



PATIENT

Bendito Genter

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

4

WEIGHT

70

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Dubos

INVOICE

14468

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- diarrhea 1 week vomiting acutely and inappetence Concern for fb in stomach

Abnormal PE/Chem/CBC/UA Results: Base line cortisol normal HCT 63% Monocytosis Phos 21 Chloride 105 CPL 310

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.

The area of the aortic trifurcation was free of pathology.

The prostate gland was not definitively visualized.

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 6.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole.

The right adrenal gland was 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented mildly distended with strongly shadowing lumen echo measuring approximately 4.0 cm in diameter. The echo appeared to extend into the area of the pyloric outflow.

The small intestine presented overtly normal intact visible wall with concurrent shadowing jejunal and suspect duodenal echoes present with potential for mild duodenal corrugation.

Normal visible colon wall layers were present. The colon was nondistended containing soft to nonformed fecal matter and lumen gas consistent with the patient's history.

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 visualized significant omental lymphadenopathy or peritoneal effusion was present. Subtle perigastrointestinal hyperechoic omentum without overt evidence of peritonitis.

ULTRASONOGRAPHIC FINDINGS

- Gastric and segmental intestinal foreign bodies.
- Normal visible colon containing soft to nonformed fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward gastrotomy and potential multiple enterotomies is recommended.



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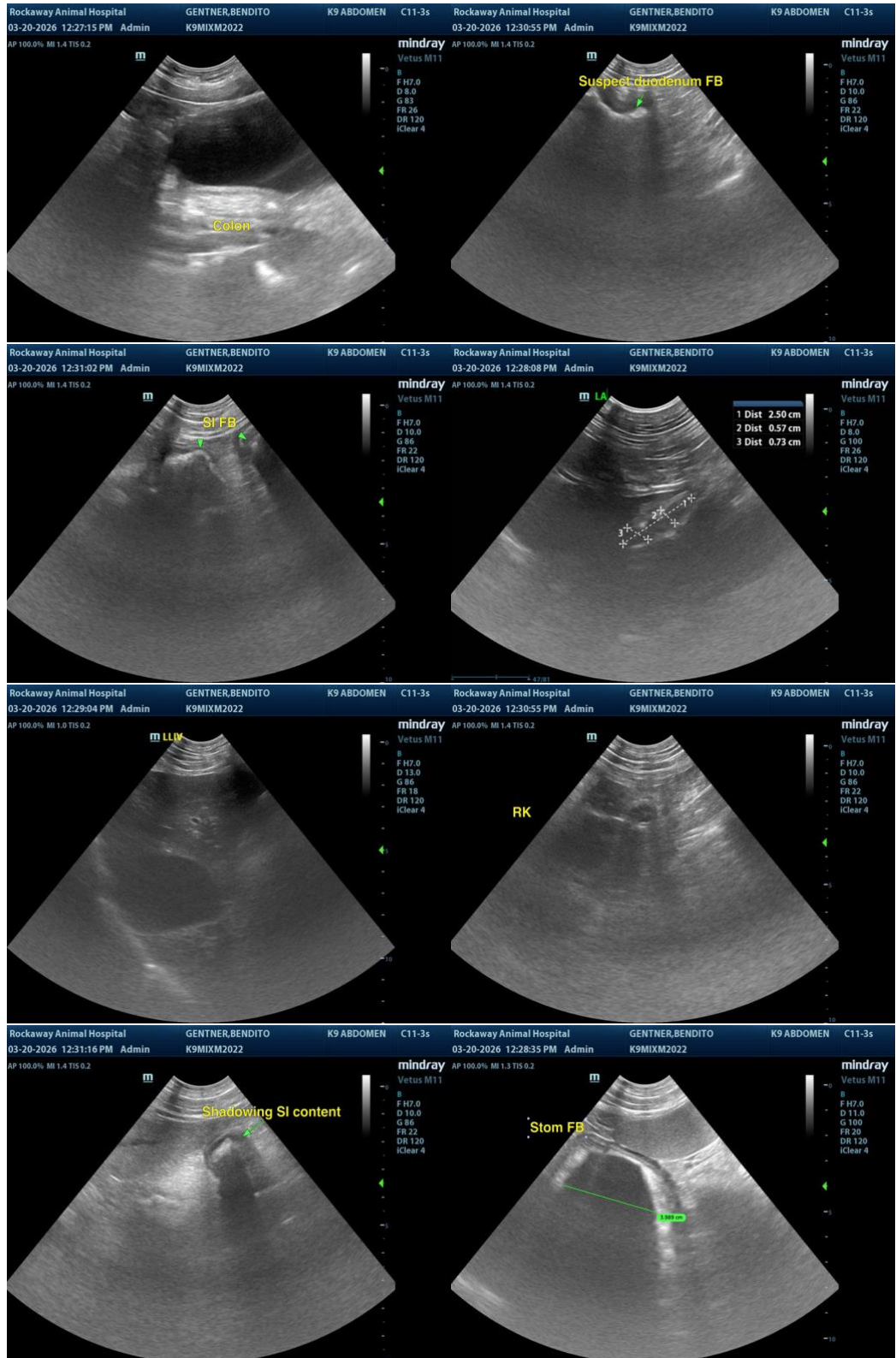
Dr. Dubos

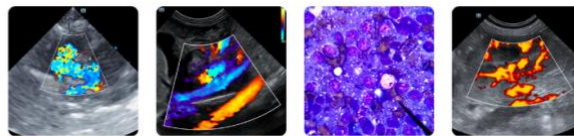
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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