



## PATIENT

Ziggy Dodd

## SPECIES

Canine

## BREED

Great Pyrenees Mix

## SEX

Intact Male

## AGE

8 Months

## WEIGHT

23.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ilse Dedden

## HOSPITAL NAME

Brighton Veterinary  
Clinic P.C. Inc

## REFERRING VET

Dr. Elaina Bird

## INVOICE

16391

## DATE

05/20/26

## PRESENTING CLINICAL SIGNS

Sedation: 0.01mg/kg medetomidine, 0.2mg/kg butorphanol. Patient has been fasted overnight. BCS 3/9. History of chronic vomiting since birth. Suspect megaesophagus secondary to vascular ring anomaly or congenital focal stenosis, thoracic rads taken today show a marked amount of ingesta cranial to the heart within the esophagus. Abnormalities noted in proximal GI and biliary duct on ultrasound. Spleen subjectively small.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The prostate was normal in size with intact, symmetrical capsule contour, expected size and presentation for a male intact puppy. 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.

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 6.84 cm in length. The right kidney measured 6.35 cm in length.

### Adrenal Glands

The adrenal glands were subjective mildly subnormal in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured approximately 0.4 cm width at the caudal pole. The right adrenal gland measured approximately 0.3 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. Mild congested vasculature likely secondary to sedation.

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 intact non-thickened wall exhibiting subjectively prominent rugal folds. Empty gastric lumen with mild lumen gas and minor retained pyloric fluid. No evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology. The pylorus wall measured 0.6 cm wall width. The ventral gastric body wall measured 0.54 cm wall width.

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 ileus, obstruction or foreign material. Mild upper to mid nonobstructive duodenal ileus. The duodenum wall measured 0.54 cm wall width. The jejunum wall measured 0.45 cm wall width.

Normal visible colon wall layers were present with apparent formed 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**

Jejunocolic and intermittent gastric to pancreaticoduodenal nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 4.8 cm x 1.3 cm. Minor peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable gastrointestinal tract with mildly prominent gastric rugal folds and mild non-obstructive upper to mid duodenal I ileus.
- Intermittent, primarily mild jejunocolic and gastric/pancreaticoduodenal lymphadenopathy- consistent with benign criteria, i.e. hyperplasia or immunologic immaturity.
- Mild hepatic congestion and scant peritoneal effusion- likely secondary to sedation.
- Subjective borderline to mild subnormal bilateral adrenal glands- non-specific.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral, specifically gastrointestinal pathology as a potential contributing factor to the patient's clinical signs. Esophageal and upper gastrointestinal endoscopy with potential for biopsies could be considered. Screening cortisol level is suggested to rule out occult Addison's disease.



