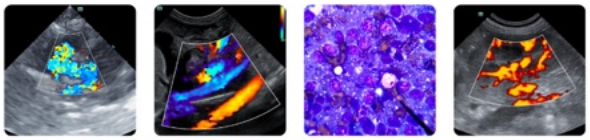


PATIENT

Duke Ramer

SPECIES

Canine

BREED

Schnoodle

SEX

Neutered male

AGE

4 years

WEIGHT

92.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet AC

REFERRING VET

Dr. Hougentogler

INVOICE

78144

DATE

PRESENTING CLINICAL SIGNS

History: Patient has history of sensitive stomach; was seen a week ago for vomiting and bloody diarrhea; has been doing better, but is still having soft stool_
Exam was unremarkable today CBC, Chem, Pancreatic Lipase
Abdominal Radiographs Continue with current treatments: Cerenia, Sucralfate, Probiotic - doing much better

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is not fully distended, and the wall of the urinary bladder appears smooth. Due to underdistension, wall measurement may be overestimated. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 7.08x3.58 cm, and the thickness of the cortex is 0.60 cm, in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 6.81x3.63 cm, and the thickness of the cortex is 0.62 cm, in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.59 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.56 cm at the caudal pole.

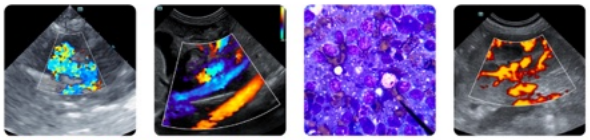
Spleen

Splenic thickness is 2.34 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is distended with fluid, with mural thickness (5.05 mm) and preserved wall layering. The pyloroduodenal junction and the duodenum could not be visualized. This is common in large-breed dogs, as these structures are often located very cranially and may be partially extend into the thoracic cavity. Jejunum: 1.73-1.85 mm, ileum: 2.24 mm, normal wall layering. Mild fluid distension of some small intestinal segments is noted. Colon: ascending 0.80 mm, transverse 1.10 mm, both segments with formed fecal material producing mild distal acoustic shadowing. Descending: 1.64 mm, with heterogeneous non-liquid fecal material producing mild distal acoustic shadowing.

Pancreas

The evaluated left pancreatic region does not show evidence of overt inflammation or neoplastic disease. The right pancreatic region could not be visualized.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Fluid-distended stomach.
- Mild fluid distension of some small intestinal segments.

SECONDARY FINDINGS

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild fluid distension of the stomach and scattered small intestinal segments without evidence of mechanical obstruction or significant mural abnormality.

In the context of the patient's recent history of vomiting and hemorrhagic diarrhea and current clinical improvement, these findings are most consistent with mild residual inflammatory gastrointestinal change associated with resolving acute gastroenteritis.

A small amount of biliary sludge is present within the gallbladder and is considered an incidental finding.

No sonographic evidence of overt pancreatitis, gastrointestinal obstruction, foreign body, infiltrative intestinal disease, or other significant abdominal pathology is identified.

Recommendations

- Continue current gastrointestinal supportive therapy as clinically indicated.
- Correlate with clinical progression and response to ongoing medical management.

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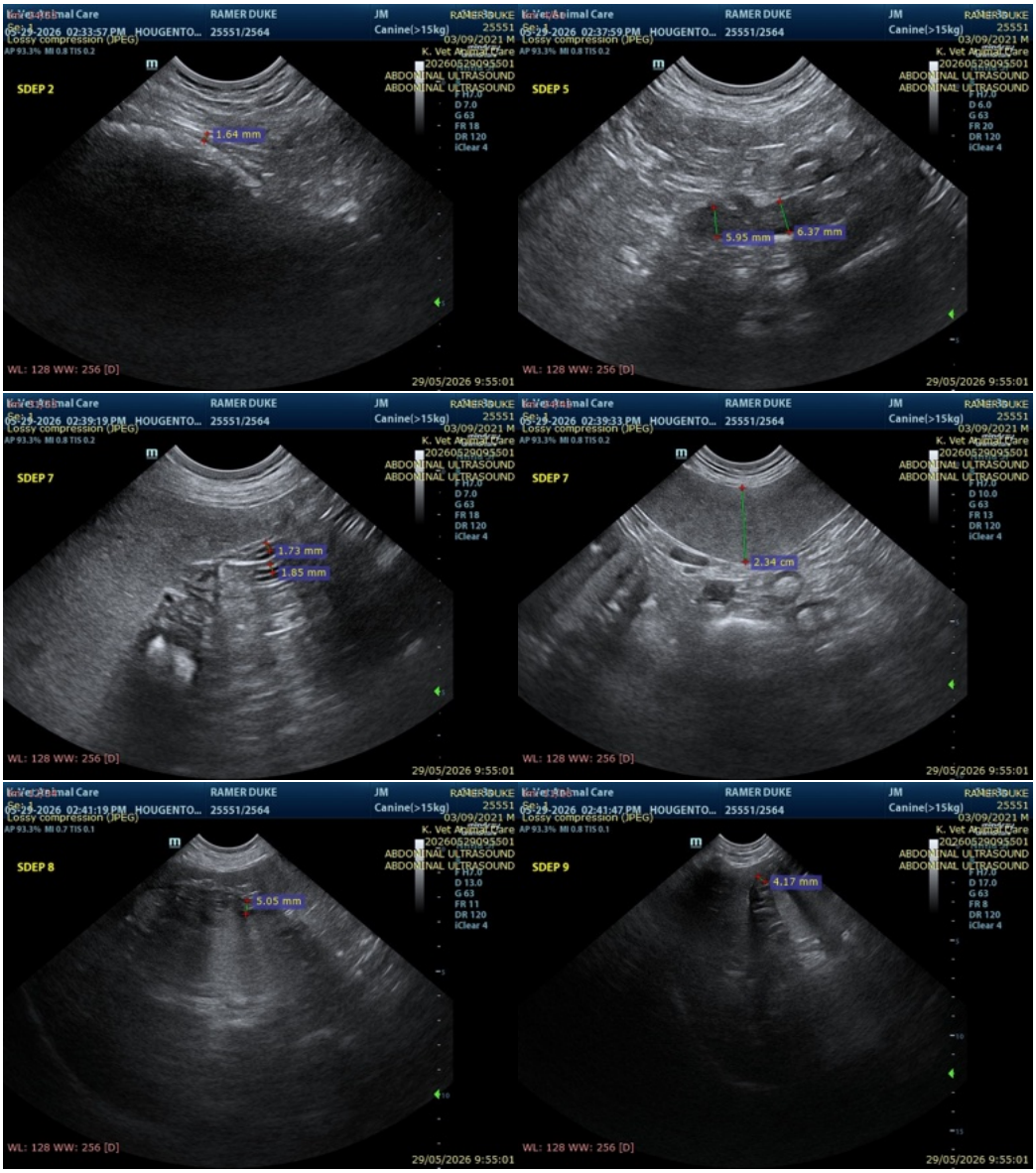
- Dietary management and continuing with probiotic supplementation may be beneficial during recovery.
- If gastrointestinal signs fail to completely resolve, recur, or worsen, consideration of additional gastrointestinal diagnostics (fecal testing, GI panel, as clinically indicated) may be warranted.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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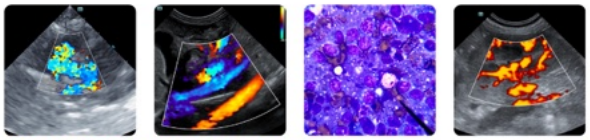

