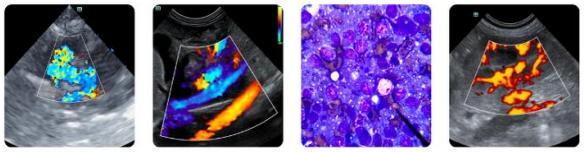


PATIENT
Mannie Gregorio

SPECIES
Canine

BREED
Mini Poodle

SEX
MN

AGE
4yr

WEIGHT
NA

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

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Farview Animal Clinic

REFERRING VET
Dr Thomas

INVOICE
24574

DATE
04/23/2026

PRESENTING CLINICAL SIGNS

BCS 5/9, vomiting, lethargy, painful abdomen, rads= hair pin turn seen cranial abd, pylorus not open, soft tissue opacity present

Abnormal PE/Chem/CBC/UA Results: ALP 10 GLU 113, MPV 12.5, Rest WNL

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 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 0.47 cm in length. The right kidney measured 0.48 cm in length.

The area of the aortic trifurcation was 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 0.34 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 0.33 cm width at the caudal pole.

Spleen

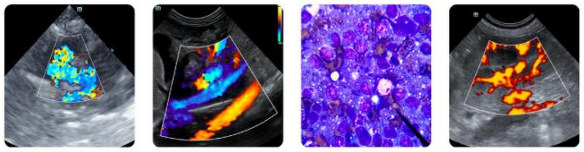
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. Normal vascular volume. 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity extending into the pyloric outflow with no signs of obstruction or foreign material. The pylorus wall measured 0.30 cm in width.



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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 obstruction or foreign material. The duodenum wall measured 0.36 cm width. The jejunum wall measured 0.32 cm width.

Normal visible colon wall layers were present. The colon was normal to variably distended containing shadowing fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Retained variably echogenic yet non-shadowing gastric ingesta
- Generalized empty small intestine
- Formed fecal matter in colon

Secondary

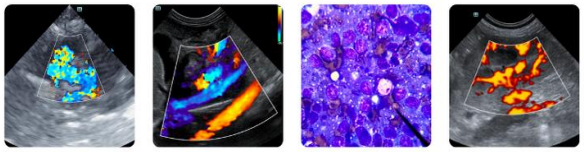
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of upper to generalized to gastrointestinal obstruction, mural pathology or foreign body. The variably echogenic yet non-shadowing gastric ingesta suggests food echogenicity and suspect metabolic gastric ileus potentially secondary to non-specific gastroenteritis or low-grade pancreatitis which may present sonographically normal. Correlation with a spec CPL could be considered.

Hospitalization with gastrointestinal support, documented 12-18 hour fast and sonographic reassessment of the gastrointestinal tract is recommended. If persistent or non-responsive gastrointestinal signs as well as persistent retained gastric ingesta, exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential despite exploratory findings may be considered. However no current definitive evidence of obstructive criteria. Potentially passed material currently residing in the colon may be possible. Monitoring of defecation is recommended.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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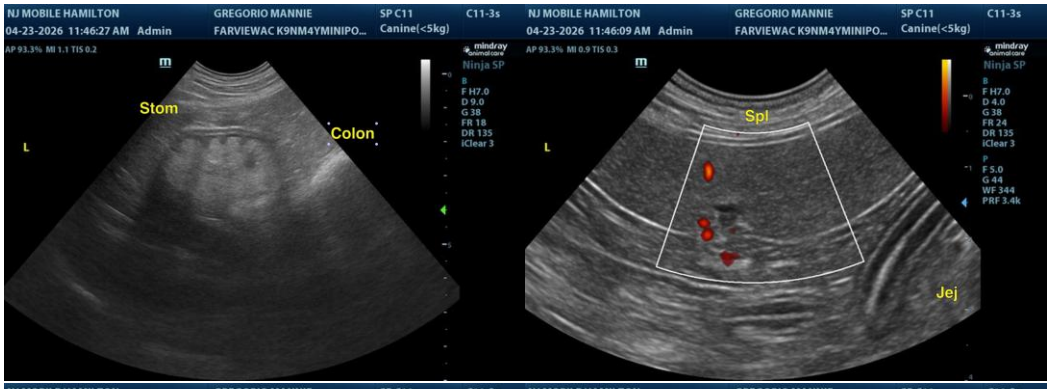