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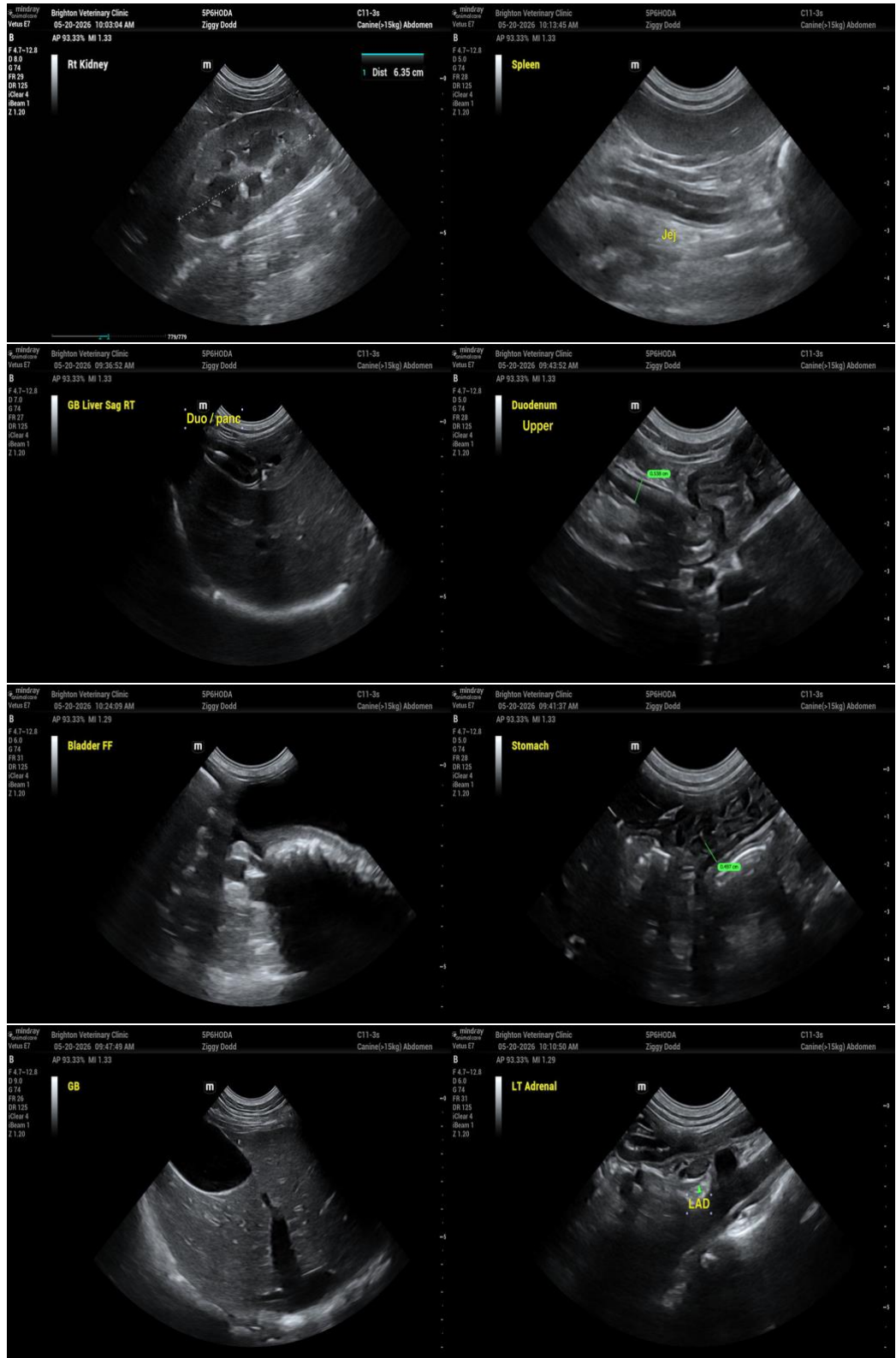
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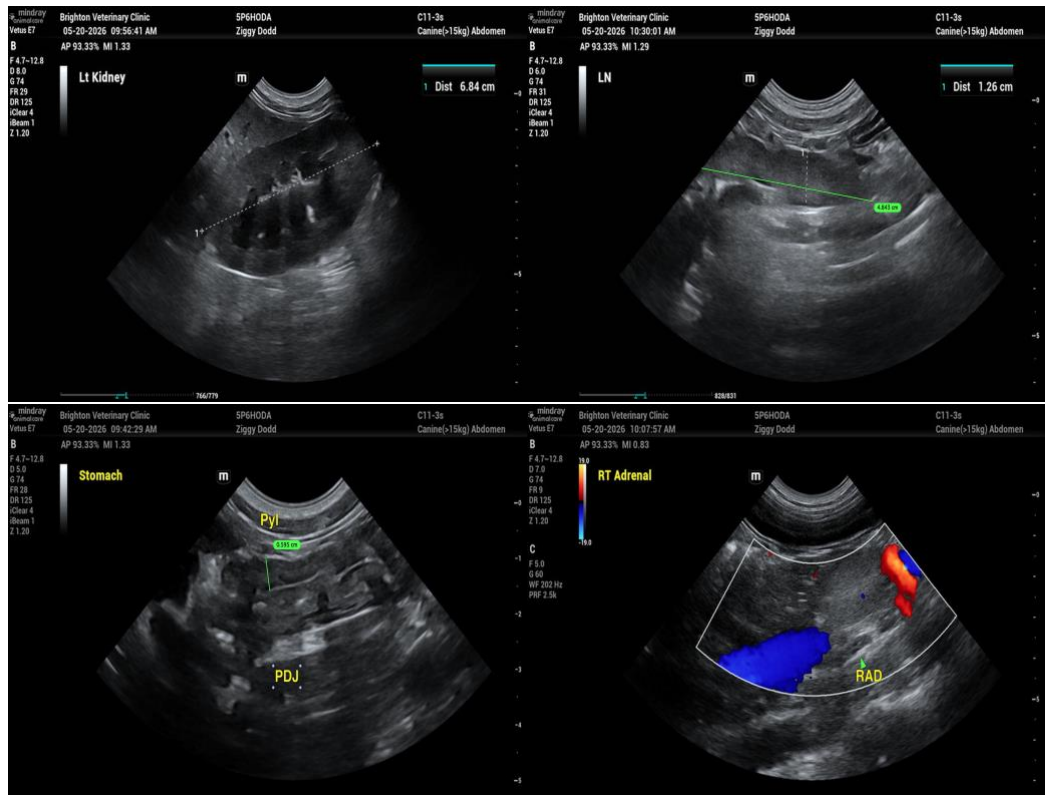
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)