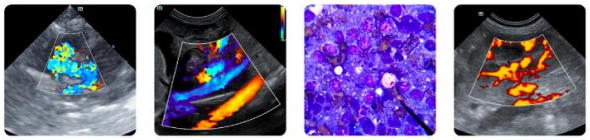


PATIENT

Cooper Watkin

SPECIES

Canine

BREED

Aussiedoodle

SEX

MN

AGE

6y

WEIGHT

86.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Ed Faulkner

INVOICE

10952

DATE

6/4/26

PRESENTING CLINICAL SIGNS

6yo MN aussiedoodle presents for adr, decreased appetite, no v/d/c/s. FF neg.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 33% Chemistry: Alb 2.4, glob 4.7, BUN 30 (wnl), Creat 2.3, sdma 21.6, na 137, amylase 1706, psl 10, ck 971 T4: 0.5 U/A: pending FF: nps

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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 6.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without obvious pathology in the area of the left adrenal gland. The subjective left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

A solitary, expansive, hypoechoic splenic nodule was present without associated splenic capsule distortion. The remainder of the spleen exhibiting subjective normal size, symmetrical contour, and homogeneous parenchyma. The splenic nodule measured 2.4 cm in diameter.

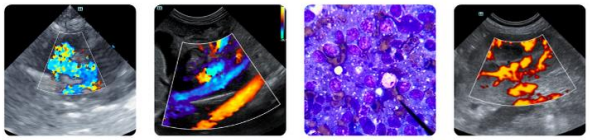
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 normal, intact visible wall. The stomach contained mild retained anechoic fluid without overt visualized obstruction to the pyloric outflow.

The small intestine presented intact wall layering with a maintained wall layer ratio. Mild duodenal distention was noted with retained fluid extending caudally. Within the midabdomen intestinal segments,



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strongly shadowing irregular content or echo was present measuring ~3.5 cm in diameter. Concurrent empty small intestinal segments were also visualized without mechanical / metabolic ileus.

The visualized colon was sonographically normal.

Pancreas

The area 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 obvious significant or swollen mesenteric lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild fluid distended stomach and duodenum
- Strongly shadowing irregular intestinal echo
- Concurrent empty small intestinal segments
- Mildly expansive splenic nodule – hyperplasia, hematopoiesis, hematoma, granuloma, tumor; all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the location of the strongly shadowing intestinal echo was unclear, with potential for strongly shadowing fecal content, the stomach and duodenum meet obstructive criteria, indicating a likely small intestine location of the echo and intestinal foreign body.

Given the timeframe between the ultrasound study and interpretation, sonographic reassessment of the echo, as well as the upper gastrointestinal tract, for evidence of persistent gastroduodenal fluid distention and ileus is recommended. If persistent, exploratory laparotomy with gross inspection of the gastrointestinal tract, probable enterotomy, and concurrent splenectomy is recommended.

