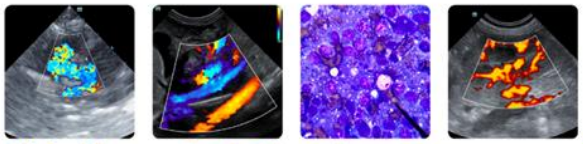


PATIENT

Finnegan Kelly

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

4

WEIGHT

70.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
25024

DATE
06/08/2026

PRESENTING CLINICAL SIGNS

vomiting lethargy anorexia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 7.5 cm in length. The right kidney measured 7.0 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The residual prostate appeared normal and 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 0.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

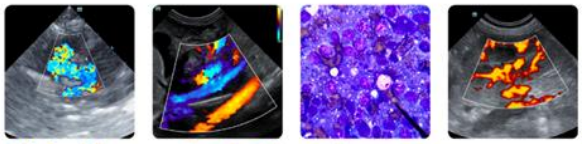
The spleen exhibited enlarged size with mild caudal folding, symmetrical to rounded splenic contour, and maintained homogenous parenchyma. The splenic vasculature at the hilus was subjectively normal in volume with no evidence of congestion or thrombosis. No visualized masses or nodules were present.

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. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mildly thickened, overall subjective intact wall. The stomach contained a moderate amount of retained anechoic to mildly echogenic fluid and lumen gas with no visualized shadowing content or definitive obstruction to pyloric outflow.



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The intestinal walls demonstrated overall intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased mucosal echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material.

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

Pancreas

The pancreas was indistinctly visualized owing to increased cranial abdomen omental echogenicity and peripancreatic omental artifact. Possible hypoechoic to swollen perigastric to left pancreas.

Free Abdomen

No overt lymphadenopathy was present.

Regional primarily cranial abdomen perigastric hyperechoic omentum and mild volume effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific acute gastroenteropathy accentuated by mildly thickened hypomotile stomach
- Possible hypoechoic swollen perigastric to left pancreas
- Splenomegaly with caudal folding
- Normal volume liver
- Peritoneal effusion and cranial abdomen primarily perigastric/ peripancreatic hypoechoic omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction i.e. definitively visualized intestinal mass or foreign body with metabolic gastric stasis probable. Active pancreatitis with associated regional peritonitis is favored with dietary indiscretion, enterotoxin, infectious disease, acute non-specific inflammatory bowel/ IBD or occult neoplasia all potentials.

Correlation with full lab work, UA, spec CPL vs GI panel to include PLI, TLI, cobalamin, folate, splenic FNA cytology using 25 ga needle if appropriate clotting status and effusion analysis cytology +/- C/S if inflammatory component is recommended. No overt indication for immediate surgical intervention without definitive mechanical gastrointestinal obstruction pending additional diagnostics. Supportive care with coverage for pancreatitis/ peritonitis with close clinical monitoring and sonographic reassessment in 24 hours, sooner if progressive clinical signs or peritoneal effusion would be reasonable.

