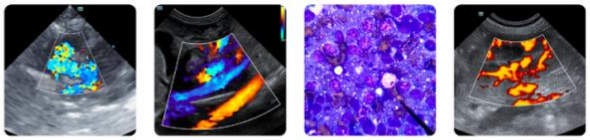


PATIENT

Galadriel Levow

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 Years 8 Months

WEIGHT

28 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Turkell

INVOICE

15832

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Presented yesterday for vomiting 6x since 5pm. owner noted no blood but noticed some leaves in the vomit one time. owner noted a normal bowel movement this morning. owner did not offer dinner but said that patient did eat breakfast normally and held it down. she also gave some treats in the evening, and pet vomited them shortly after. no c/s/d. and d/u/d normally. owner administered 2 doses of Cerenia at home PO and also vomited soon after, but owners did not find the pills inside the vomit. patient has a hx of hypothyroidism being treated with thyro tabs. she also has a previously diagnosed skin condition a few weeks ago, in which she was put on doxycycline and prednisone. Has been lethargic and not eating at all since last night ER visit.

Abnormal PE/Chem/CBC/UA Results: PCV 21%, anemia, low reticulocytes. Microagglutination negative today, CPL normal, Elevated ALKP 3021, elevated ALT 406, GGT 22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.16 cm in length. The right kidney measured 5.47 cm in length.

Adrenal Glands

Both adrenal glands were not distinctly visualized.

Spleen

The spleen is prominent with a slightly undulating capsular margin and hypoechoic echotexture. There are no specific masses visualized.

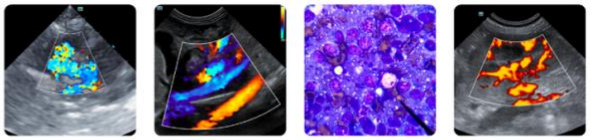
Liver

The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach has multiple sections which appear completely empty. There are other images where there appears to be material within the gastric lumen that has complete acoustic dropout, most consistent with foreign gastric material. There is no overt gastric distention. Walls appear of normal thickness with normal wall layering.



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There is a small amount of fluid visualized within the duodenal lumen. The visualized areas of jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas was not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is scant free fluid in every quadrant.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with hypoechoic echotexture.
- Hepatomegaly with hyperechoic echotexture.
- Scant free fluid.
- Shadowing material in the stomach- concern for gastric foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hard shadowing in stomach likely represents non-food material. It is not currently obstructive, though gastric foreign bodies can be dynamic causing intermittent pyloric outflow obstruction and waxing and waning clinical signs. This shadowing could be a trichobezoar, foreign material, accumulation of plant debris, etc. Abdominal radiographs will be of benefit to further visualize gastric contents. If persistent foreign material is present, endoscopic visualization and retrieval should be considered. Abdominal exploratory surgery with plan for gastrostomy is an alternative.

Hepatosplenomegaly with free fluid is not a common feature of gastric foreign material and would not explain the reported anemia. I am most suspicious these are two separate disease processes and the material within the stomach may be incidental, especially if patient is eating vegetative material, etc. Infiltrative disease such as lymphoma, mast cell, histiocytic sarcoma, etc. are potential differentials.

Among other things, splenic and liver aspirate are recommended to further define. Abdominocentesis with fluid analysis and cytology is recommended if a sample can be obtained. This may be challenging due to low fluid volume.

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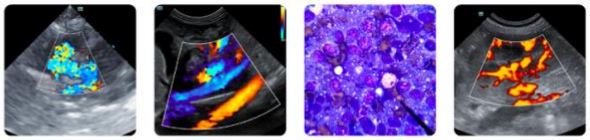

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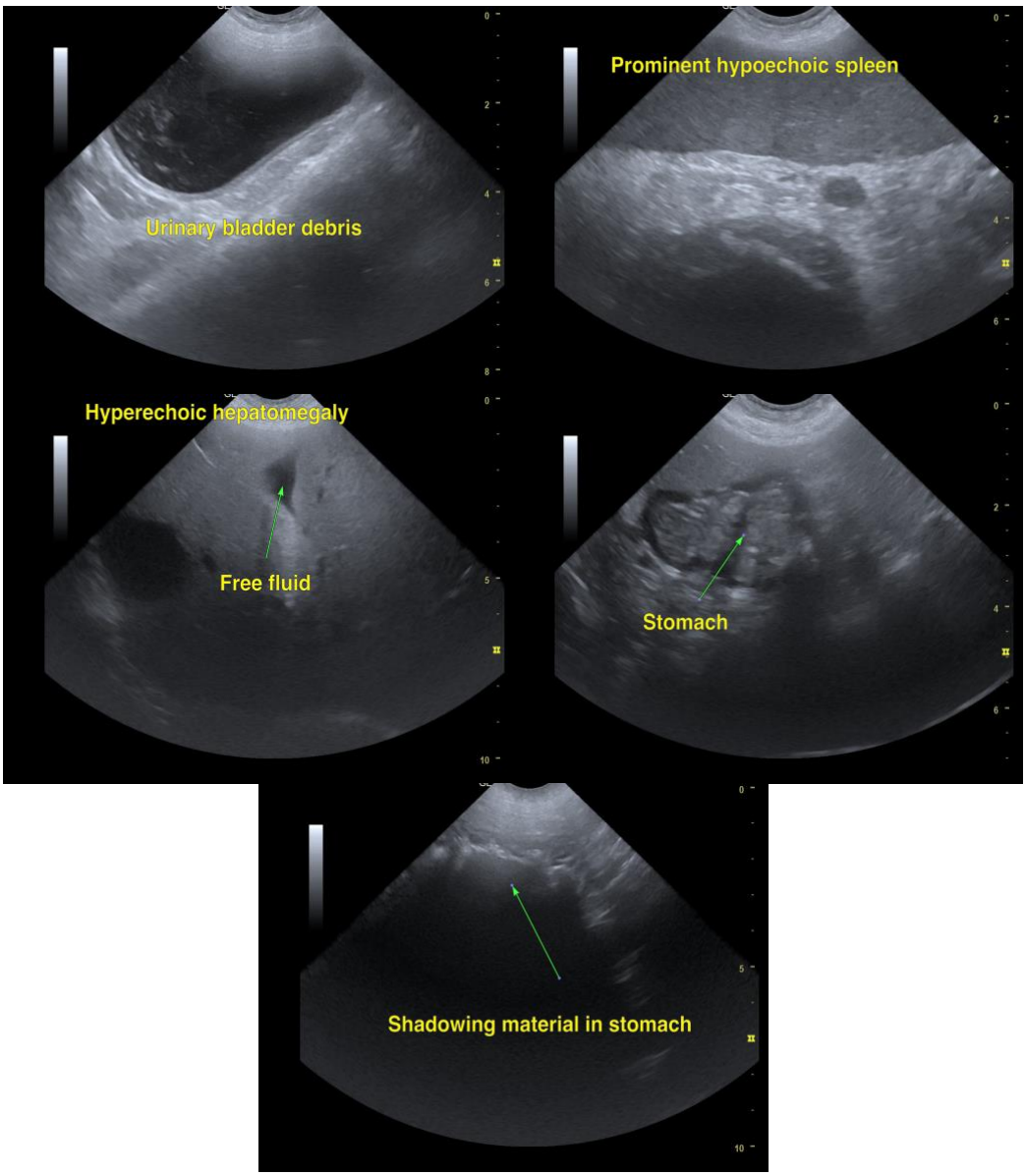

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com