestinal segments
- Mid-abdomen peri-intestinal hyperechoic omentum and mild volume effusion

Secondary

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal presentation is consistent with obstructive criteria, although a definitive area of intestinal mechanical obstruction, i.e. foreign body, mass, stricture or other was not overtly visualized. However, the liver is strongly consistent with neoplastic criteria with potential for concurrent splenic hyperplasia, age-related changes, hematopoiesis, inflammation, or potential concurrent splenic neoplasia.

Given gastrointestinal obstructive pattern, exploratory laparotomy is warranted with hepatosplenic sampling suggested and potential for oncology consult. Three view chest radiographs, clotting status, and ideally brief sonographic reassessment given timeframe between ultrasound study and interpretation is recommended prior to surgery.

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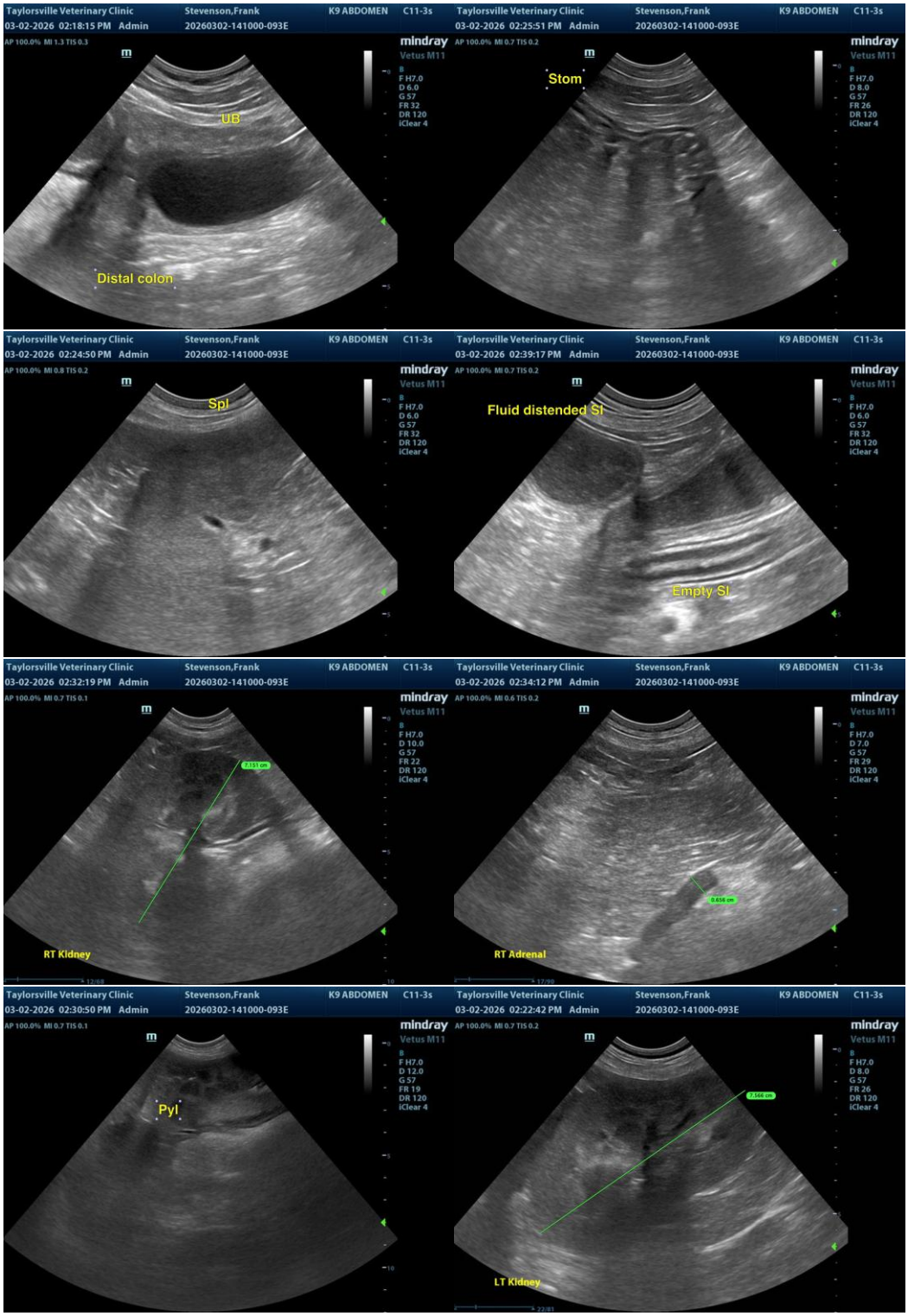

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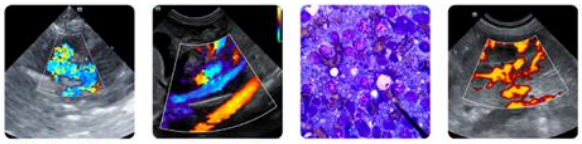

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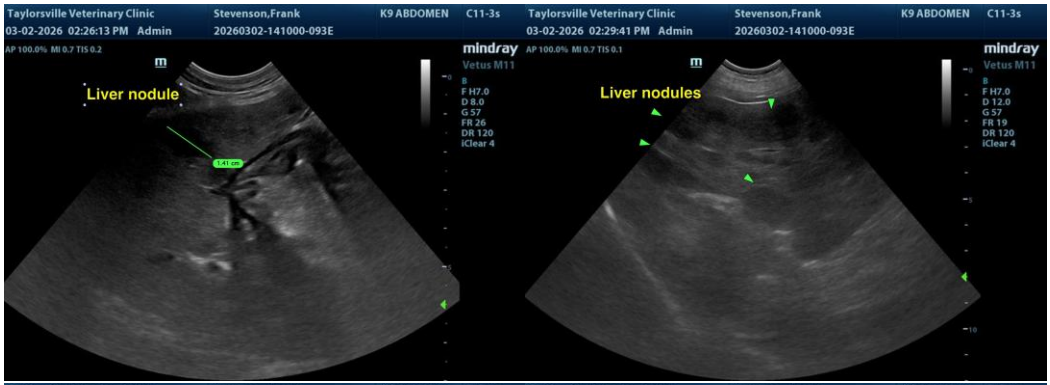

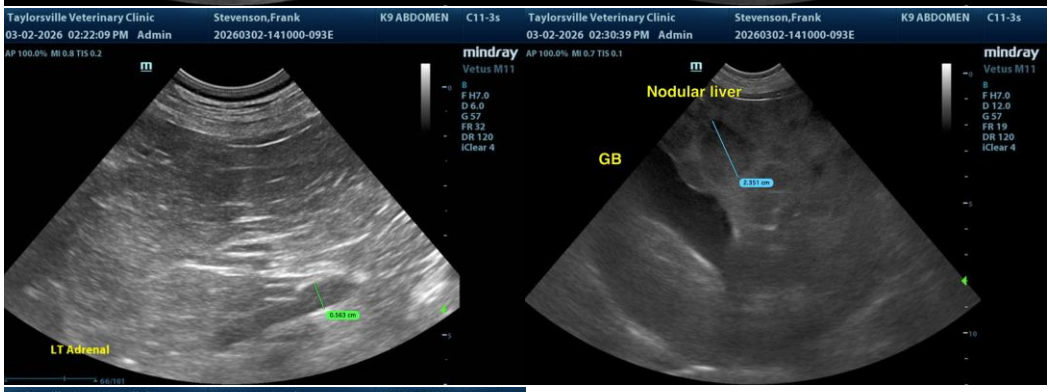

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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