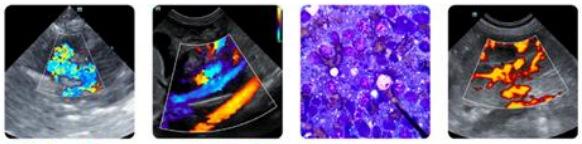


PATIENT

Spike Barnes

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

16.5yr

WEIGHT

11.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Rodriguez

INVOICE
24990

DATE
06/01/2026

PRESENTING CLINICAL SIGNS

Diarrhea/straining. Intermit vomiting and anorexia. Last at yesterday (nothing last night or today). Possible FB on radiographs. Hx of stable kidney failure

Abnormal PE/Chem/CBC/UA Results: Creat: 4.3, BUN>130, Phos: 8.8, ALT: 410,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened apical urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with moderate, non-dependent particulate sediment and minor dependent lumen hyperechoic sand. The ureteral papillae were normal. The ureters were not visible, which is normal.

The area of the residual prostate appeared normal and free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Marked loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral moderate pyelectasia without overt left or right hydroureter. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

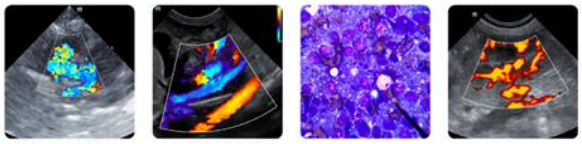
The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the caudal pole.

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 mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary to intermittent hyperechoic liver nodules were present, an example measured 0.73 cm in diameter. The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. No evidence of pericholecystic effusion or inflammation was present.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme and lumen gas sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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 mechanical/metabolic ileus, obstruction or foreign material.

The colon exhibited primarily diffuse thickened wall, exhibiting segmental soft fecal matter and concurrent empty transverse to descending colon and distal colon lumen. Distal colon wall measured 0.65 cm in wall width. Subjective gas distended cecum adjacent to the ileocolic junction.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Diffusely thickened colon exhibiting segmental empty lumen and concurrent soft fecal matter.
- Subjective mild gas-distended cecum.
- Sonographically unremarkable gastrointestinal tract with mild non-shadowing gastric ingesta and empty small intestine lumen.
- Enlarged non-homogenous subtle nodular liver.
- Non-inflamed gallbladder mucocele
- Marked chronic degenerative renal changes with variable pyelectasia.
- Mildly enlarged non-homogenous adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction or overt gastroenterocolic foreign body. The diffusely thickened colon suggests colitis in conjunction with clinical signs. Diffuse colon neoplasia thought less likely yet not definitively excluded. Gastrointestinal support and empirical therapy for colitis or more generalized gastroenterocolitis is recommended. Gastrointestinal signs potentially secondary to renal disease could be possible. Concurrent renal support and CKD therapy is indicated. Correlation with UA, C/S or UPC level if clinically indicated is suggested. Suspect chronic benign hepatopathy criteria and intermittent nodules such as nodular hyperplasia or lipogranulomas. Serial monitoring of liver enzymes and the gallbladder specifically if evidence of progressive hepatic inflammation or cholestasis is indicated.

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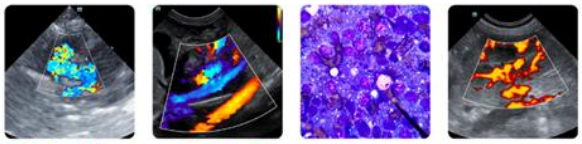

