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Clinical Sonography & Telecytology
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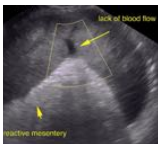
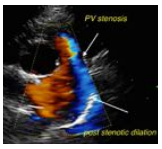
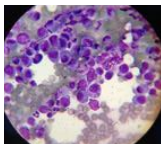
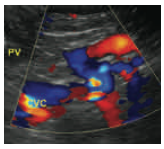

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Leyna Snyder

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed Female

AGE
9 years

WEIGHT
80 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Omark

INVOICE
91364

DATE
8/19/21

PRESENTING CLINICAL SIGNS

History: Acute, severe vomiting last night. No known toxin exposure. No current health issues. Several genetically related dogs have been euthanized for pancreatic neoplasia. Currently on IV fluids and symptomatic treatment.
ALT slt elevated, WBC ct slt elevated, cPLI Abnormal. RADS: NSF

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.

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 6.59 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 0.61 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

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.

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.

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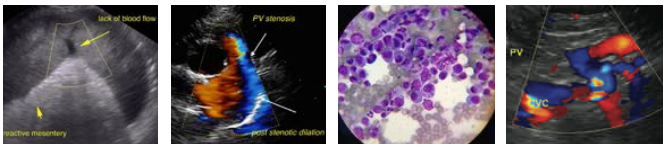

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Gastrointestinal

The **pylorus** revealed shadowing structure measuring approximately 2.0-2.5 cm. This may represent medications or possible foreign bodies. This material is non-obstructive with only a minor amount of residual chyme in the stomach. The small intestines and colon were unremarkable.

Pancreas

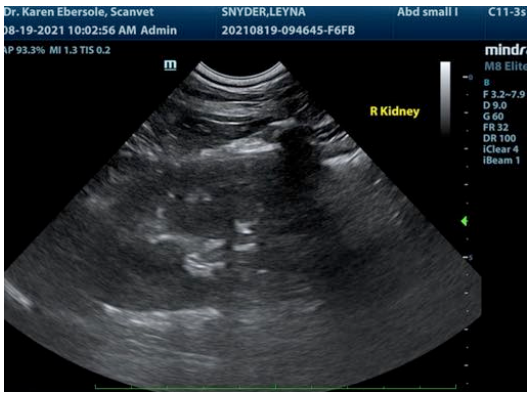
The **pancreas** appeared largely unremarkable. Low-grade inflammation is possible; however, cross reactivity from gastrointestinal inflammation may be an issue with the PLI.

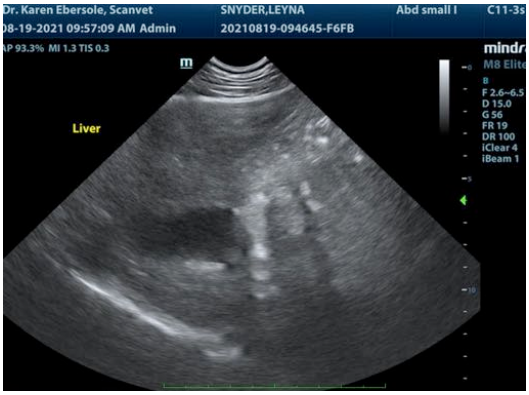
ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with 2.0 cm pyloric structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyloric structure is not overtly obstructive, yet may be irritative. I recommend medical therapy at this point and 24 hour n.p.o. with reassessment of the clinical signs after a food challenge with canned I/D or similar. If the vomiting persists then a recheck sonogram of the pyloric structure at n.p.o. status is recommended over the next 24-48 hours. The structure in the pylorus has a consistency of corncob or similar material.





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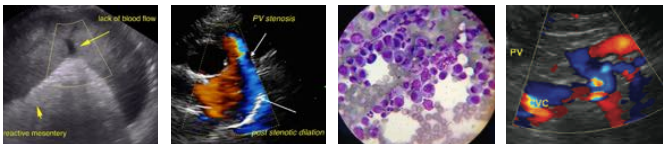

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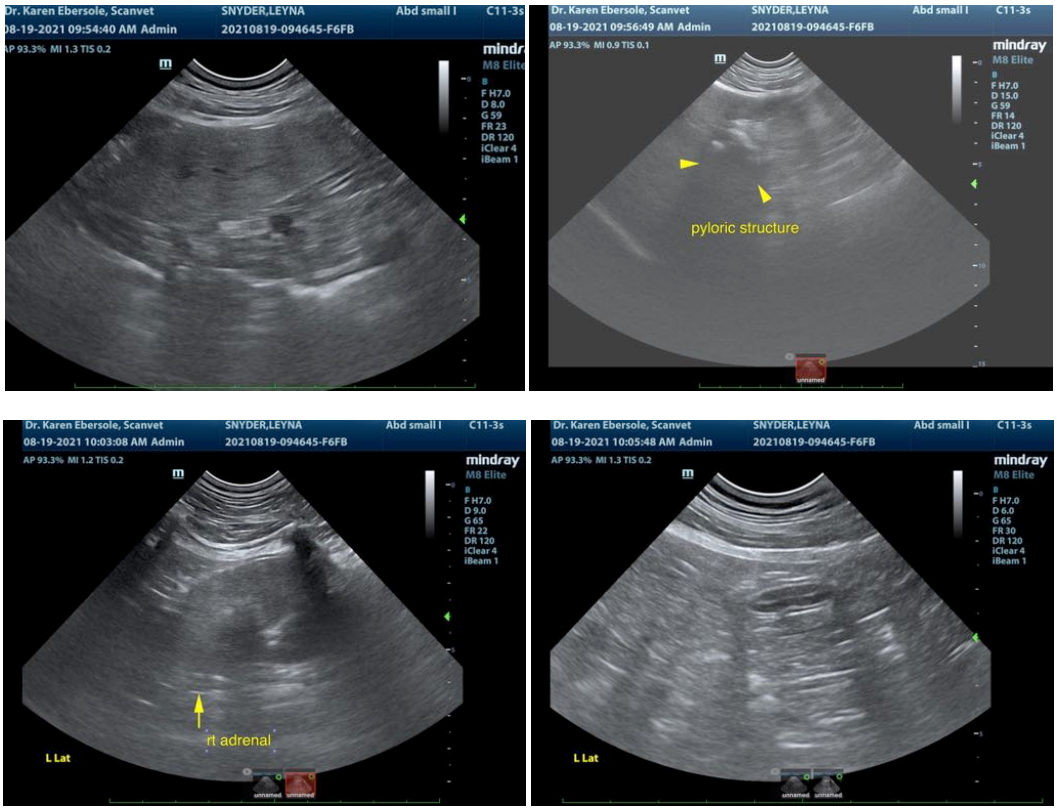

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com