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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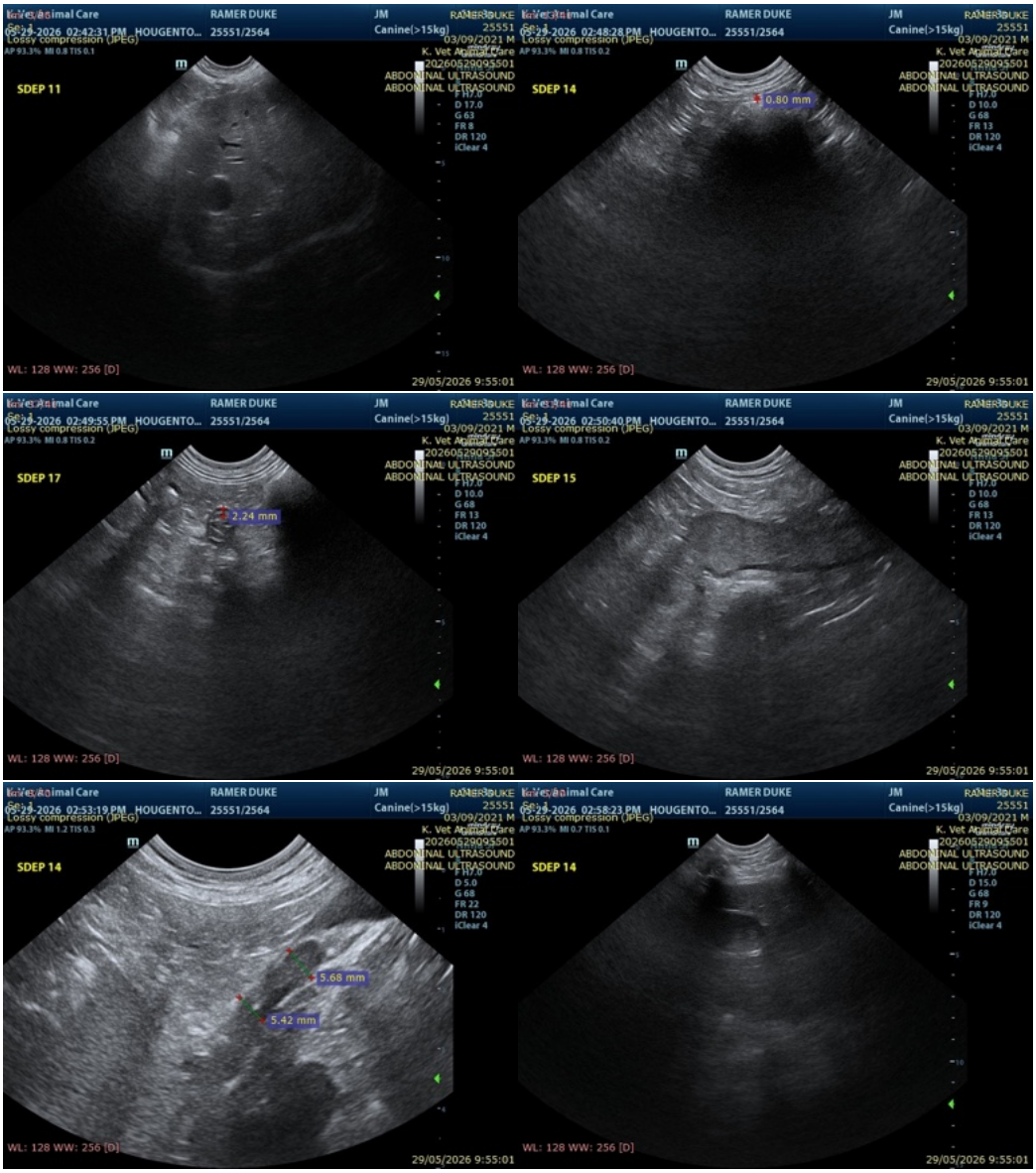

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com