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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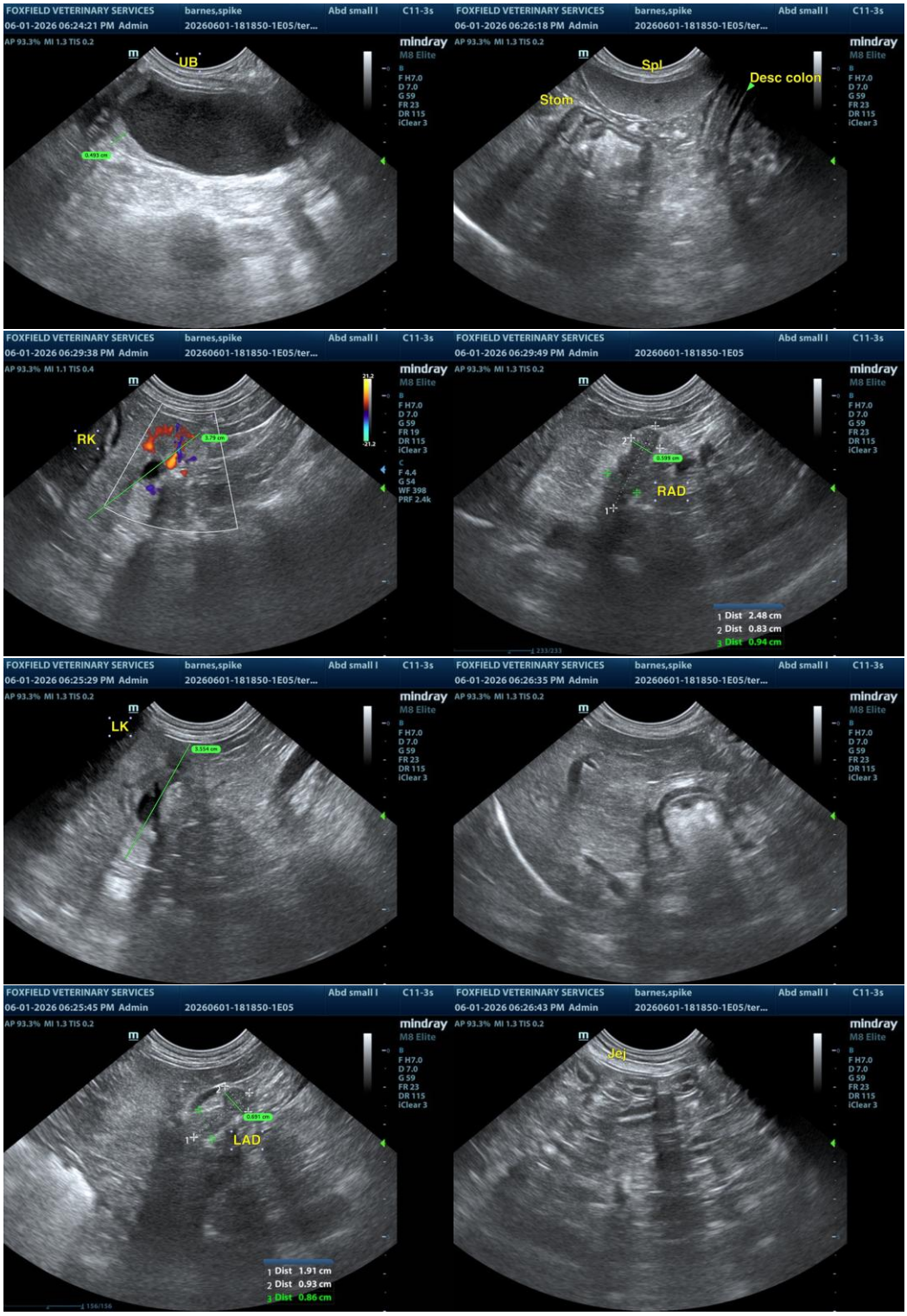

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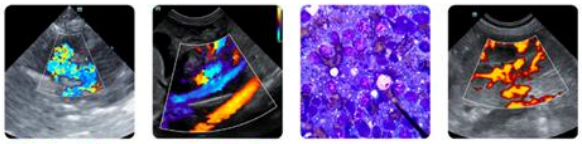

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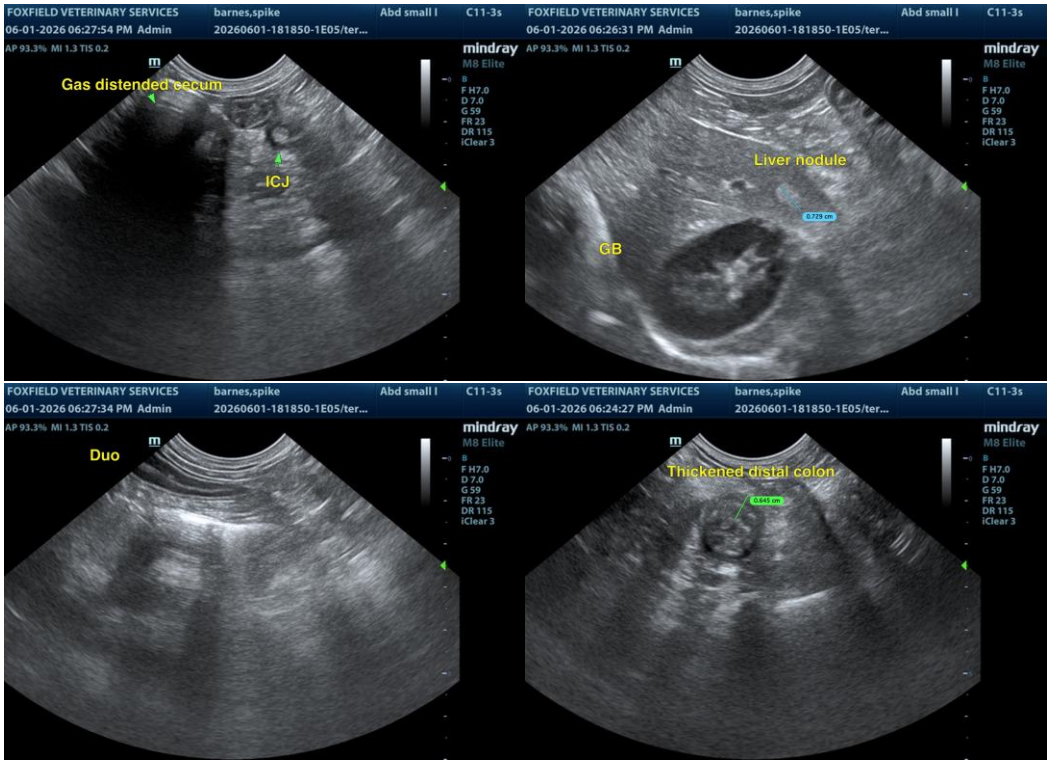

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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