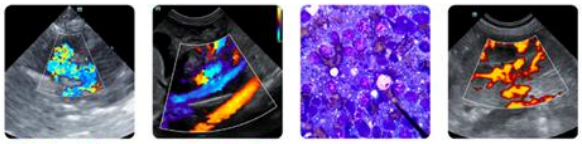


PATIENT
Rocko Carranza

SPECIES
Canine

BREED
MBD

SEX
MI

AGE
11mo

WEIGHT
28lb

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

IMAGING PERFORMED BY
Catherine Walsh

HOSPITAL NAME
Greater Staten Island Veterinary Srerrvice

REFERRING VET
Catherine Walsh

INVOICE
24988

DATE
06/01/2026

PRESENTING CLINICAL SIGNS

P presented for 2 week history of V and D, that has now progressed to 3-4 days of anorexia and continued vomiting. History of eating things he shouldn't.

Abnormal PE/Chem/CBC/UA Results: xray report- possible mechanical ileus BW 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 5.2 cm in length. The right kidney measured 5.3 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 0.40 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 0.57 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.

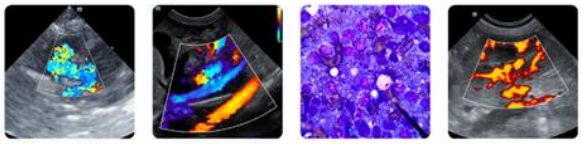
Liver/Gallbladder

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 mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective prominent duodenojejunal mucosa. The lumen of the small intestine was empty with no signs of



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obstruction or foreign material. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.41 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No peritoneal effusion was present.

Intermittent mildly prominent to enlarged jejunal lymph 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 measured 3.0 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific gastroenterocolopathy accentuated by mild hypomotile gastritis and soft/non-formed fecal matter in colon.
- Normal area of pancreas.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. Dietary intolerance/ indiscretion, infectious disease, dysbiosis, enterotoxin, inflammatory bowel episode vs emerging IBD, low-grade pancreatitis which may present sonographically normal, occult parasitism, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No indication for immediate surgical intervention with gastrointestinal support and clinical monitoring indicated.

Hospitalization with 24 to 48 hour gastrointestinal support, including IV fluids, may prove beneficial. Recheck sonogram vs endoscopic or surgical gastroenterocolic biopsies may be considered if non-responsive to progressive gastrointestinal signs or weight loss.

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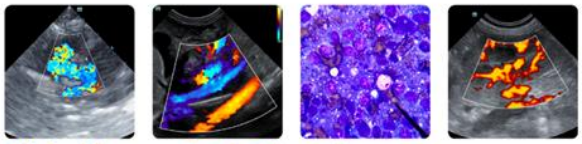

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Educational Teleconsultation Services™

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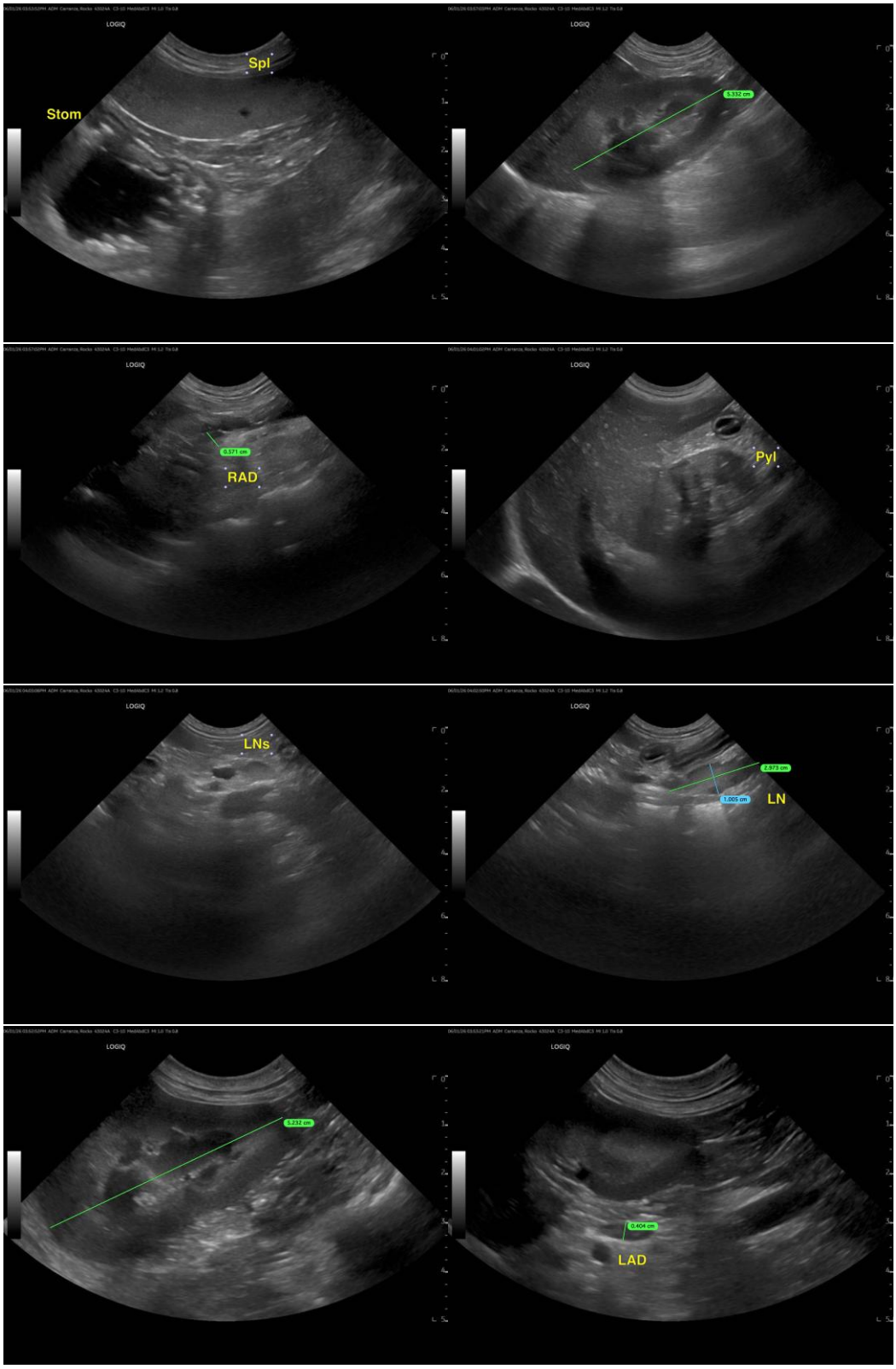

