**PATIENT**

Cloud Dancer Dudman

**SPECIES**

Canine

**BREED**

Australian shepherd

**SEX**

Male, neutered

**AGE**

12 Yrs.

**WEIGHT**

64.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Pawleys VH

**REFERRING VET**

Dr. Kiningham

**INVOICE**

13416

**DATE**
1/21/26

## PRESENTING CLINICAL SIGNS

Pt presented for vomiting after eating later in the day. Suspected laryngeal paralysis. Pt sedated with Butorphanol for this study and required flow by oxygen throughout the study due to persistent cyanosis.

Rad report summary:

Probable sliding hiatal hernia or alternatively paraesophageal gastric herniation or gastroesophageal intussusception. No definitive evidence of aspiration pneumonia on this examination. Consider further diagnostics such as with abdominal ultrasound, thoracic and abdominal computed tomography, positive contrast esophagram with fluoroscopy if not contraindicated, and/or esophagoscopy.

## 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 and the proximal urethra, visible to a depth of 2.5-3 cm, are normal.

The prostate is normal in size (2.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

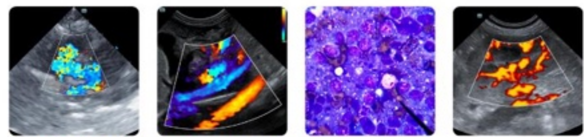
The right adrenal gland is normal in size (0.77 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (1.80 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.





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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

*Gastrointestinal*

The area of the lower esophageal sphincter is unremarkable. The gastric lumen is gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally gas distended. 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 evidence of an obstructive pattern.

*Pancreas*

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

*Lymph nodes*

The abdominal lymph nodes are normal/not visible.

*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

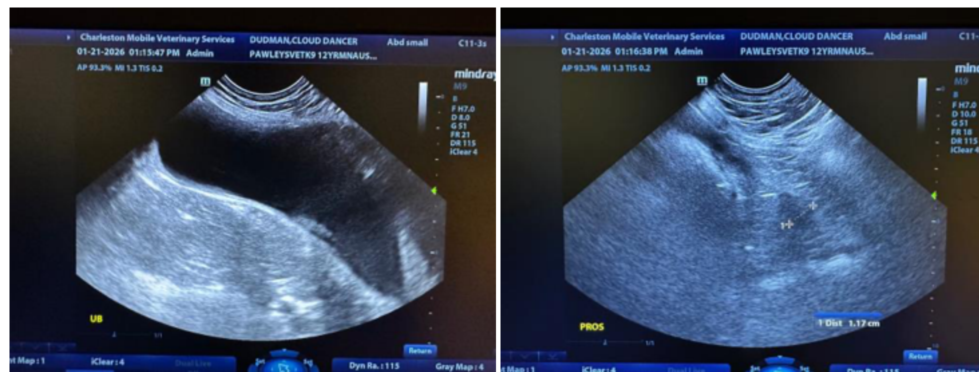
## ULTRASONOGRAPHIC FINDINGS

- Minor bilateral age-related renal changes
- Gallbladder debris, non-mucocele
- Minor pancreatic parenchymal remodeling in the right limb

*There is no obvious evidence of a hiatal hernia at the time of this study. However, a sliding hiatal hernia or other types of herniation at the level of the esophageal inlet cannot be excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Typically, a barium contrast study would be recommended (preferably via fluoroscopy) to further evaluate for a hiatal hernia. However, given the severe laryngeal paralysis, there is a risk of aspiration of barium with this study. Therefore, referral to a board-certified surgeon is recommended to discuss next steps.