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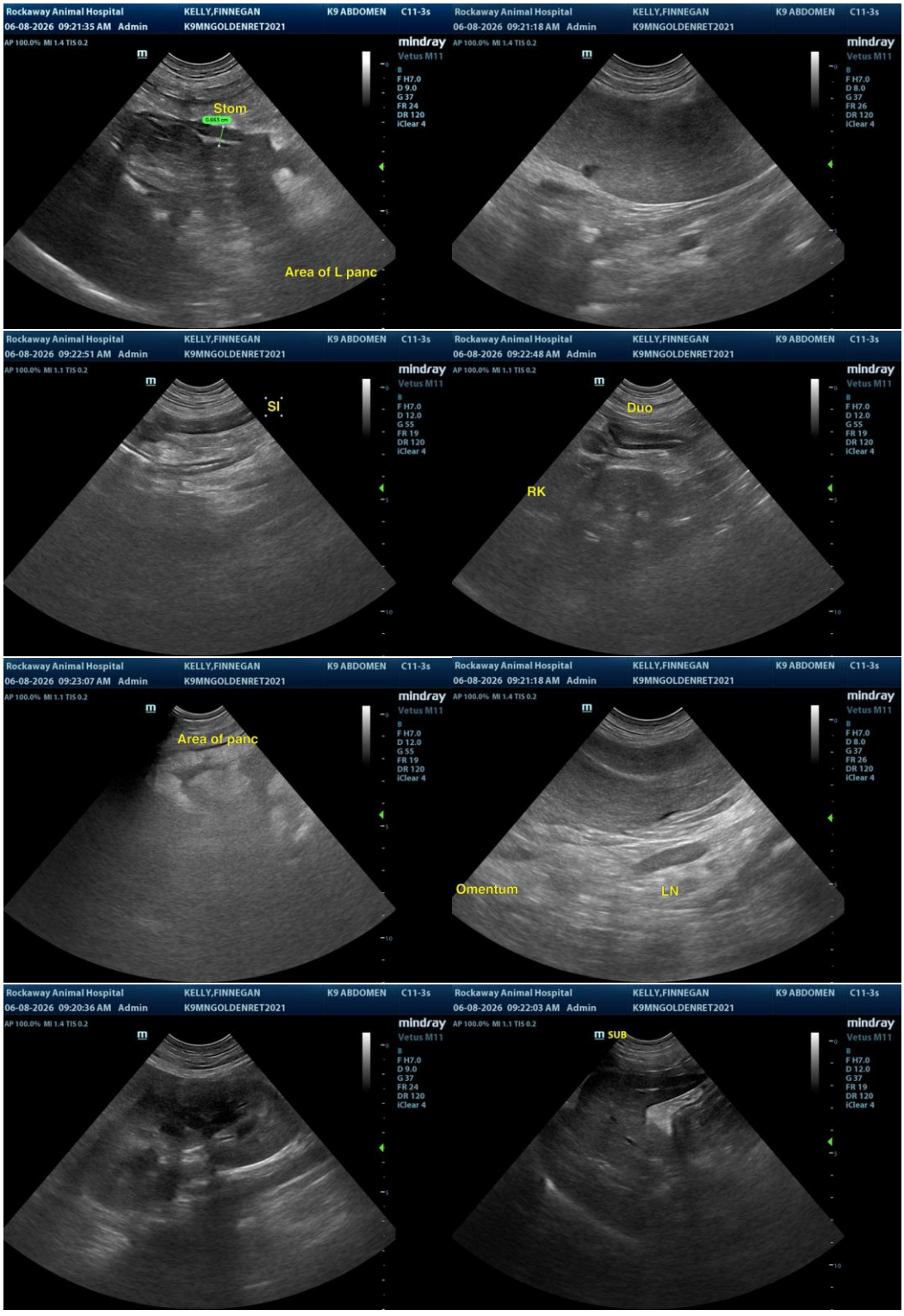

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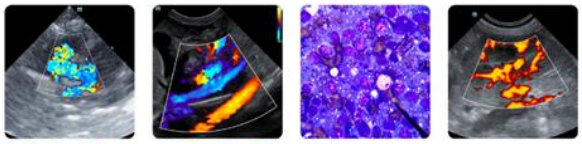

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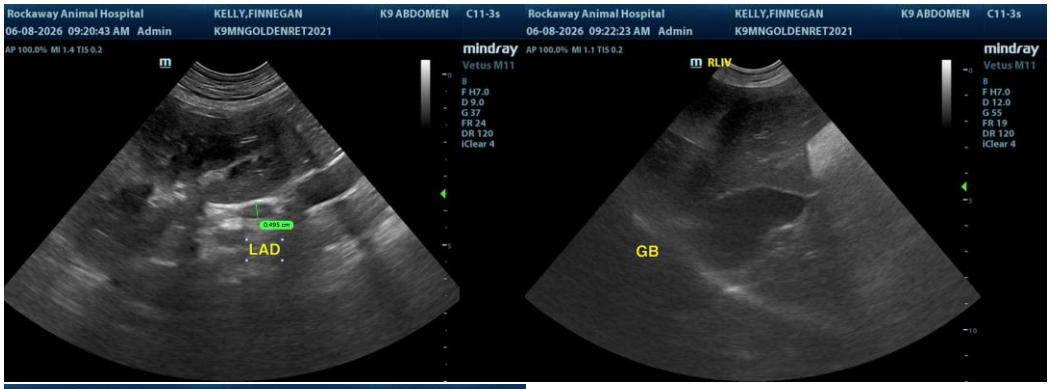

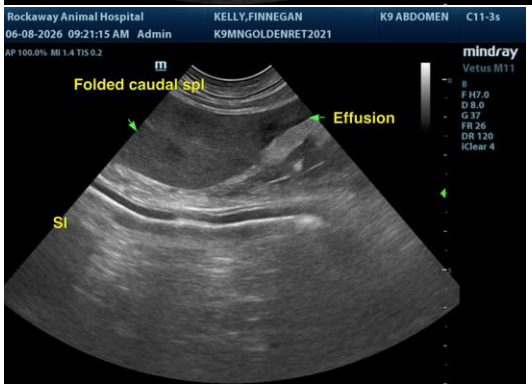

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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