



PATIENT PRESENTING CLINICAL SIGNS

Crosley Kelsey Crosley is a 2yo MN Lab presenting for continued intermittent vomiting.

SPECIES Patient initially seen on 4/2/23 at after eating an intact bandana. Vomiting was induced with apomorphine and the entire bandana was produced & patient received cerenia.
Canine ON 4/7/23, Patient returned on 4/7/23 for vomiting partially digested food once on 4/4 and once on 4/7. O started feeding him rice and chicken broth on 4/4. AXR were performed and revealed material in the stomach, which may represent foreign material or residual ingesta & fasted repeat rads were recommended. 4.8, repeat abdominal rads show gastric emptying and no obvious GI foreign body or obstruction.

BREED Labrador Retriever
P had been fine with no vomiting Sat/Sun 4/8 & 4/9, then overnight Sun 4/9 P vomited some rice + liquid. P vomited again on Tues 4/11, again last night. This morning around 7:50 AM, the at rice, chicken broth, and canned food version is his regular kibble, and during his walk this morning ~9:35a. O confirmed patient has abdominal contractions and is vomiting and not regurgitation.

SEX Male, neutered

AGE 8/8/20
O has been offering rice with chicken broth for past week, then few days ago mixed in some wet food (same brand/flavor as regular dry food) , then yesterday started adding in a few tbs of pumpkin. P has not had a decrease in appetite at any time, and is still drinking water. O bought slow feeder, but is hasn't arrived yet. There is no new known foreign material or objects that P could have gotten into/ingested. Patient had a few bouts of vomiting food 1x every 3-4 weeks this past fall but otherwise no previous GI signs.

WEIGHT 36.2 kg.
No c/s/d observed. UTD on vx. Current on f/h prev.
Medications: Zyrtec PRN for allergies (not given in several days)

INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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Diplomate ACVIM
(Small Animal Internal
Medicine)

Urinary System

The urinary bladder wall is mildly to moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.48 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

IMAGING PERFORMED BY

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The prostate is normal in size (1.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

HOSPITAL NAME

Blue Pearl

The left kidney is normal size (6.20 cm in length); normal shape and architecture with 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.

REFERRING VET

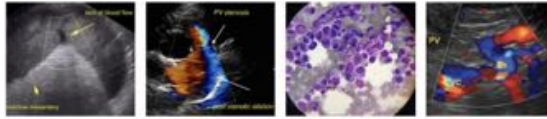
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The right kidney is normal size (6.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INVOICE Adrenal Glands

14811 The left adrenal gland is normal size (0.48 cm at cranial pole) (0.64 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex,

DATE
4/12/23



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Crosley Kelsey

SPECIES

Canine

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and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.17 cm at cranial pole) (0.57 cm at caudal pole; normal shape; 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 (2.26 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. A small amount of aggregated, echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. A small amount of irregular shadowing material is also observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

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. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.89 cm in length. The nodes are normal in shape and echogenicity.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.



PATIENT ULTRASONOGRAPHIC FINDINGS

Crosley Kelsey

Primary Findings:

SPECIES

- The shadowing material within the gastric lumen may represent small foreign material. It appears non-obstructive at the time of this study.

Canine

Secondary Findings:

BREED

- The urinary bladder wall changes are suggestive of cystitis. However, the thickening may be artifactual due to lack of full repletion. Correlations with the patient's urinalysis findings and clinical history is recommended.

Labrador Retriever

SEX

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Male, neutered

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8/8/20

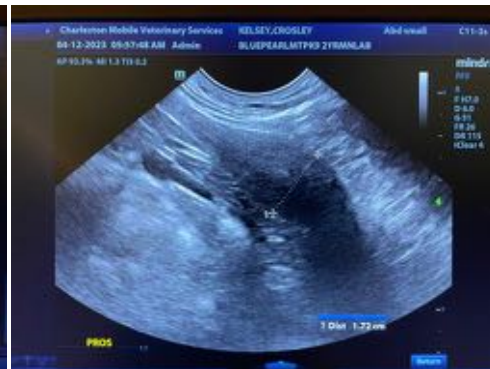
Symptomatic care for acute gastroenteritis is recommended. If the patient's clinical signs persist, consider a repeat abdominal ultrasound +/- a more comprehensive GI workup (i.e., fecal evaluation for ova and Giardia, malabsorption panel, resting cortisol level, hypoallergenic diet trial +/- endoscopic or surgical GI biopsies).

