

**PATIENT**

Apollo Yerian

**SPECIES**

Canine

**BREED**

German Shepherd X

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

58.4 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Pincrest AH - Dr.  
Shelby**INVOICE**

44340

**DATE**

1/18/23

**PRESENTING CLINICAL SIGNS**

Vomiting.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (6.65 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 0.30 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measures 0.33 cm at the cranial pole and 0.46 cm at the caudal pole.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Apollo Yerian

**Pancreas**

**SPECIES**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Canine

**BREED**

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

German Shepherd X

There is no apparent lymphadenopathy noted in these images.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5 Years

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

**WEIGHT**

Pending cortisol results, given patient breed, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function, especially if there has been any history of diarrhea combined with the vomiting.

58.4 Pounds

**INTERPRETED BY**

Pending above results, bile acid testing could be considered. There is no ultrasonographically visible reason to suspect a hepatopathy. However, given the low normal BUN, if another underlying cause for the vomiting can't be found, bile acids could be considered to rule out decreased hepatic function.

Beth Johnson, DVM  
DACVIM

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In the meantime, empirical medical supportive/symptomatic medical management of gastritis, potentially microulceration, with antiemetics and gastroprotectants, and potentially even an empirical helicobacter treatment course, could be considered. Additionally, if tolerated, a transition in diet based on trial and error response, beginning with a hydrolyzed protein diet could be considered.

Amy Mayhew, LVT

**HOSPITAL NAME**

Given the amount of gas present in the stomach at this time, if clinical signs persist, recheck imaging is recommended, ideally, if possible, with less gas in the stomach.

SVS Imaging MI

**REFERRING VET**

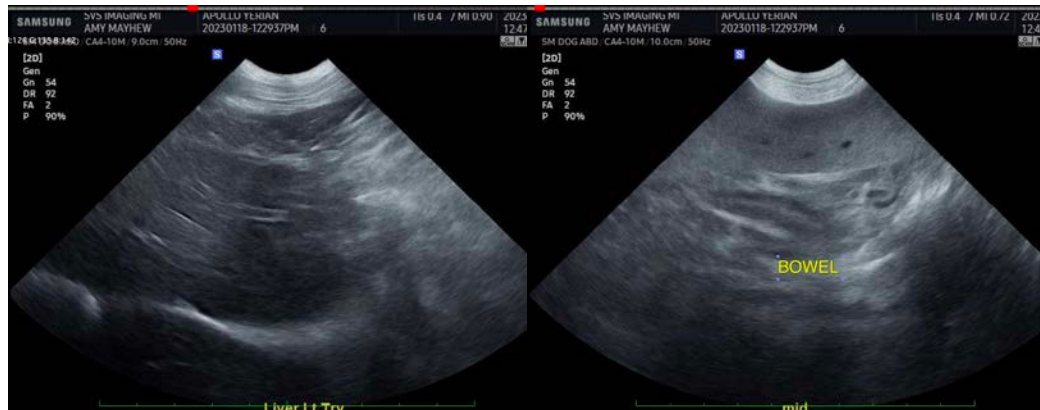
Pincrest AH - Dr. Shelby

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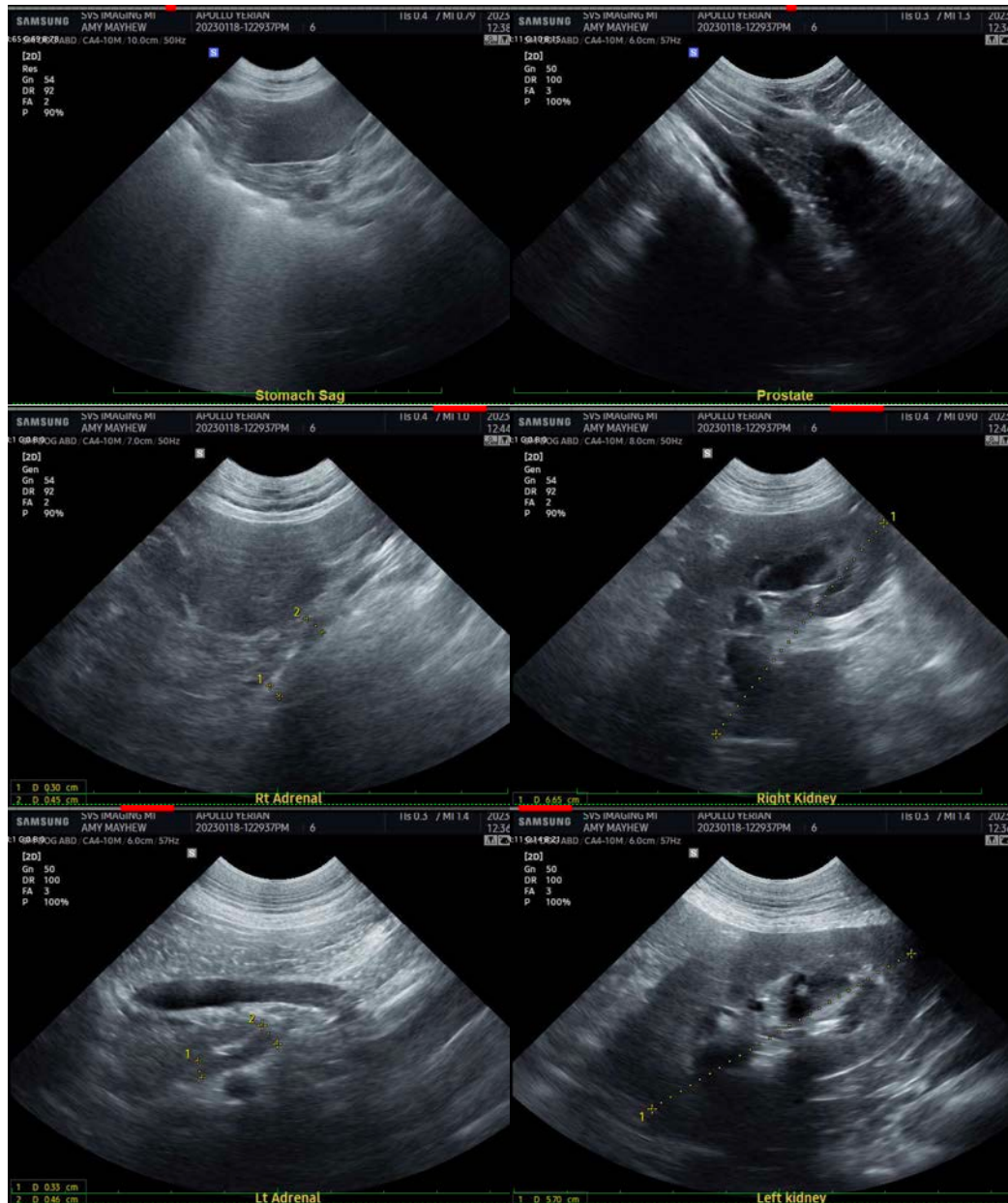
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com