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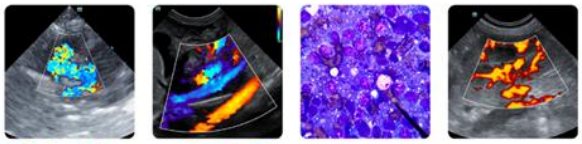

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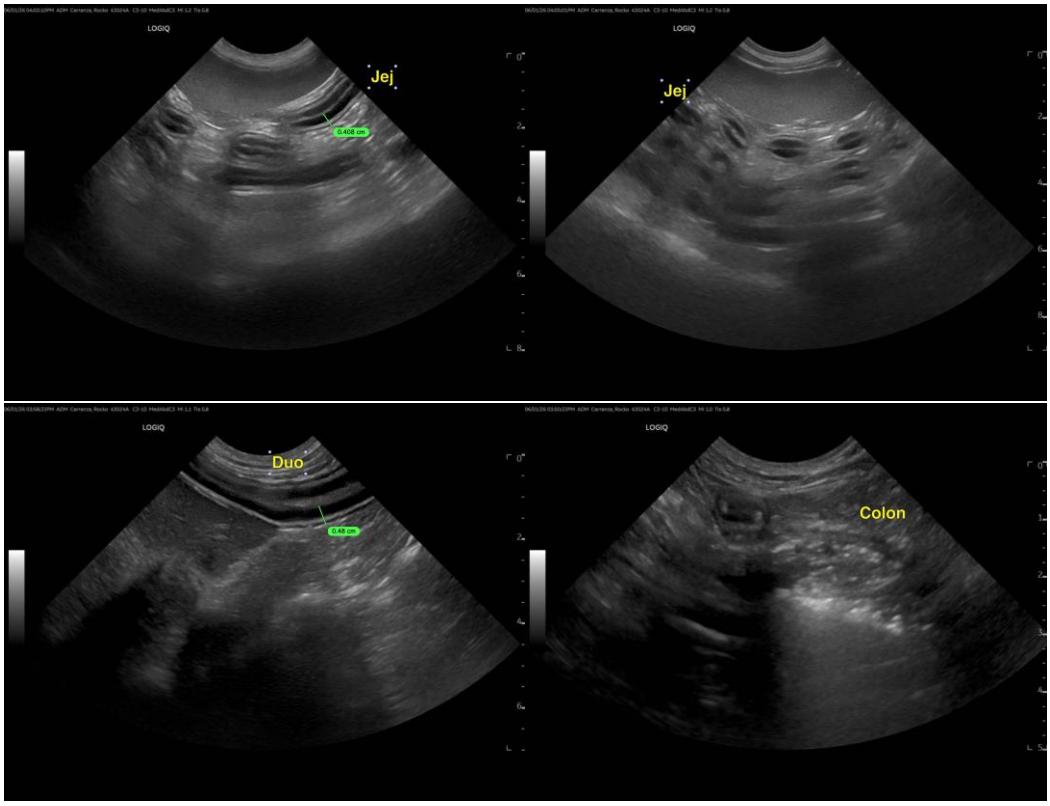

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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