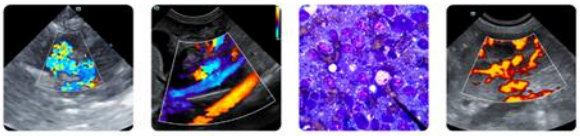


PATIENT
Winston Strahm

SPECIES
Canine

BREED
Golden Retriever

SEX
MI

AGE
1.5yr

WEIGHT
75lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Willakenzie Animal Clinic

REFERRING VET
Dr DeWall

INVOICE
24655

DATE
04/29/2026

PRESENTING CLINICAL SIGNS

HX:- has been with pet sitter all weekend, O came home and P started vomiting since 3pm yesterday.
- acting normal, good appetite, but vomits
- does have hx of chewing on rug in house, and putting socks in mouth
- normal BM
PE: - mildly dehydrated, licking lips and swallowing hard
- abd slightly tense
- rectal normal, no stool
- no fever
ABNORMAL Labwork Values n/a
Current Medications n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 6.4 cm in length. The right kidney measured 6.9 cm in length.

A mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.0 cm in diameter.

The left/ right testicle were sonographically normal.

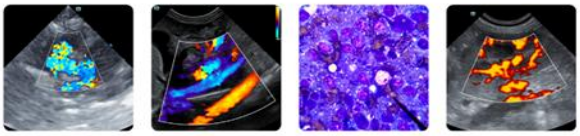
The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.1 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.65 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.



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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 mildly thickened wall exhibiting intact, mildly indistinct wall layer detail. The stomach was primarily empty with minor retained shadowing chyme and lumen gas and no obstruction to pyloric outflow.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Subjective mildly thickened duodenum was present. The lumen of the small intestine was generalized empty with no signs of mechanical/metabolic ileus, obstruction or visualized foreign material to the level of the colon.

The duodenum wall measured 0.66 cm width. The jejunum wall measured 0.42 cm width. The pylorus wall measured 0.72 cm width. The stomach wall measured 0.74 cm width.

Normal visible colon wall layers were present with soft feces in lumen.

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 evidence of peritoneal effusion was present.

Mild perigastric hyperechoic omentum.

No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened stomach with mild retained non-shadowing gastric chyme
- Empty small intestine exhibiting intact wall layering and subjective mildly thickened duodenum wall
- Normal area of pancreas
- Mild perigastric hyperechoic / reactive omentum
- Soft fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect probable gastroduodenitis without evidence of current gastrointestinal foreign material or mechanical obstructive pattern. Gastrointestinal support including consideration for smaller more frequent feedings of a canned bland or hydrolyzed diet and gastric protectant protocol i.e.,

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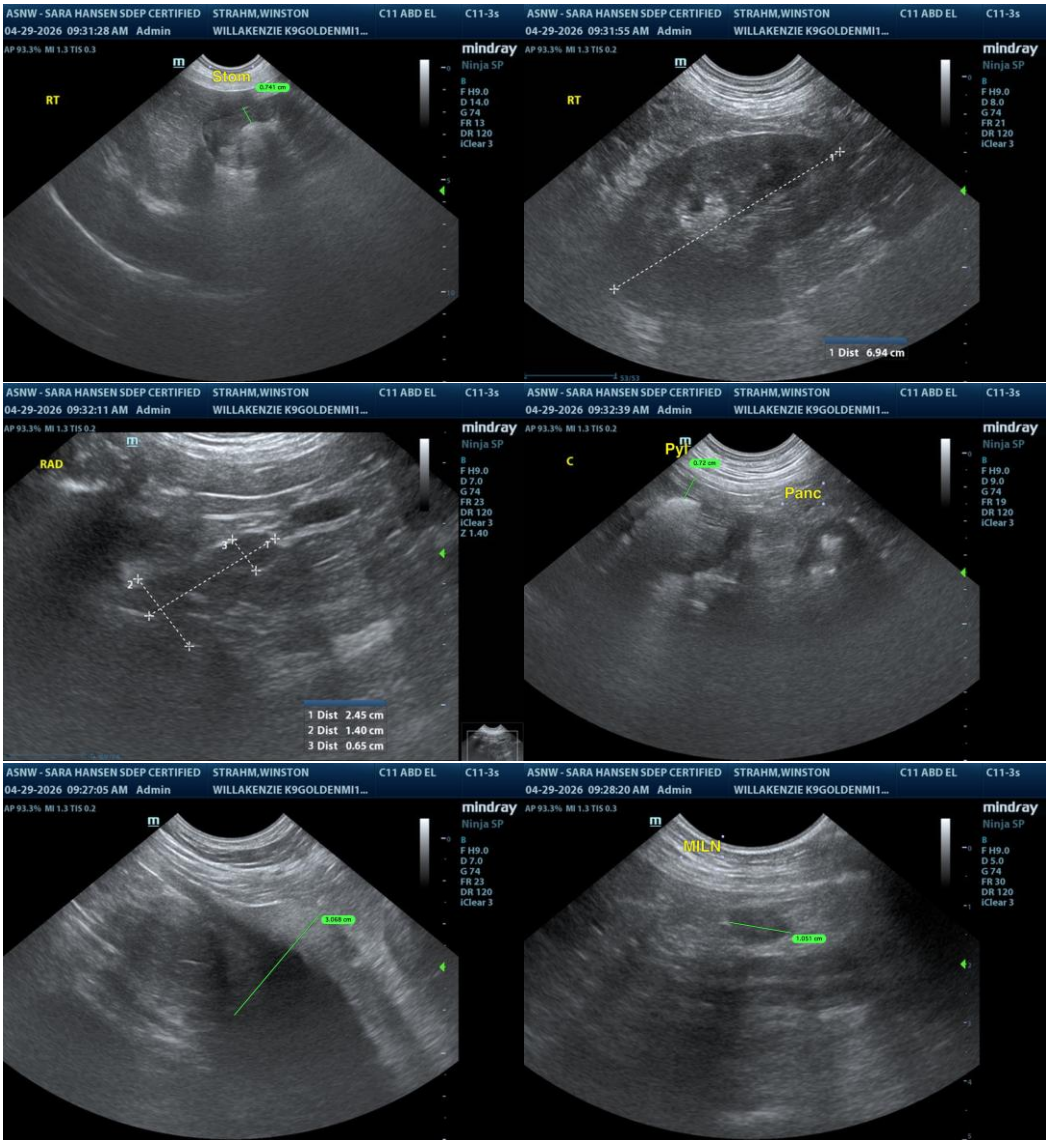
Omeprazole 1 mg/kg PO SID with clinical monitoring is recommended. A more generalized nonspecific inflammatory gastroenterocolopathy given soft fecal matter in colon is not definitively excluded. Screening cortisol level to rule out occult Addisons disease suggested despite normal adrenal presentation. Recheck sonogram if non-responsive or progressive gastrointestinal signs is recommended. Upper gastrointestinal endoscopy may be required for further clarification.



