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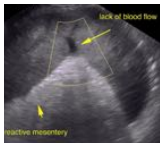
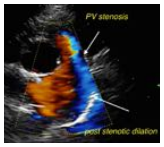
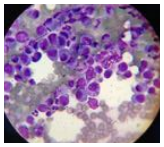
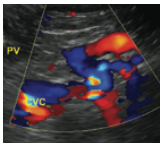

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1-800-838-4268 info@sonopath.com

PATIENT
Layla Mears

SPECIES
Canine

BREED
Bull Terrier

SEX
Spayed female

AGE
2 years

WEIGHT
38 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Beard

HOSPITAL NAME
Animal Care VC

REFERRING VET
Dr. Custer

INVOICE
42405

DATE
11/8/22

PRESENTING CLINICAL SIGNS

History: Vomiting since Saturday. Can keep some water down.
Abnormal PE/Chem/CBC/UA Results: CBC - hemoconcentration. Chemistry WNL. Xray - gas and foreign material in stomach. RDVM says gastric foreign body.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.3 cm and was isoechoic to the surrounding fat.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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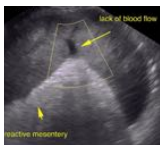

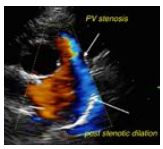

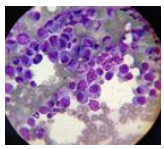
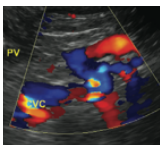

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. The pylorus revealed minor shadowing material that measured 1.5 cm. This may represent medication. A separate structure in the stomach measured 2.6 cm. Other smaller shadowing material was also noted and hyperperistalsis. However, the small intestine was empty. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes are reactive and measured 2.0 x 0.5 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

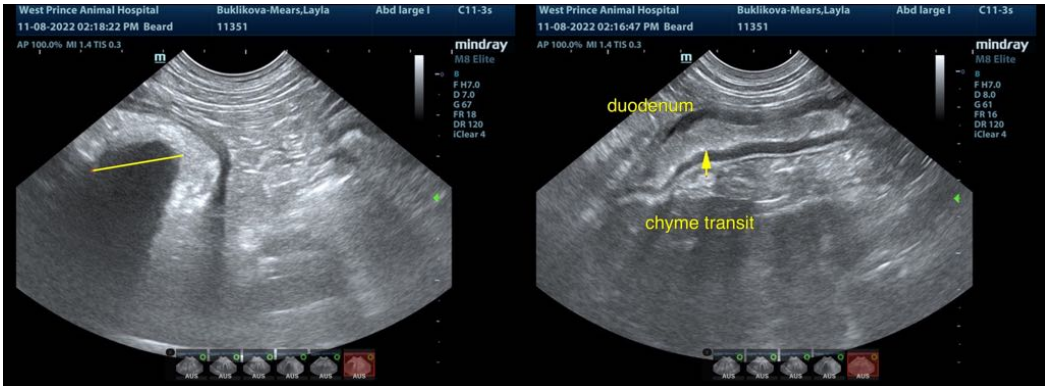
ULTRASONOGRAPHIC FINDINGS

Shadowing gastric material (1.5 cm and 2.6 cm), partial obstructive pattern.

Transit of chyme was present in the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 12 hour n.p.o. If the shadowing structures are persistently present then gastrotomy or endoscopy are indicated. GI biopsies are warranted to rule out underlying disease.



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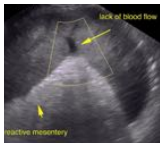
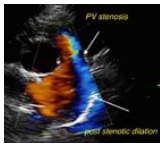
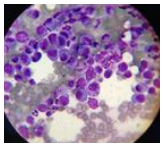
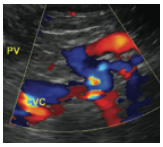

