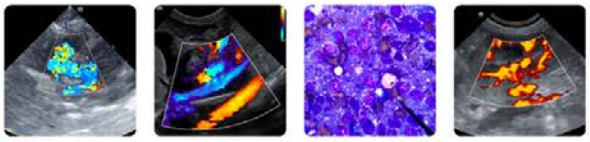

PATIENT

Finley Hutchins

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

5 Months

WEIGHT

7.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fishcreek Emergency

REFERRING VET

Dr. Mackay

INVOICE

75566

DATE

5/31/26

PRESENTING CLINICAL SIGNS

Finley, presented to the Emergency Service at Fish Creek Pet Hospital on May 26, 2026 for vomiting and diarrhea. The owner reports that clinical signs began on Sunday with an episode of vomiting bile and inappetence. After drinking river water during a walk, he vomited the water. He has attempted to vomit another time since but it was non-productive. He has been having diarrhea, which is described as malodorous; the owner has not noted any blood in the vomit or diarrhea. The owner notes that he has had previous episodes of vomiting, but they were suspected to be related to an empty stomach as they occurred in the morning. No known dietary indiscretions. No news food or treats introduced to owner's knowledge.

Abnormal PE/Chem/CBC/UA Results: Parvo negative , Giardia pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra (visualized to 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 prostate exhibited expected presentation for an intact male puppy without 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. Left kidney measured 7.3 cm. Right kidney measured 6.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.48 cm at the caudal pole. Right measured 0.54 cm 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 mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.76 cm width. The gastric lumen was empty with mild gas.

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The small intestine presented overall intact, borderline to mildly thickened wall with propensity for borderline to mildly thickened intestinal mucosal layer with mild segmental jejunal mucosal speckling. Duodenum wall measured 0.52 cm. Jejunum wall measured up to 0.60 cm. Primarily empty intestinal lumen to the level of the colon with minor segmental non-obstructive jejunal ileus.

Colon presented borderline prominent wall with soft to non-formed fecal matter in lumen. Descending colon wall measured 0.22 cm.

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

Focally enlarged jejunocolic lymph nodes were present. Example measured 3.0 cm x 0.88 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

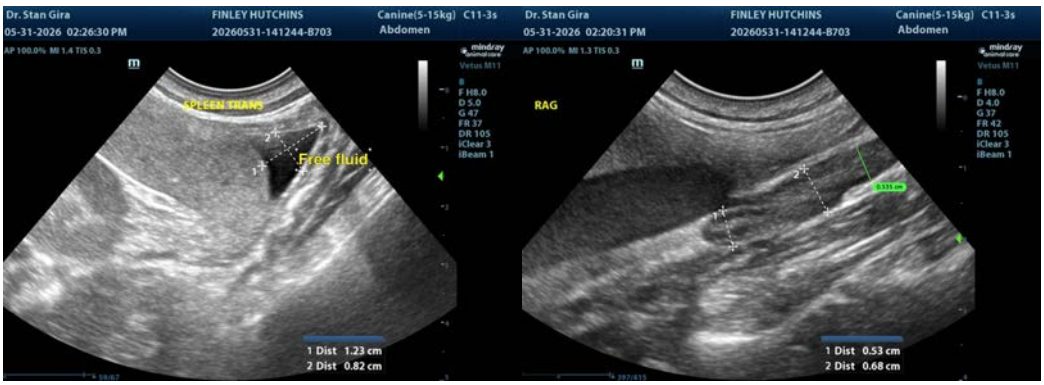
Minor primarily lateral abdominal peritoneal free fluid present.

ULTRASONOGRAPHIC FINDINGS

- Acute / subacute gastroenterocolitis pattern with segmental nonobstructive intestinal ileus and soft / nonformed fecal matter in colon
- Mild jejunocolic lymphadenopathy - hyperplasia, lymphadenitis, immunologic immaturity
- Mild peritoneal free fluid - suspect physiologic given patient age and if no subnormal albumin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease all potentials. No evidence of foreign body or obstructive pattern. Correlation with pending diagnostics, GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.