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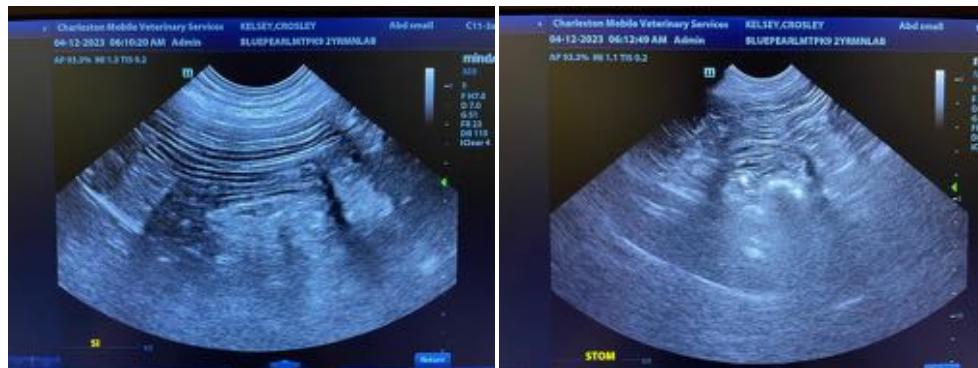
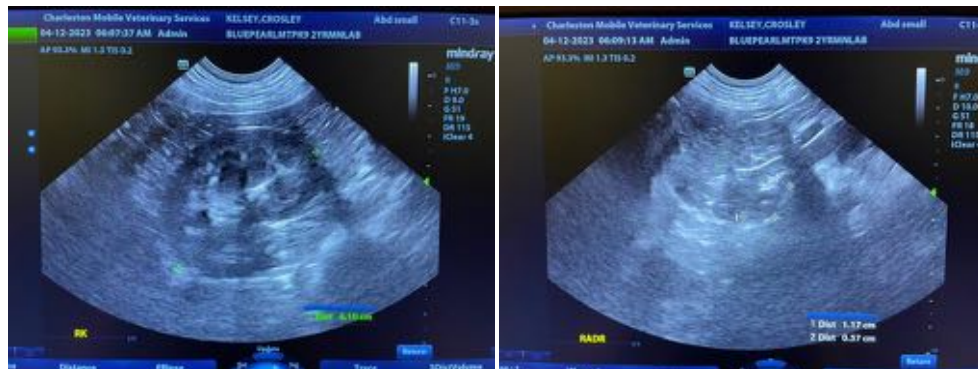
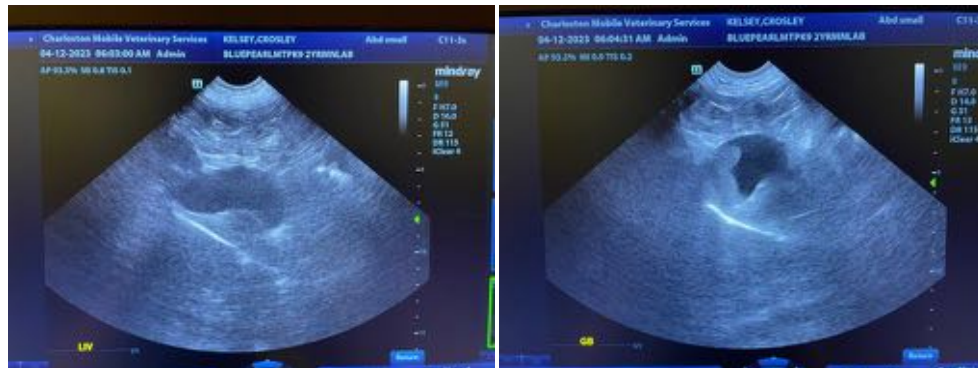
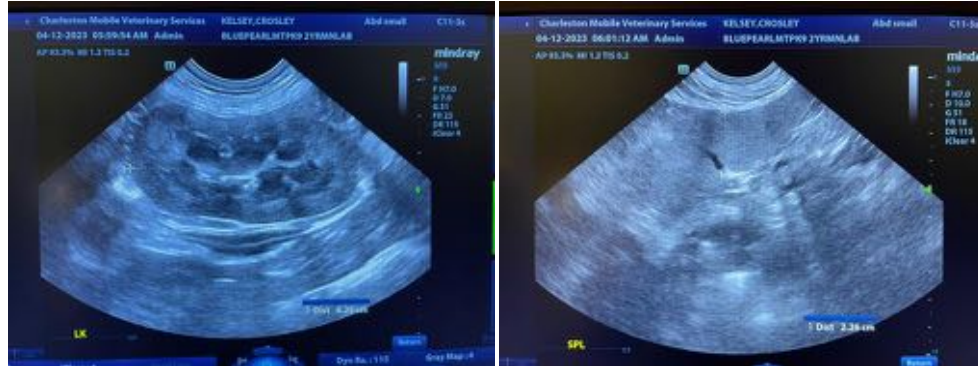
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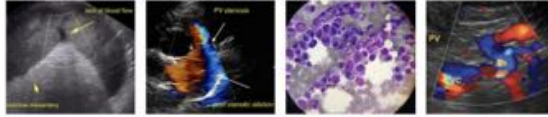
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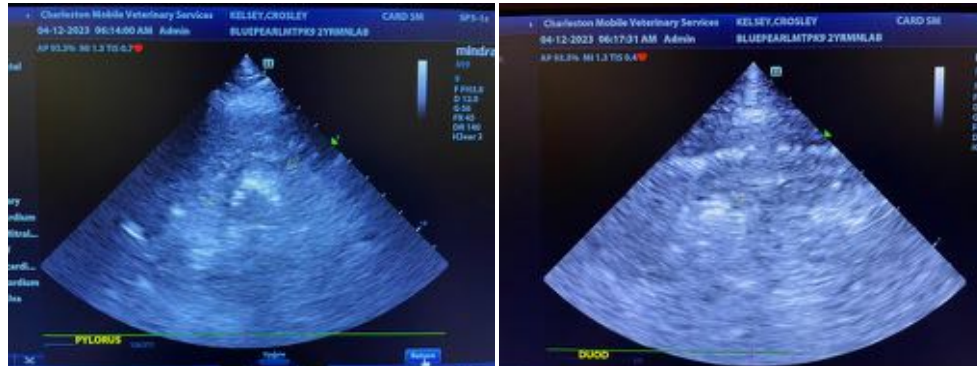
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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