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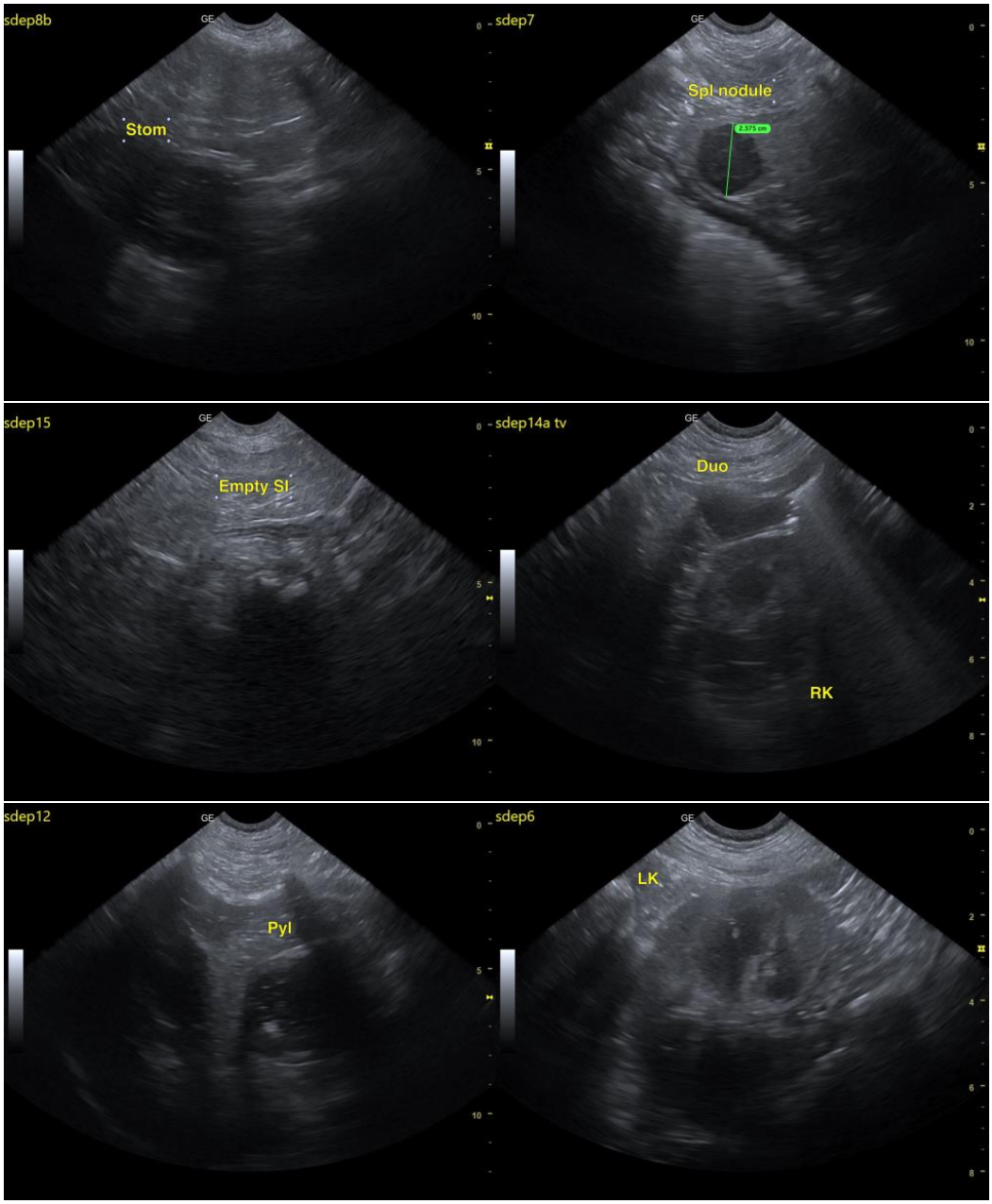

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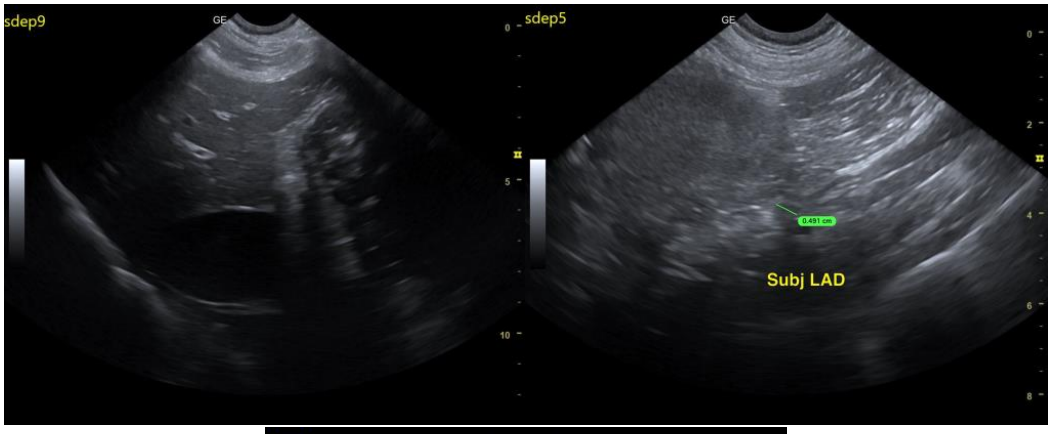

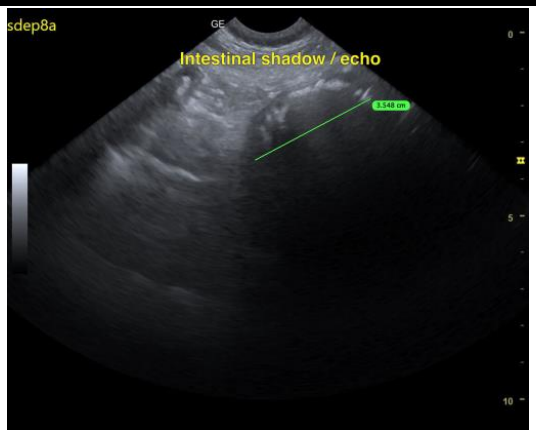

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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