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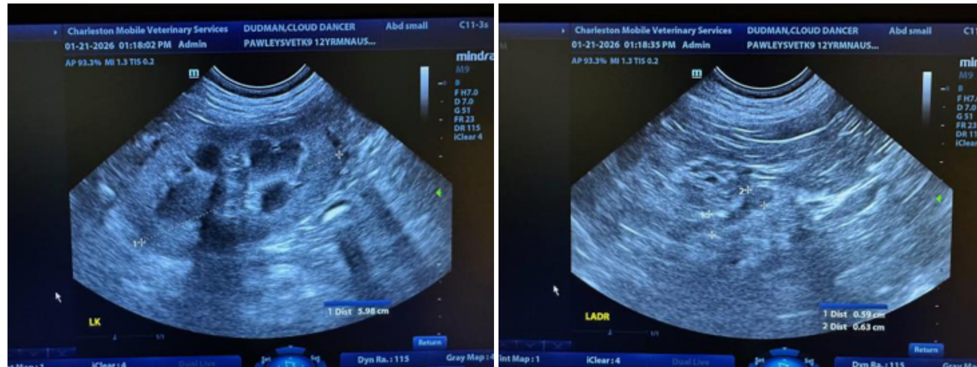


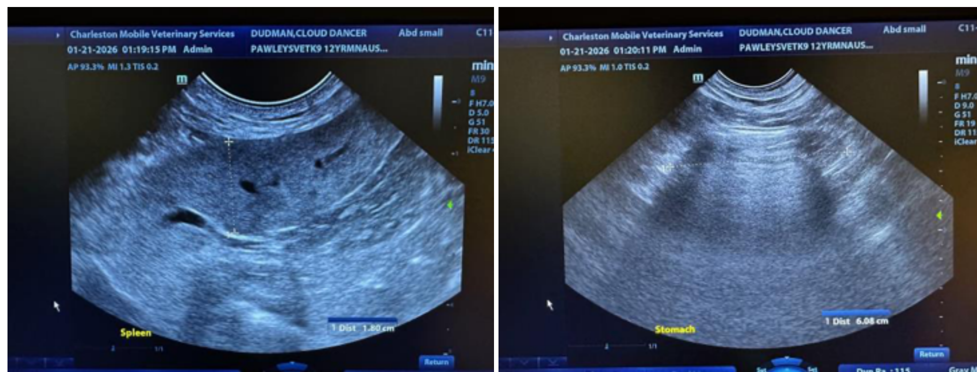


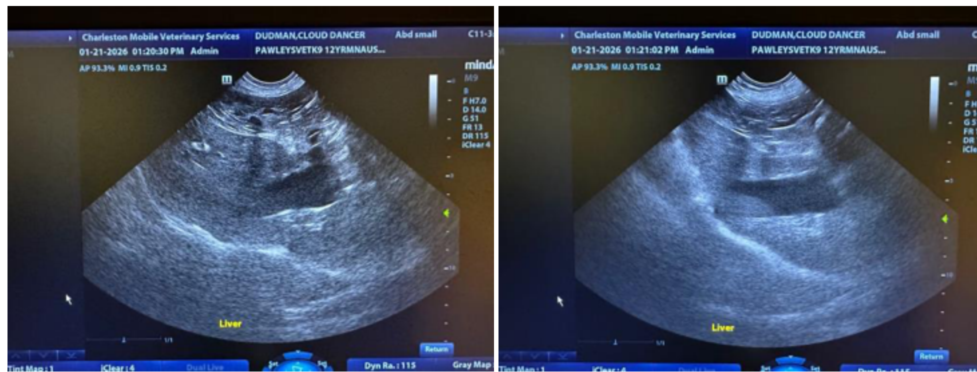


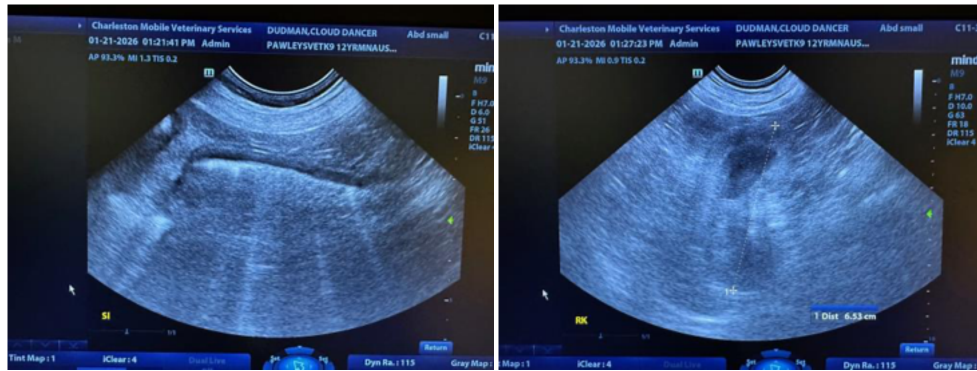

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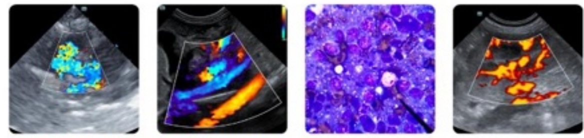