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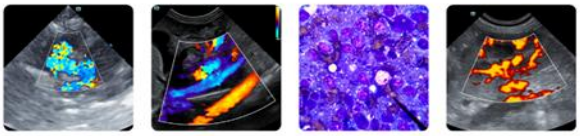

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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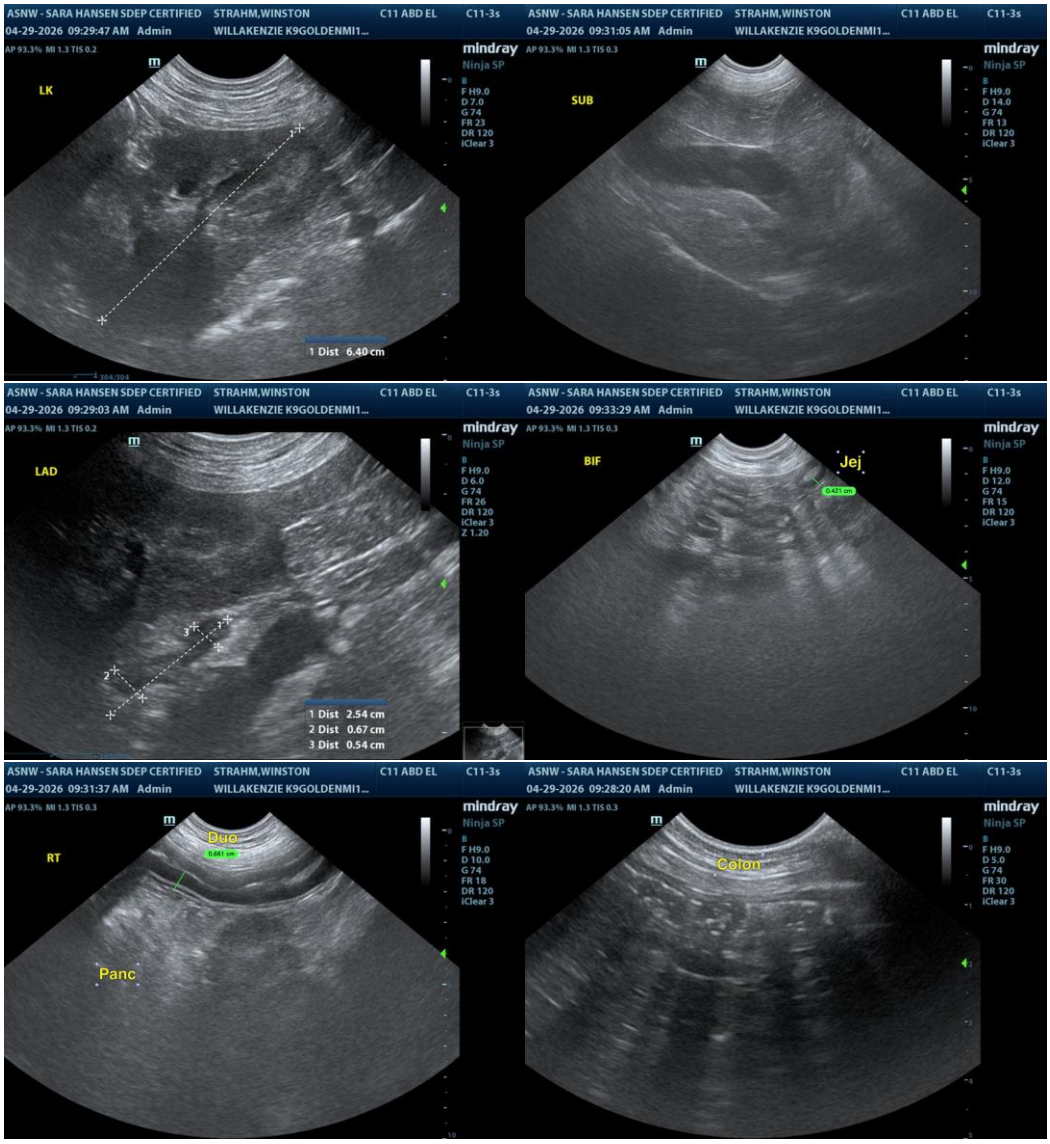

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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