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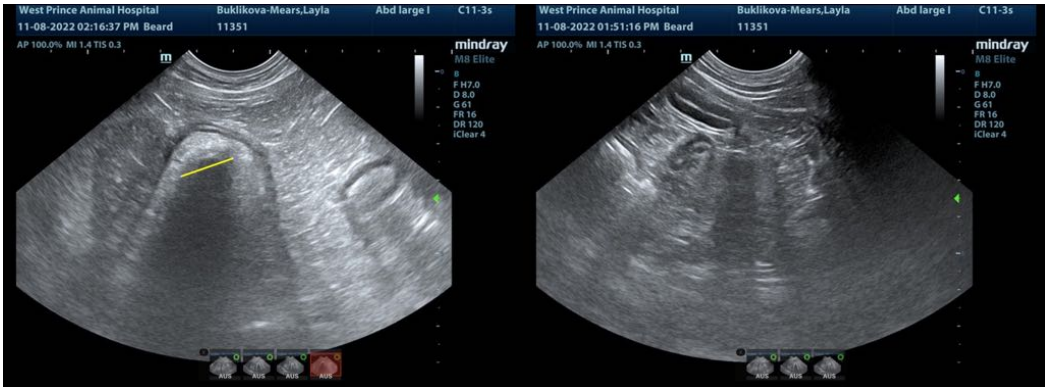

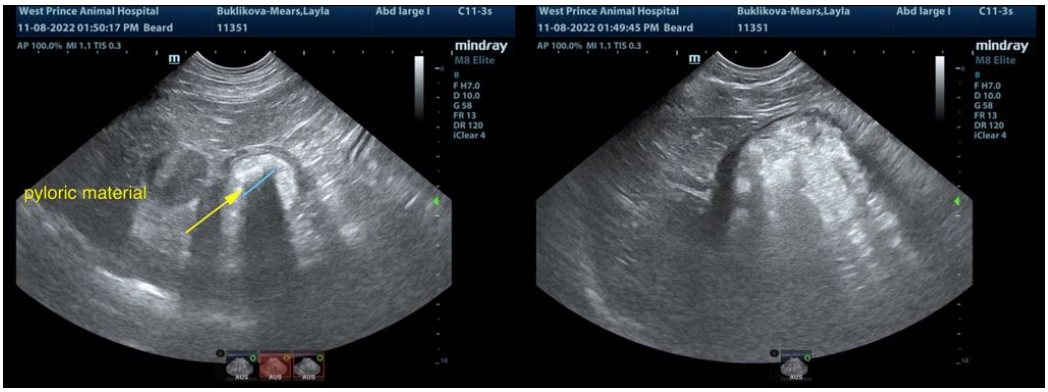

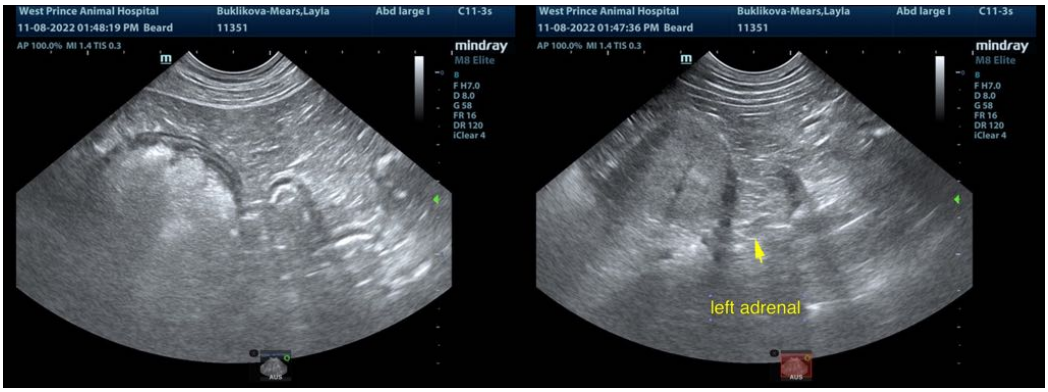

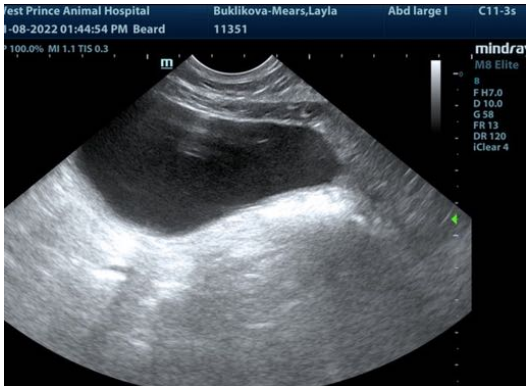

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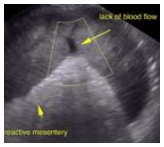

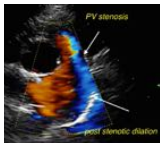

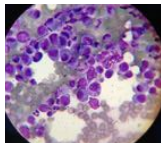
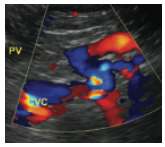

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com