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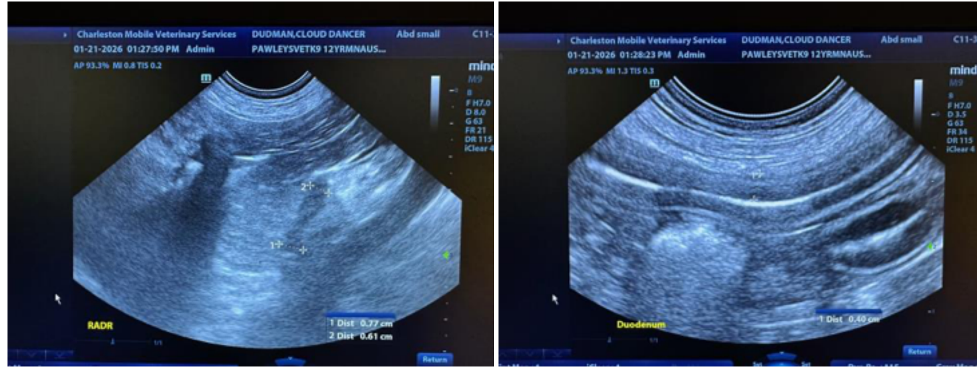


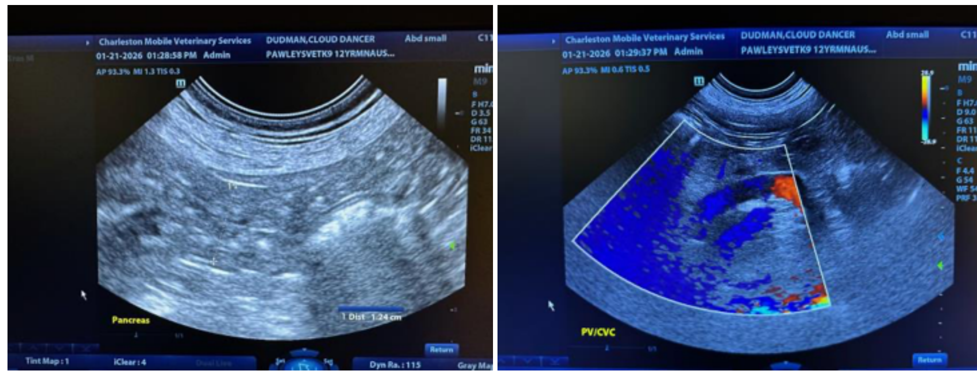


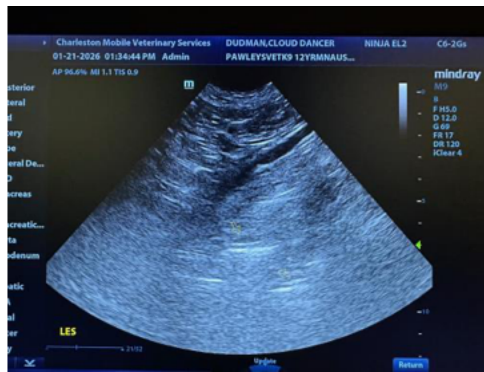


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com