



DATE PRESENTING CLINICAL SIGNS

4/11/26 Patient History: P presented due to acute onset vomiting and diarrhea 4/11. P was mild to moderately painful on abdominal palpation but was otherwise unremarkable.

PATIENT

Layla Johnson Current Medications: none listed.

SPECIES

Canine

Lab Results: not attached reported as - Initial radiographs: concern for discrete small intestinal foreign body r/o intestinal vs colonic. Repeat fasted radiographs: improved intestinal gas dilation but worsening gastric fluid accumulation, no overt evidence of a discrete foreign body

BREED

Labrador

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

2/29/24

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 were noted. Ureteral papillae were normal.

WEIGHT

23.6 kg

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 6.5 cm. The left kidney measured 6.2 cm.

INTERPRETED BY

Eric Lindquist, DMV,
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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 0.54 cm at the caudal pole and 1.0 cm at the cranial pole x 2.7 cm in length. The left adrenal gland measured 2.6 cm x 0.45 cm.

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. McCarthy

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 were noted.

INVOICE

36552

Liver

The **liver** revealed slight increased portal markings. Otherwise, the liver was normal. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** was prominent, hypoechoic and mildly irregular.

Free Abdomen

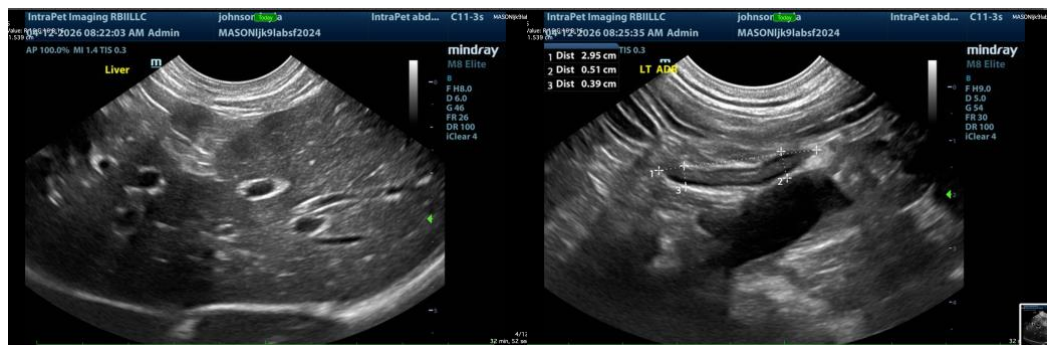
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. A trace amount of free fluid was noted adjacent to the spleen.

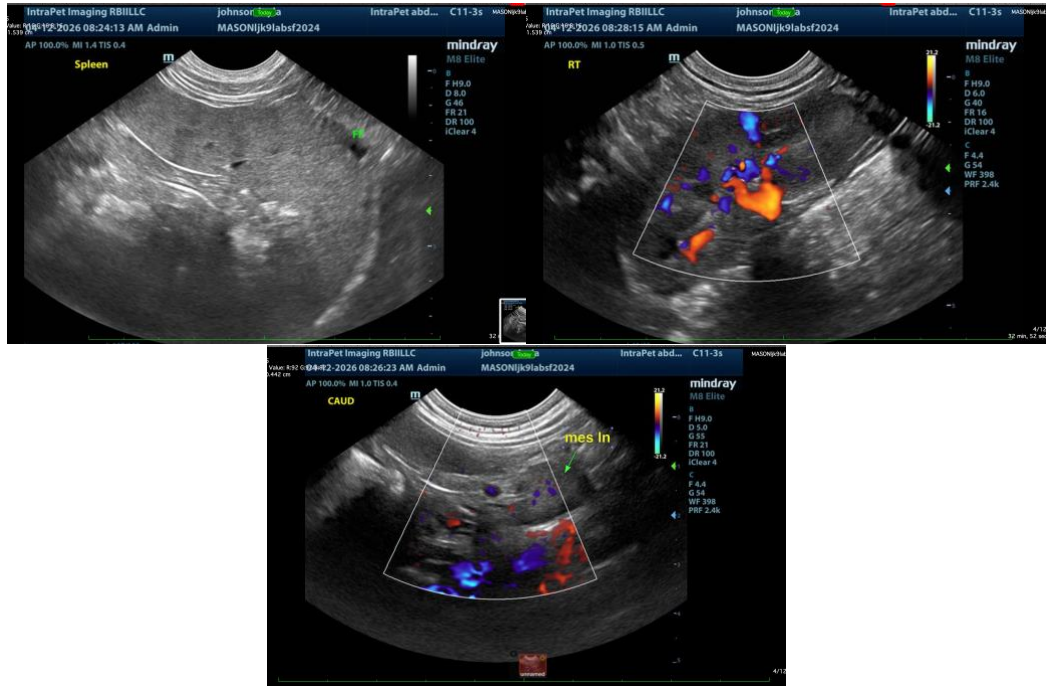
ULTRASONOGRAPHIC FINDINGS

- Slight mesenteric lymphadenopathy
- Nonspecific GI upset
- Probable low-grade pancreatitis
- Minor hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for GI upset should prove effective.





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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