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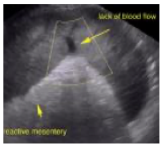
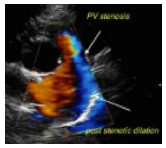
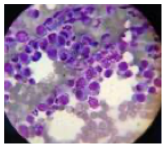
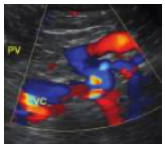

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1-800-838-4268 info@sonopath.com

**PATIENT**

Hyla Wincklhofer

**SPECIES**

Canine

**Breed**

Labrador Retr Mix

**SEX**

Female Spayed

**AGE**

1 year

**WEIGHT**

47.5 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

12560

**DATE**

3.29.23

## PRESENTING CLINICAL SIGNS

History: anorexia, vomiting

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is slightly small in size (0.46 cm at cranial pole) (0.46 cm at caudal pole) (2.01 cm in length) with normal curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in slightly small in size (0.57 cm at cranial pole) (0.38 cm at caudal pole) (2.25 cm in length) with normal curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (1.15 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The gastric lumen is mildly distended with ingesta/soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

***Pancreas***
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

***Free Abdomen***
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- An obvious cause for the patient's clinical signs is not definitively identified in this study. The gastric luminal contents may represent normal ingesta (particularly if the study was post-prandial). Alternatively, retained ingesta or foreign material cannot be completely excluded.

### Secondary Findings

- The small adrenal glands bilaterally may be a normal variant for this patient of may represent early atrophy (i.e., secondary to hypoadrenocorticism).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a 12-hour fast with a repeat abdominal ultrasound to assess for movement of the gastric luminal contents into the small intestine.

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended. Also consider the following:

    1. Fecal evaluation for ova and Giardia
    2. Resting cortisol level to screen for hypoadrenocorticism
    3. GI panel including serum cobalamin and folate, TLI and PLI, particularly if the patient's clinical signs are chronic in nature.
    4. Depending on the results of the above diagnostics, a more advanced GI work-up (i.e., hypoallergenic diet trial, GI biopsies) may be necessary to get a definitive diagnosis.


**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.

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