

PATIENT

Bernie McClatchy

PRESENTING CLINICAL SIGNS

Ate two pieces of cheese today otherwise has not been eating. Vomited this am.
Abnormal PE/Chem/CBC/UA Results: 4dx neg, SDMA: 17, WBC: 26.02, otherwise WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Saint Bernard

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.

SEX

Neutered male

AGE

9 years

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 7.14 cm. The right kidney measured 7.83 cm.

WEIGHT

169 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 3.25 x 0.79 cm. The left adrenal gland measured 3.09 x 0.94 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

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.

HOSPITAL NAME

Foxfield

REFERRING VET

Dr. Rodriguez

Liver

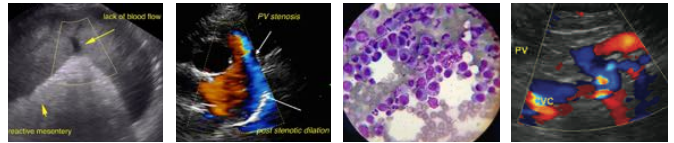
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

INVOICE

96179

DATE

2/22/22



PATIENT

Gastrointestinal

Bernie McClatchy

The **stomach** revealed an edematous wall with gastritis pattern. There was some partially shadowing luminal material. This appears to be fairly passive as transit of chyme appeared to be present in the small intestine. Excessive GI gas was noted. Soft stool was noted in the colon.

SPECIES

Canine

Pancreas

BREED

Saint Bernard

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

Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastritis pattern with soft shadowing pyloric material, does not appear overtly obstructive. No accordion pleating was noted.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

169 lbs

I recommend 12 hour n.p.o., IV fluid support, GI protectants and a recheck sonogram of the pyloric outflow to assess if the material is persistently present. Supportive care is warranted otherwise. Endoscopy can be considered. Anorexia may be owing to gastritis.

INTERPRETED BY

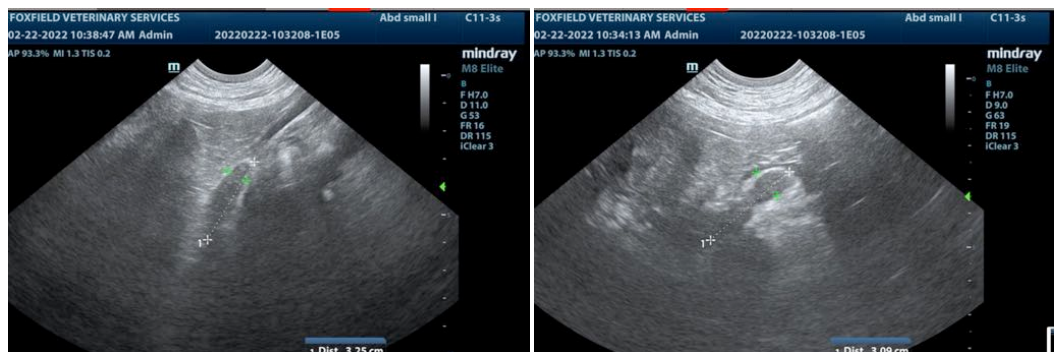
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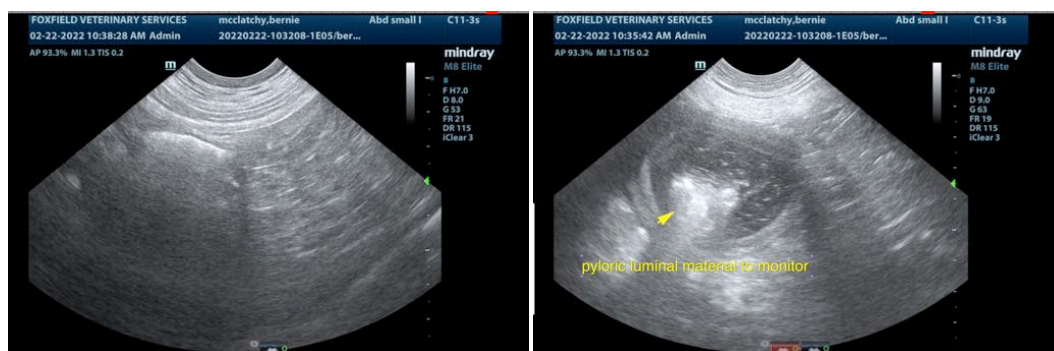
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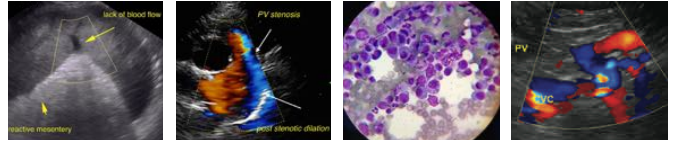
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Bernie McClatchy

SPECIES

Canine

BREED

Saint Bernard

SEX

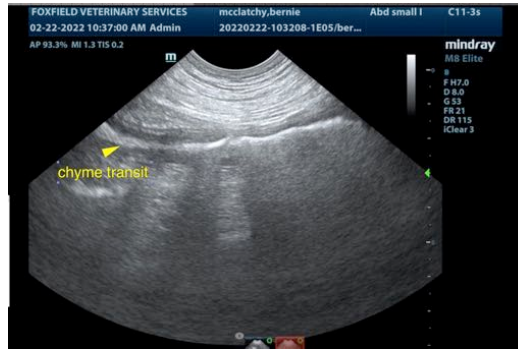
Neutered male

AGE

9 years

WEIGHT

169 lbs



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.

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