

**DATE PRESENTING CLINICAL SIGNS**

6/22/22

Lethargy starting 6/20. Vocalized when owner picked her up to put her on lap. Didn't come down for breakfast; eventually ate when owner coaxed her down. Vomited bile once on Sunday. Not herself in general. On exam, patient appeared slightly pale with mild T/L hyperpathia (patient very stoic). Slightly slow CPs on rear feet

PATIENT

Chelsea Huch

Current Medications: Started on 6/21/22: Codeine 30 mg -- 1/2 to 1 tab PO Q 8-12 hours, PRN for pain #10, Gabapentin 100 mg -- 2-3 caps PO BID, PRN for pain #60, Mal-a-Ket wipes -- Gently wipe affected areas of feet BID x 14-21 days.

SPECIES

Canine

Lab Results: CBC/Chem WNL.

Radiographs: No obvious spinal changes. Decreased detail +/- increased soft tissue bulk in mid-cranial abdomen

BREED

Golden Retriever

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.

AGE

1/2/18

Left kidney is normal is size (6.69 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.

WEIGHT

53.8 lbs

Right kidney is normal is size (5.95 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (2.8 cm long, 0.53 at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Paradise AH

Right adrenal gland is normal in size (2.77 cm long, 0.88 cm at cranial pole and 0.61 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Twardzik

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.

INVOICE

31195

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 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. 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 except for the proximal duodenum, which appears mildly distended with fluid and chyme.

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

Pancreas

The observed pancreas 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.

Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

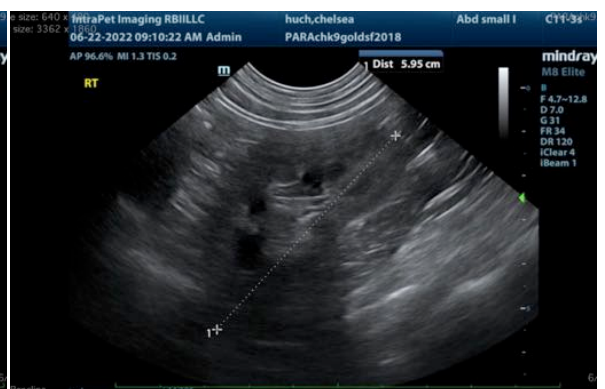
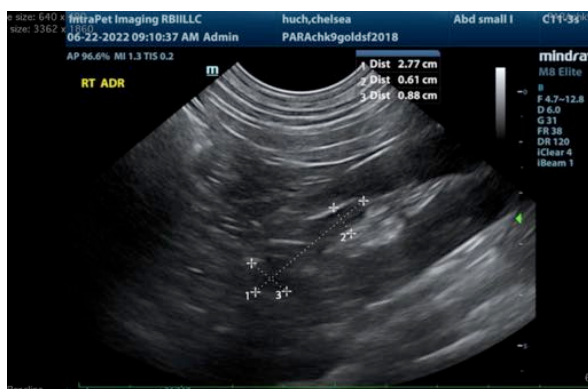
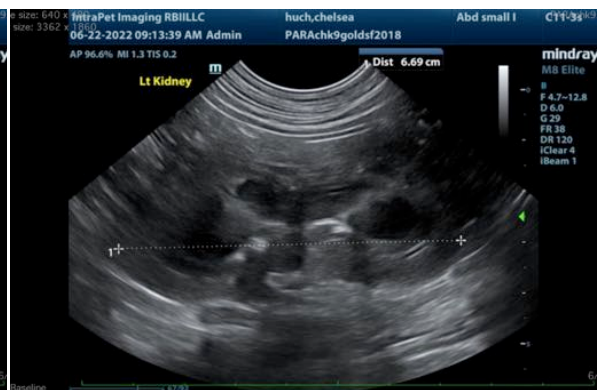
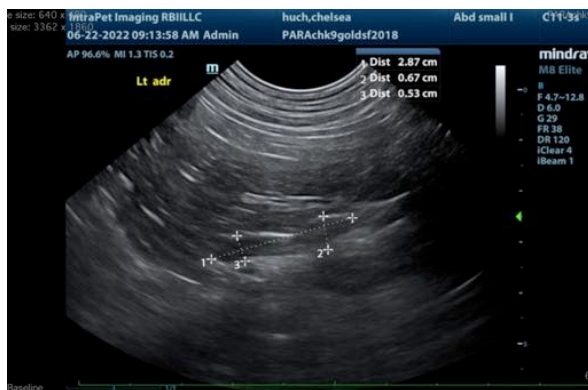
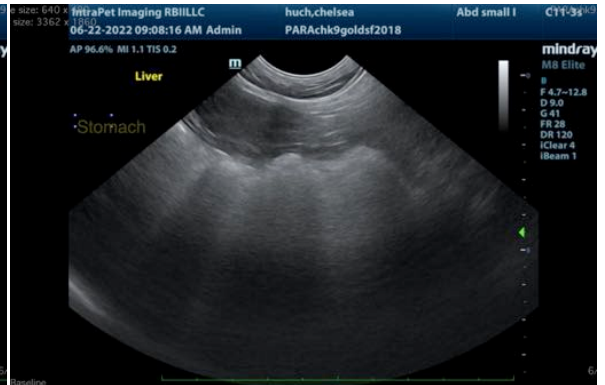
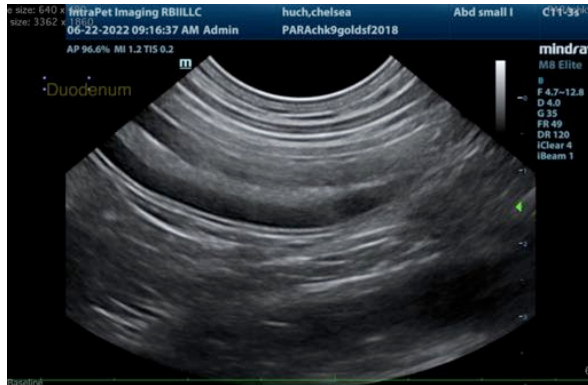
The uterine stump is visible.

ULTRASONOGRAPHIC FINDINGS

This is a relatively unremarkable abdomen in terms of a reason for the patient's reported pain. The stomach is distended with gas and ingesta. Therefore, depending on when the patient last ate prior to this ultrasound delayed gastric emptying could be a differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If another cause of pain cannot be determined i.e. orthopedic, cervical, spinal, etc. and gastrointestinal signs persist reimaging of a fasted stomach and proximal duodenum is recommended.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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

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