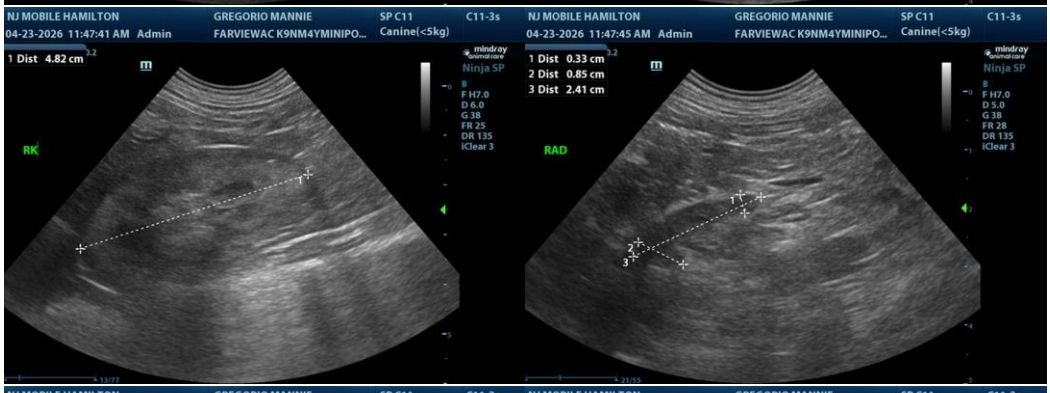

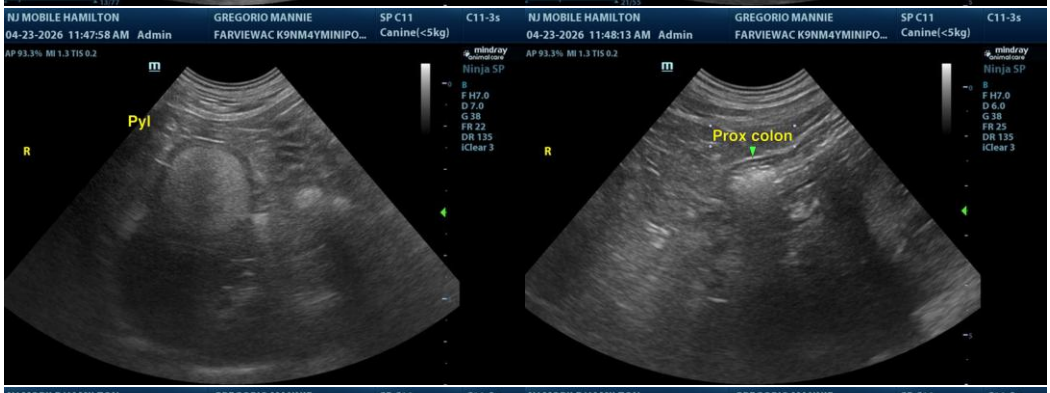

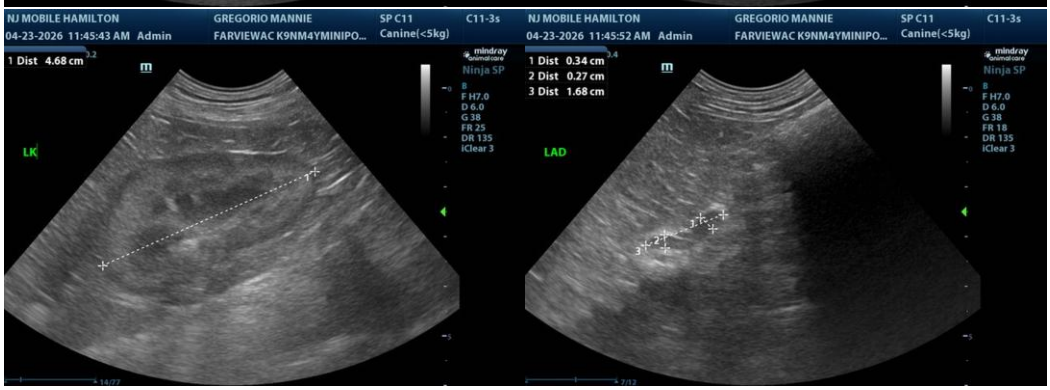

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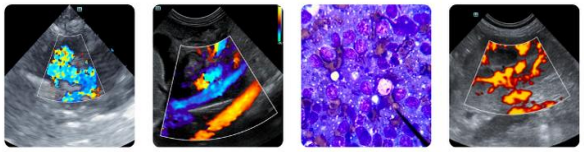

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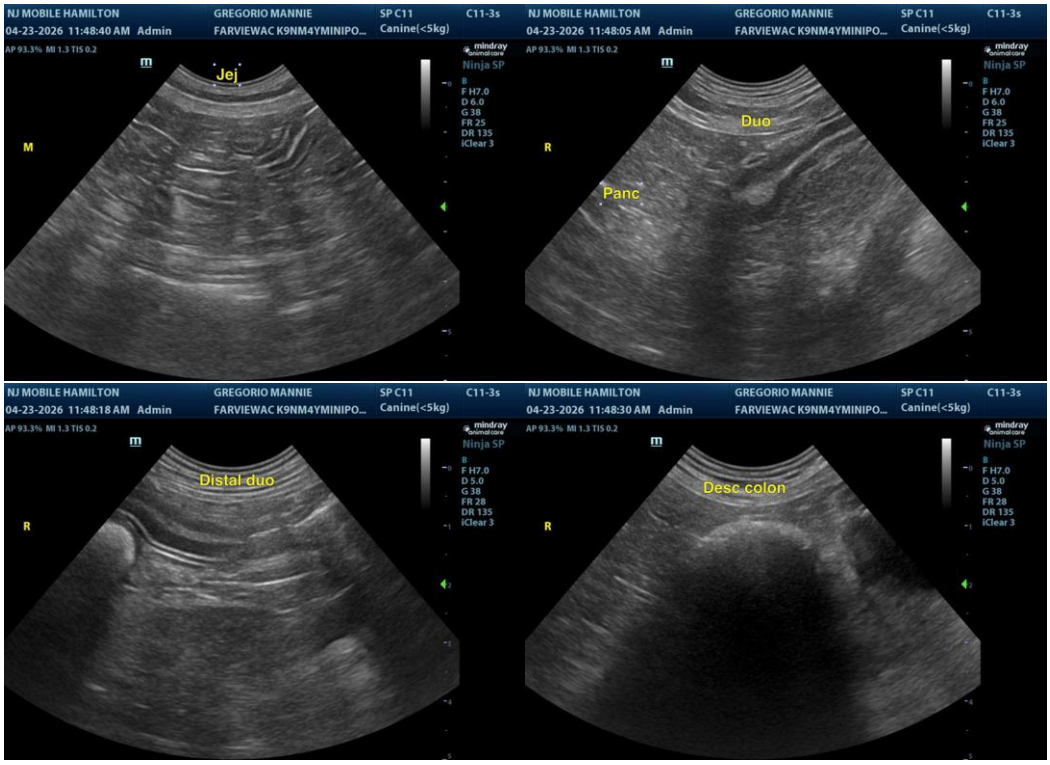

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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