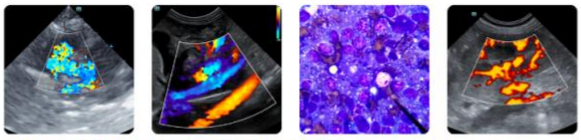


DATE

4/11/26

PATIENT

Zephie McKay

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

4/29/22

WEIGHT

8.1 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. McCafferty

INVOICE

36551

PRESENTING CLINICAL SIGNS

Patient History: Zephie was boarding in a kennel for two nights. She is an anxious dog.
she has vomiting and diarrhea. she has failed two outpatient treatments of sq fluids and maropitant. she was eating better on Saturday. now started with hematochezia and vomited again early Sunday morning.

Current Medications: no medications today

Lab Results: not attached but reported as - blood work unremarkable; cpl normal.
Attached - radiographs some gas empty stomach no obvious fbo seen

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 were 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 right kidney measured 4.4 cm. The left kidney measured 4.3 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 0.96 cm x 0.57 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 1.8 cm x 0.57 cm at the caudal pole and 0.62 cm at the cranial pole.

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.

Liver

The **liver** itself was unremarkable. Minor excessive coalesced gallbladder debris was noted, not pathological.

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 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.

Free Abdomen

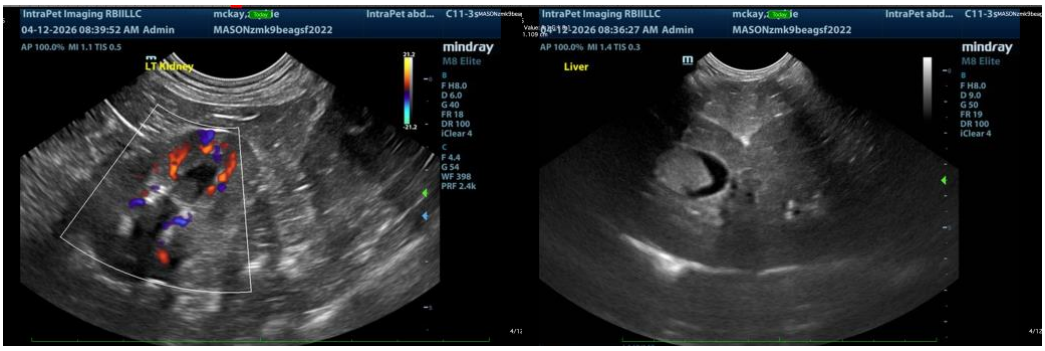
The mesenteric **lymph nodes** (1.58 cm x 0.4 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is a minor change, most consistent with reactive lymphadenitis or lymphatic hyperplasia.

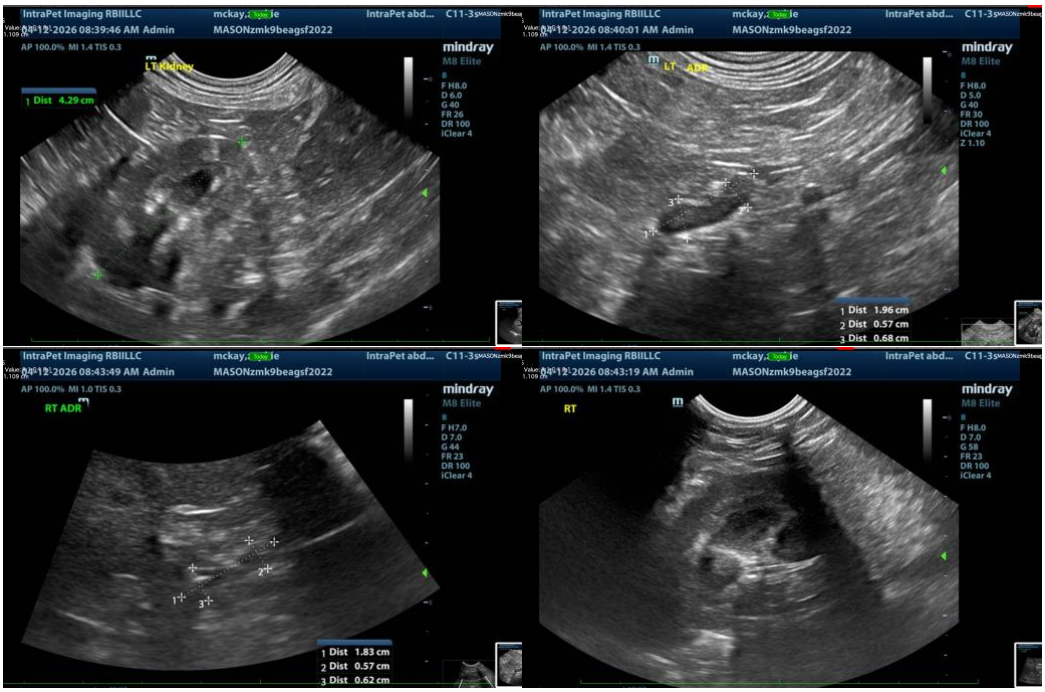
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Slight reactive mesenteric lymph nodes
- Minor excessive coalesced gallbladder debris, not pathological

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies. Stress colitis/gastroenteritis is likely. 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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