PATIENT

Bailey Deal

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female Spayed

AGE

7y 11m

WEIGHT

63.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AH of Boone

REFERRING VET

Dr. Watson

INVOICE

13446

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to diarrhea, lethargy for a few days. Several days ago, P may have eaten some rabbit poop or a paper towel outside. Rads attached- 1st set numerous dilated loops of intestines, P ate some overnight and then rads repeated gas moving but still not normal. P ate throughout the day today.

Abnormal PE/Chem/CBC/UA Results: Glucose 63, Amylase 498 Baseline Cortisol 4

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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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 6.3 cm in length. The right kidney measured 6.7 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 0.60 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 0.51 cm width at the caudal pole.

Spleen

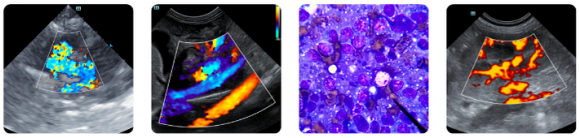
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, primarily non-shadowing to focal progressively



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shadowing ingesta. The pyloric outflow was visualized and appeared patent without evidence of obstructive pyloric mural pathology. Pylorus wall measured 0.61 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to primarily generalized mild, non-shadowing ingesta with concurrent segmental gas to the level of the colon. Mild segmental duodenojejunal corrugation suggestive of segmental intestinal spasming or hyperperistalsis.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate, variably echogenic, focally shadowing gastric ingesta
- Enterocolitis pattern exhibiting primarily generalized mild intestinal ingesta, segmental duodenojejunal corrugation/spasming and semi-formed fecal matter in colon
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of mechanical gastric ingesta, intestinal obstruction or foreign material. Enterocolitis secondary to acute to subacute inflammatory bowel episode or dietary indiscretion with associated mild segmental duodenojejunal hypercontractility/spasming favored. Technically, a small amount of intermixed, echogenic or non-obstructive passing intestinal material obscured by gas is not definitively excluded without definitive gastrointestinal obstructive pattern.

No indication for immediate surgical intervention. Correlation with current clinical signs given timeframe between ultrasound study and interpretation is indicated. Consideration for 24-hour hospitalization with documented 12-hour fast, gastrointestinal support including IV fluids to promote gastrointestinal motility with radiographic and sonographic monitoring is recommended. If patient is currently stable without gastrointestinal signs, continued conservative gastrointestinal support with sonographic reassessment if recurrent gastrointetsinal signs would be appropriate.

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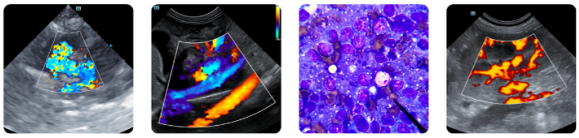

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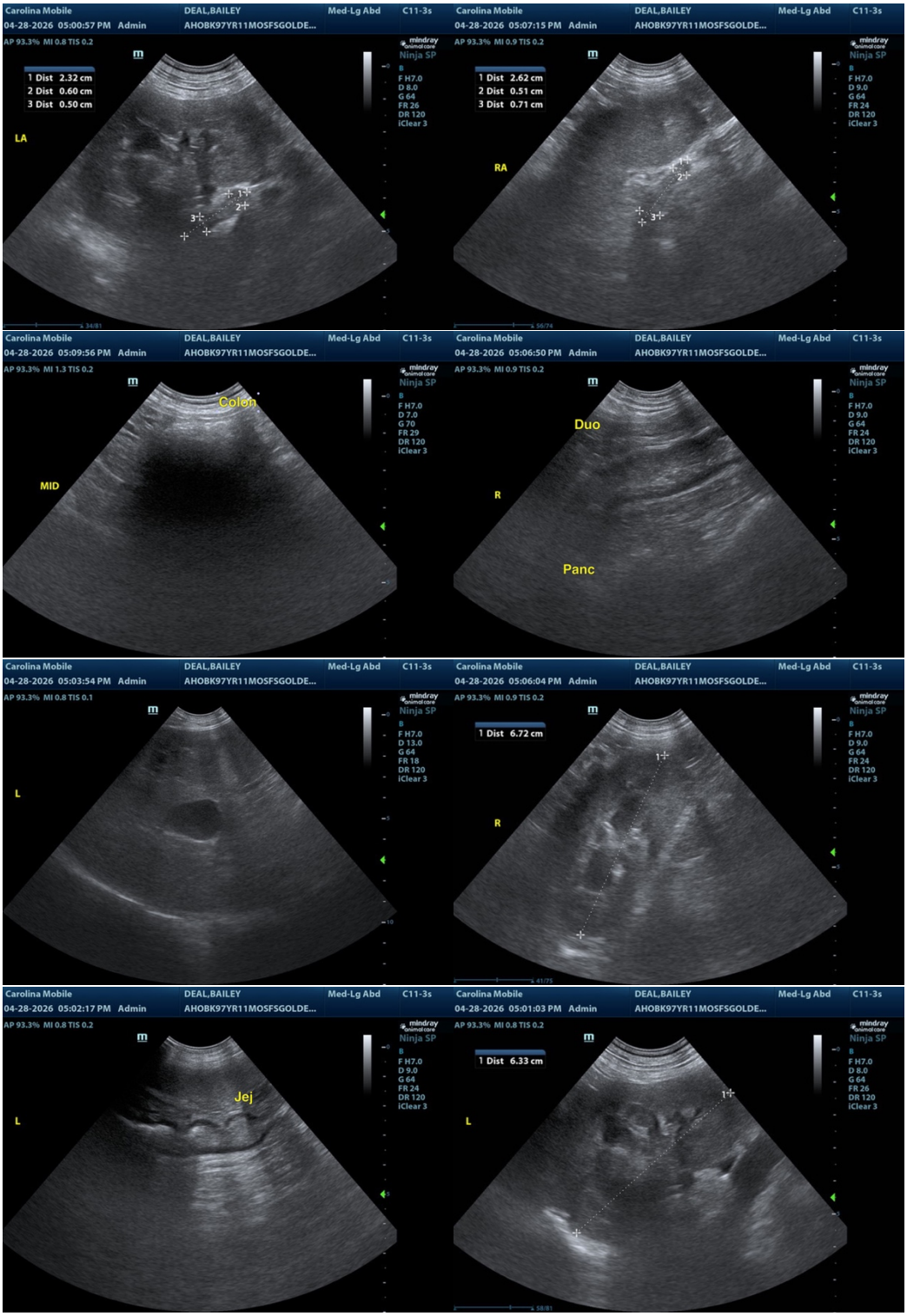

