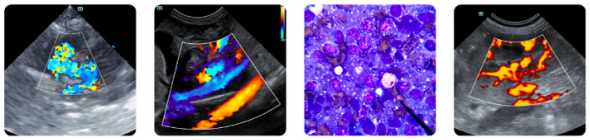

PATIENT

Mac Gamble

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

4 years

WEIGHT

29.8 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. McNicol

INVOICE

10787

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

On-going inappetence. Nausea. Had diarrhea with minor blood. Was vomiting. Currently hospitalized on IVF and is going for endoscopy. Giardia negative, labs WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 7.3 cm, and the right kidney measures 7.2 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left adrenal gland measures 4.3 mm at the cranial pole and 5.8 mm at the caudal pole. Right adrenal gland measures 6.0 mm at the caudal and no cranial pole measurement.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with shadowing ingesta. The gastric wall measures 3.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized due to the shadowing ingesta however the proximal duodenum is observed, and contains normal chyme, making pyloric outflow tract obstruction highly unlikely.

The visualized portions of the duodenum (4.9 mm), jejunum (3.8 mm), and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio.

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Intestinal motility appears normal. There is segmental fluid dilation of the small bowel, without evidence of obstruction.

The visible portions of the colon are of normal thickness, 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the bladder and left kidney. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Focal free fluid within the abdomen without apparent cause.

SECONDARY FINDINGS

- Shadowing ingesta in the stomach, likely consistent with the history of bandage consumption.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the patient's clinical signs on today's ultrasound. The pending endoscopy is an excellent next step, as histopathologic disease may be present despite normal sonographic appearance within the gastrointestinal tract. If not already performed, a resting cortisol level or ACTH stim would also be a consideration if the patient's symptoms persist.

Finally, if a total protein level has not been checked very recently, re-checking this to ensure that hypoproteinemia is not a cause for the free fluid would be recommended. If no cause for the fluid can be found, sampling of the fluid would be recommended if possible, although the small volume may make this challenging.

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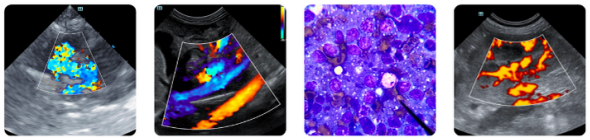

Clinical Sonography & Telecytology
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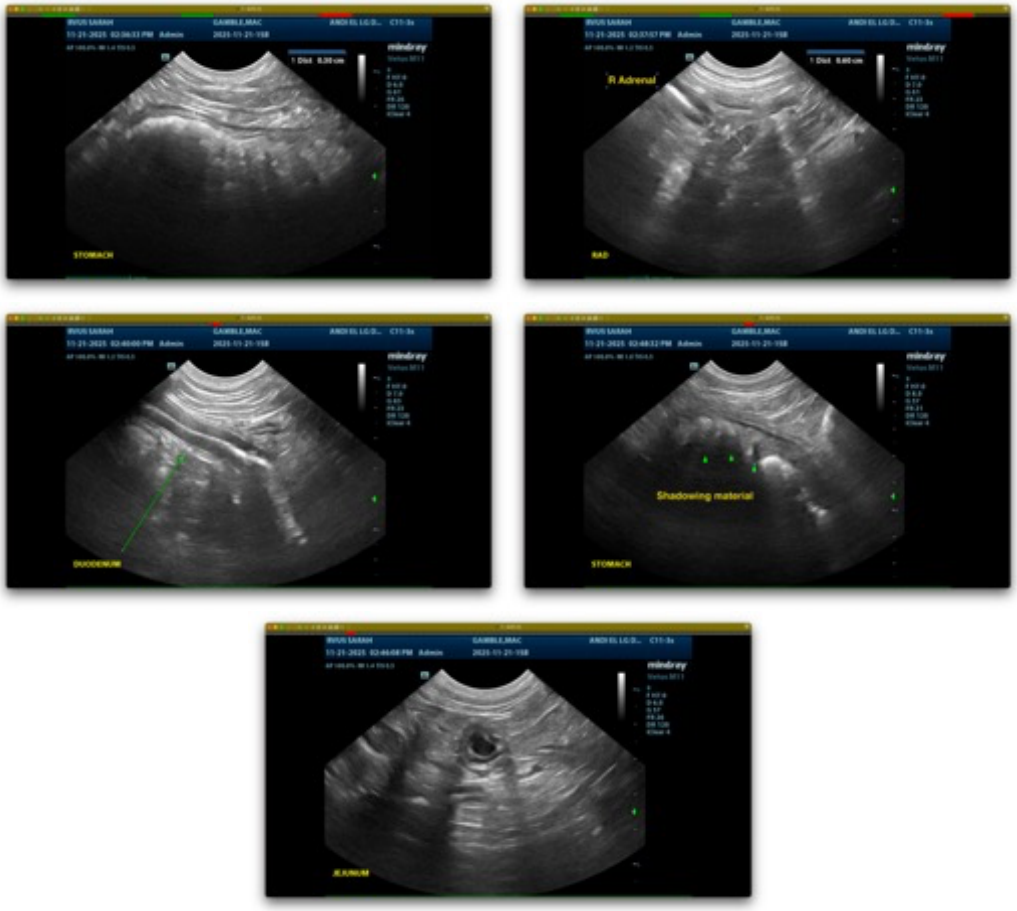

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com