

PATIENT

Dunkin Dranoff

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

4

WEIGHT

28

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Brooks

INVOICE

15814

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Concern for gastric fb got into trash ate diaper and plastic, vomited sock overnight, vomiting, eating less atypical Addisonian on Pred

Abnormal PE/Chem/CBC/UA Results: Baso 0.14 Chem normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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 evidence of prostatic pathology.

Left kidney is normal in size (5.28 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.

Right kidney is normal in size (4.91 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 left adrenal gland measured 0.31 cm width at the cranial pole and 0.26 cm width at the caudal pole. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.49 cm width at the caudal pole.

Spleen

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.

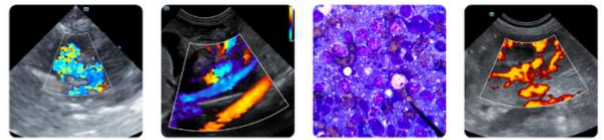
Liver

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is moderately distended with echogenic nonshadowing luminal contents and some reverberation artifact from intraluminal gas, most consistent with normal ingesta, fluid and gas. There is no definitive evidence of foreign material,



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obstruction or infiltrative disease within the stomach. Having said that, especially if patient was appropriately fasted, non-shadowing, non-fully obstructive foreign material or foreign material obscured by the ingesta can't be definitively ruled out.

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The bowel that is able to be visualized in these images demonstrates normal wall thickness and layering and some non-distended intraluminal gas with no definitively visible evidence of obstruction or infiltrative disease in the bowel loops that are able to be observed in these images.

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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.

Pancreas

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The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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DACVIM

- The gastric contents are most consistent in appearance with normal ingesta. Having said that, as described above, nonshadowing or hidden foreign material mimicking ingesta cannot be ruled out.
- The flattened adrenal glands are consistent with patient's reported history of hyperadrenocorticism.
- Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While providing supportive/symptomatic medical management for possible dietary indiscretion or even early or emerging pancreatitis secondary to the recent garbage exposure, etc., an additional 12 to 24 hours of fasting could be considered followed by reassessment of the stomach and full GI tract.

INVOICE

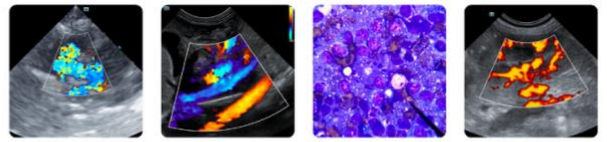
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If clinical signs don't improve and or progress, recheck imaging or alternative imaging such as contrast radiography versus gastroscopy versus other may be warranted sooner.

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In the meantime, additionally, 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.



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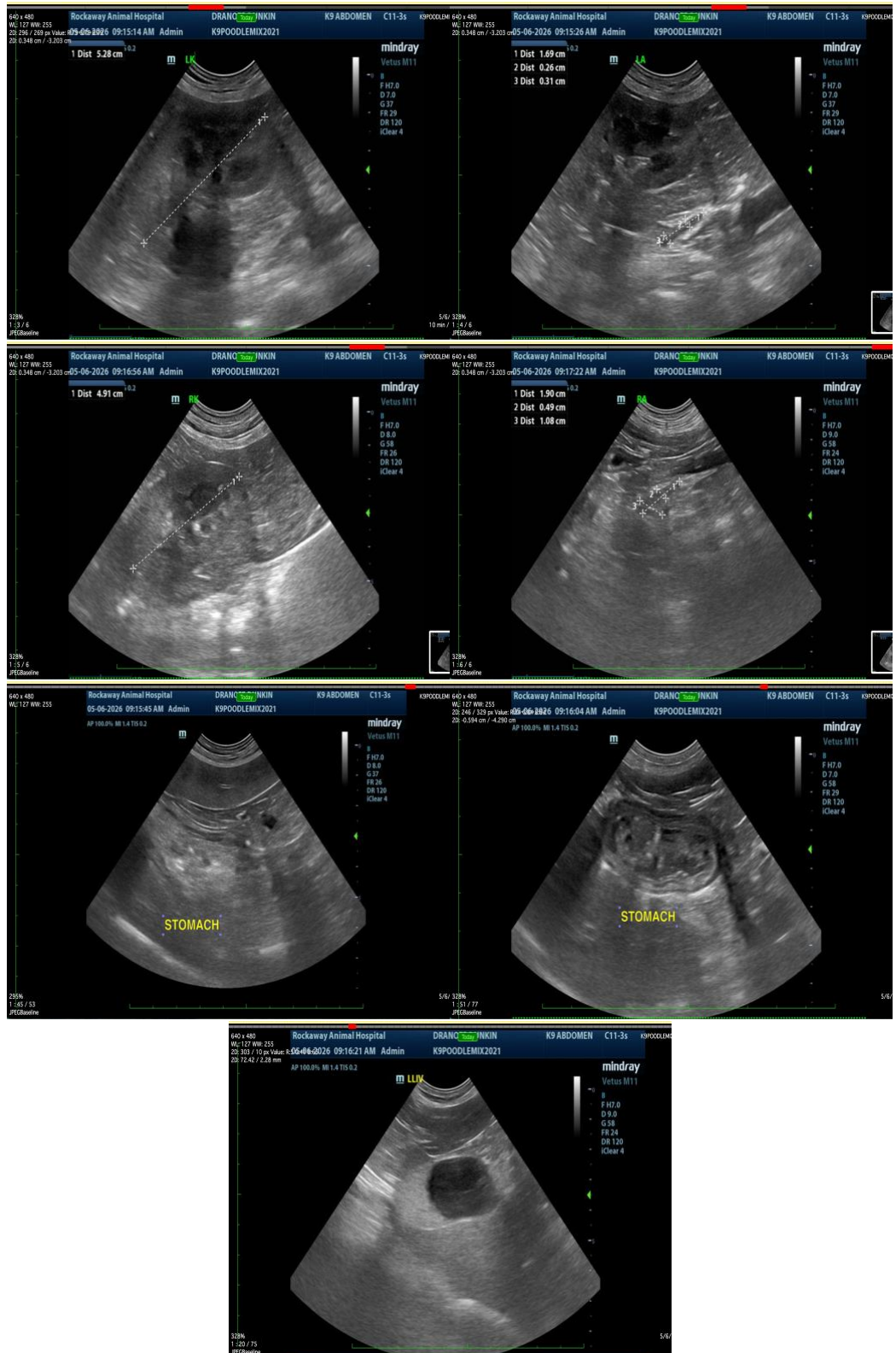
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@sonopath.com