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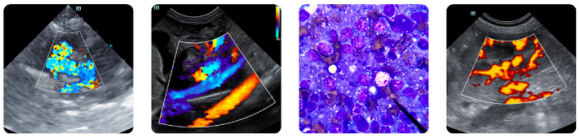

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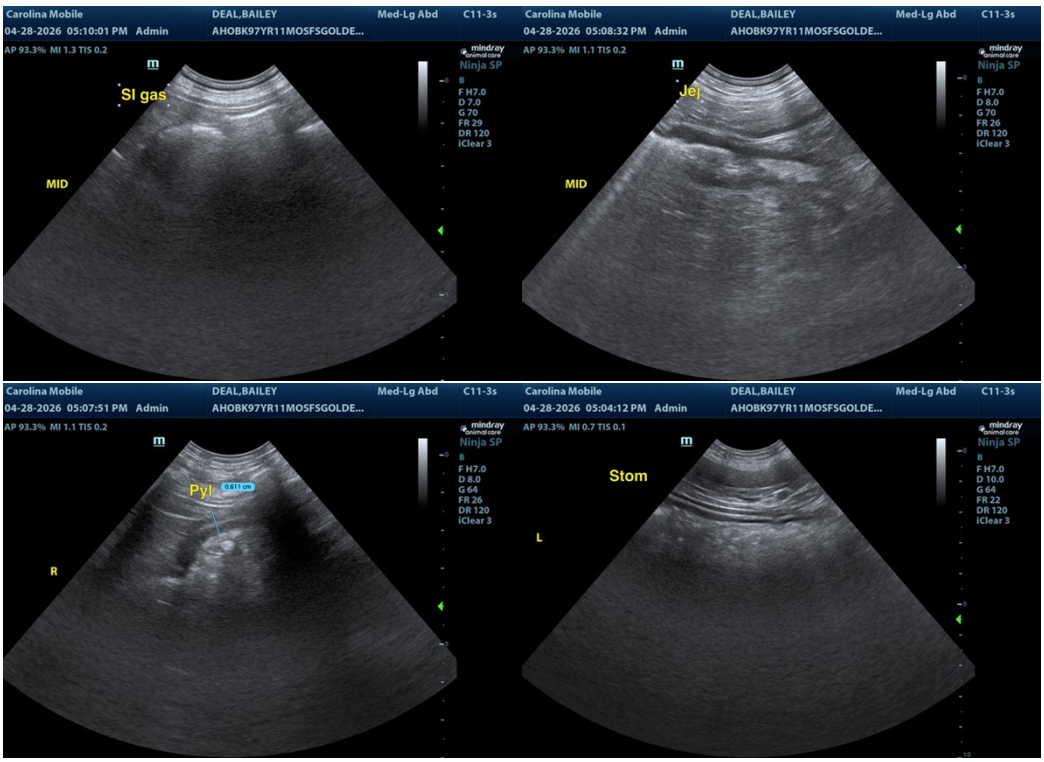

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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