



**PATIENT**

Signe Bennett

**PRESENTING CLINICAL SIGNS**

Vomiting for 2 days (about 3 days ago), no known V over past 3 days. Eating/drinking, behaving well. Rads: Lg amount of gas in SI, colon +/- stomach, some segmental dilation. Abnormal PE/Chem/CBC/UA Results: WNL

**SPECIES**

Canine

**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.

**BREED**

Belgian Malinois

**SEX**

Female

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 right kidney measured 5.56 cm.

**AGE**

9 months

**WEIGHT**

67 lbs

**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 right adrenal gland measured 1.57 x 0.74 cm at the cranial pole and 0.32 cm at the caudal pole. The left adrenal gland measured 2.03 x 0.33 cm at the cranial pole and 0.46 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**HOSPITAL NAME**

North Warren AH

**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.

**REFERRING VET**

Dr. Bociulis

**INVOICE**

94843

**DATE**

12/22/21



**PATIENT**

**Gastrointestinal**

Signe Bennett

The **stomach** in this patient revealed a 3.0 cm shadowing structure in the pyloric outflow. The stomach was mildly thickened. The small intestine and colon were unremarkable. No significant stasis was noted prior to the pyloric structure. However, it was persistent in multiple views. Reactive mesenteric lymph nodes were noted and measured 1.5 x 1.0 cm.

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**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.

**SEX**

Female

**ULTRASONOGRAPHIC FINDINGS**

Pyloric structure consistent with foreign matter assuming the patient was n.p.o. at the time of the sonogram. This was non-obstructive, but may be irritative.

**AGE**

9 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

67 lbs

Induction of vomiting can be considered; however, surgical intervention is likely the best option if clinical signs are persistent. Ideally rapid sonogram would be performed just prior to surgery to ensure that the structure has not moved. It measures approximately 3.0 cm.

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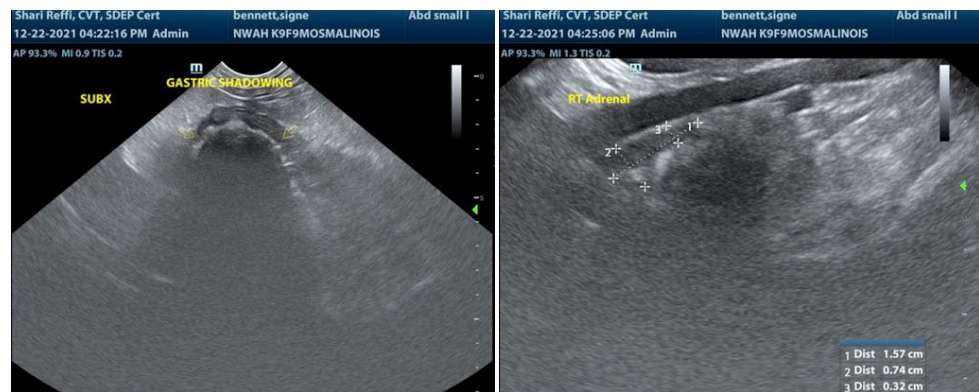
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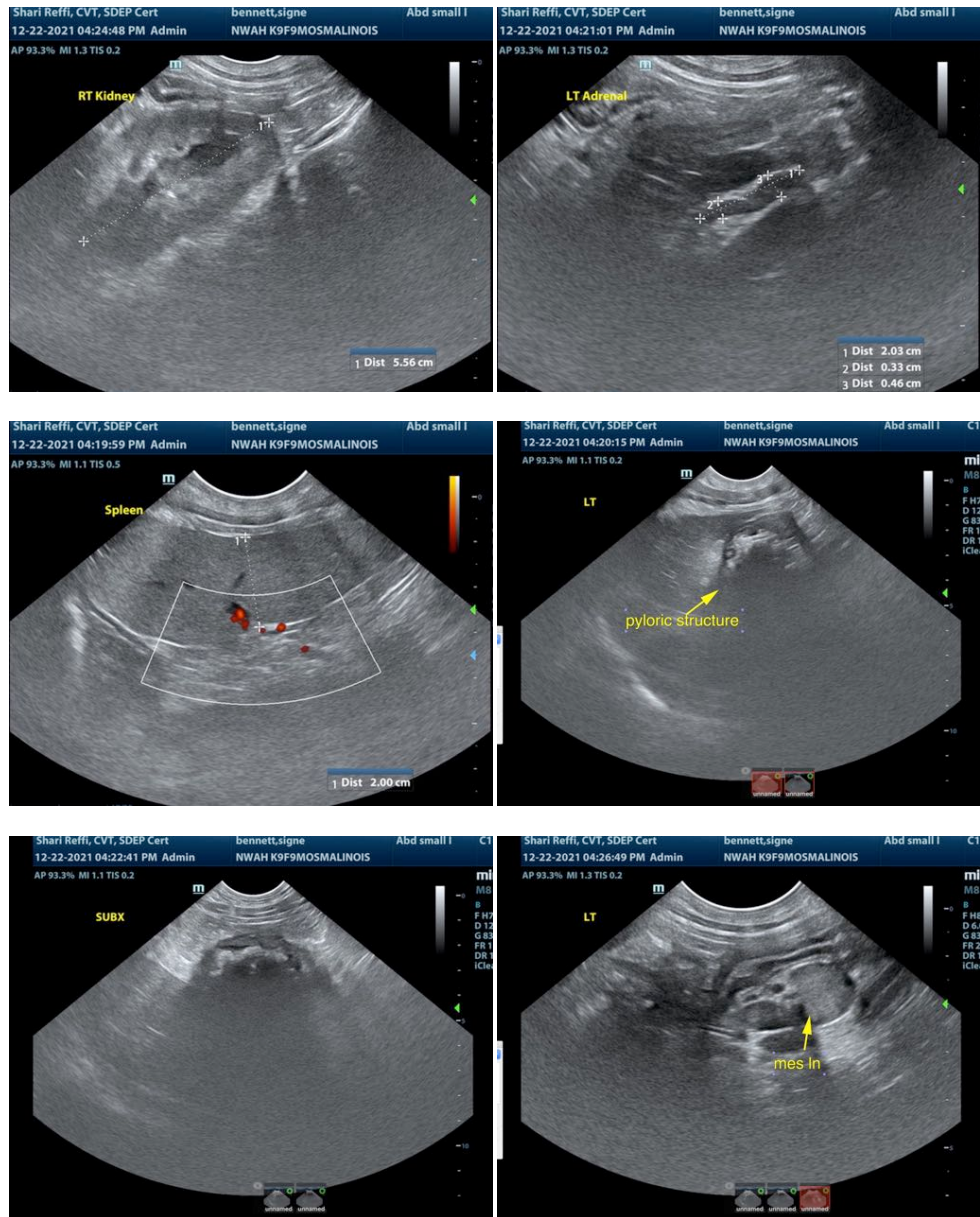
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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