



PATIENT

Maple Kiebler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

1

WEIGHT

23 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura de Cordon

INVOICE

23195

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: Sunday around 2am vomited up stomach contents followed by bilious vomiting. Ate normal/acted normal on Monday This morning very reluctant to eat food (unusual for her), when she finally ate around 8am, she vomited up everything around 10am Mushrooms in yard, may have consumed went swimming on 6/29 and consumed a lot of lake water Went to daycare today and vomited at least 2x while at day care (serial radiographs: 7/4 - tolerated food trial 7/6: vomited twice at daycare (unknown if she was given treats) picked up from daycare 6:30 pm - vomited 2 x: food followed by liquid bile - fed in am, then she vomited 10am, additional vomiting at noon was fasted since yesterday (last meal 8am 7/6 but may have gotten treats at daycare during the day yesterday). Only water/ice chips overnight and into today.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.4 cm. The right kidney measured 5.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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** 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.

Gastrointestinal

The **stomach** was edematous with hypertrophied mucosa and muscularis, consistent with gastritis. Enhanced surrounding mesentery was present. No evidence of obstruction. The small intestine and colon were unremarkable.



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Pancreas

Maple Kiebler

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Golden Retriever

24hr NPO and Gi protectants are indicated. Consideration for enterotoxins and parasitic disease is warranted.

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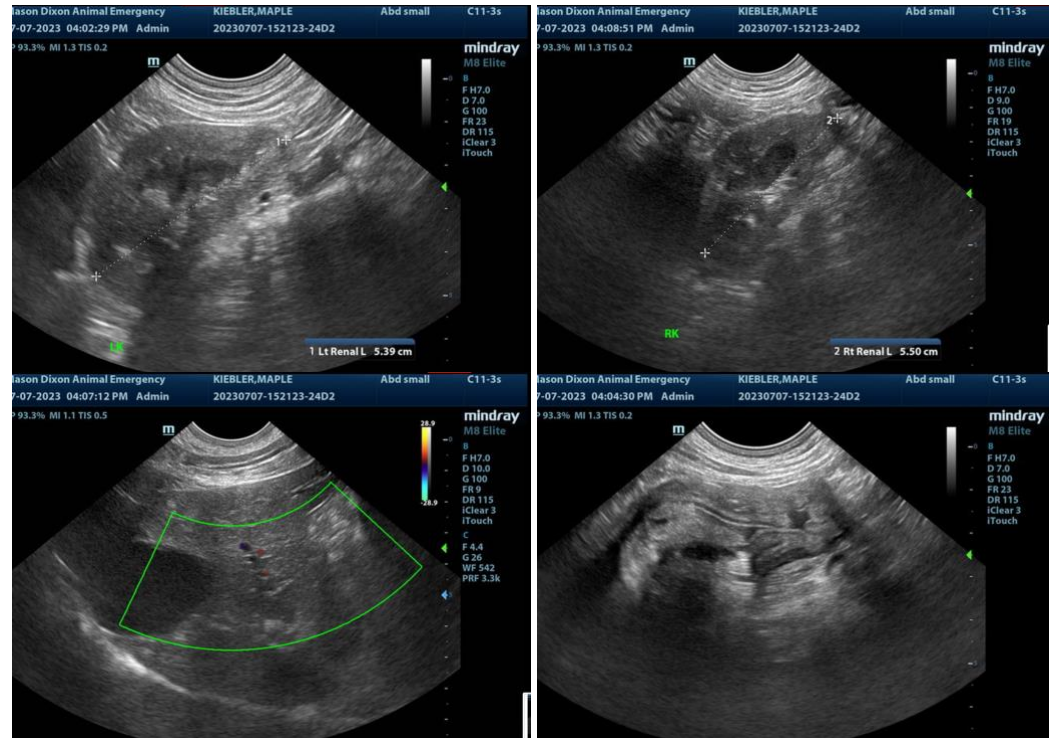
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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