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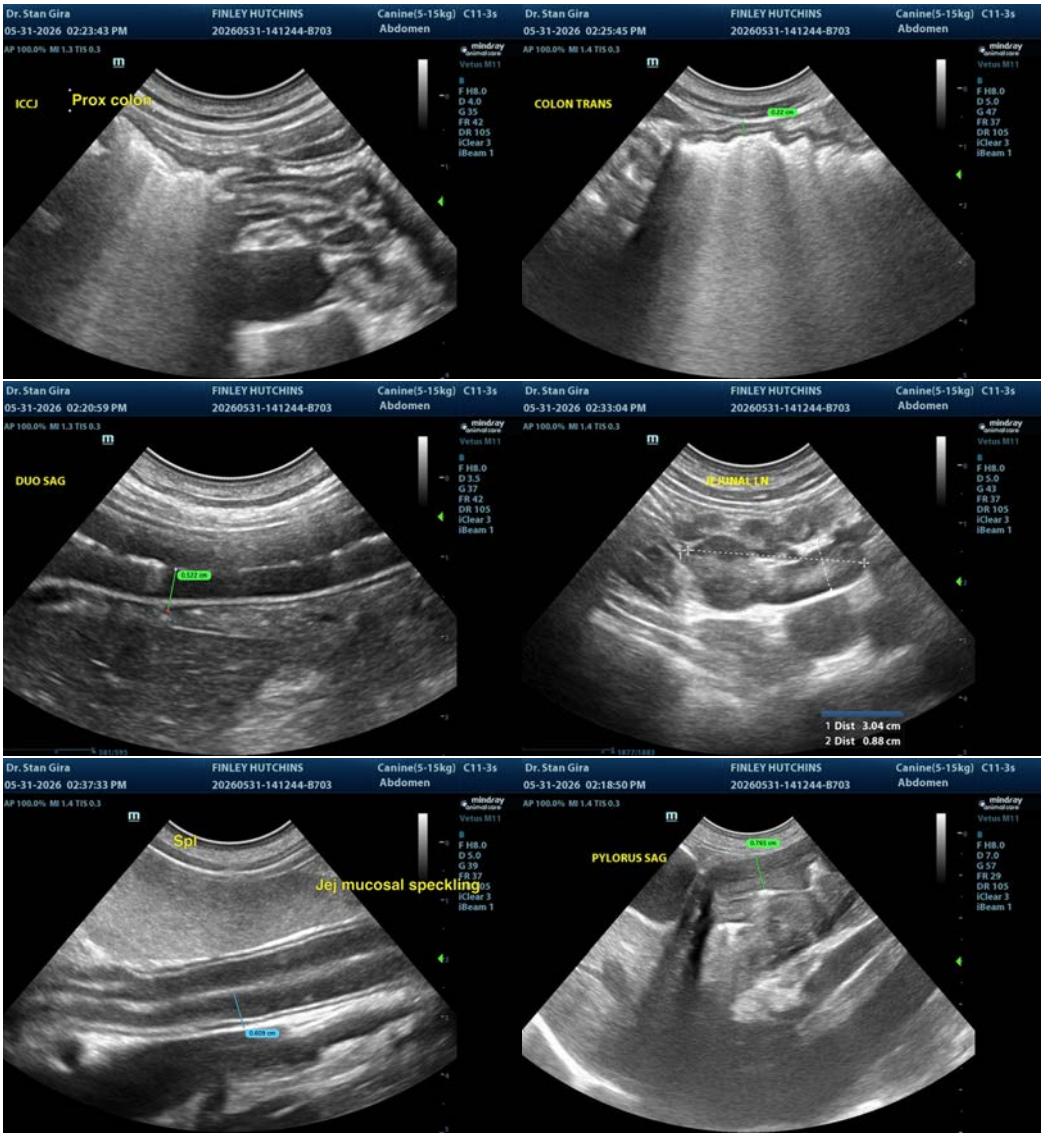

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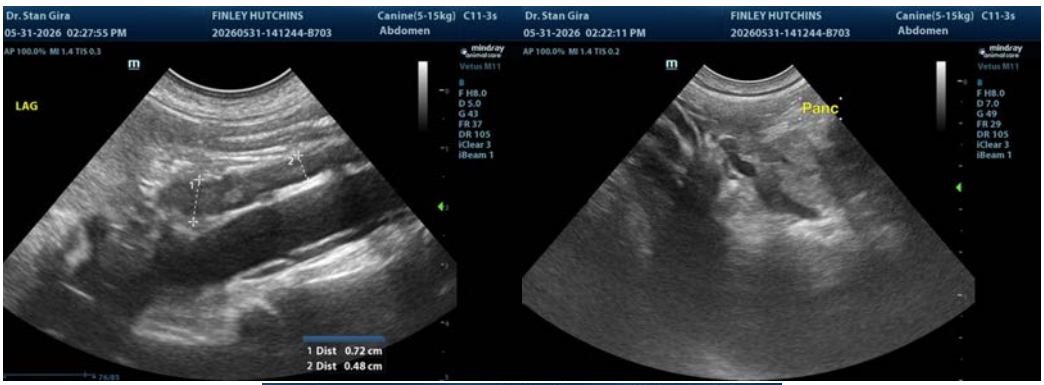

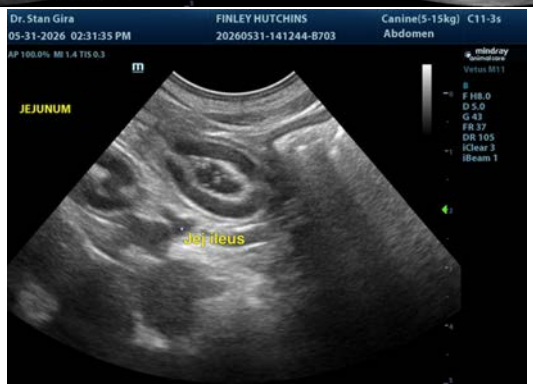

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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