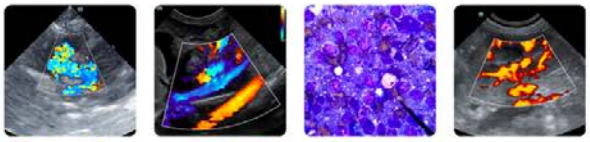

PATIENT

Luke Scott

SPECIES

Canine

BREED

Chesapeake Retriever

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

90.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Katheen Laux

INVOICE

72870

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Has been vomiting undigested food 6-6.5 hours post eating breakfast. Does not do it at night. Seems fine otherwise. Does have diabetes insipidus. Struggles with thrombocytopenia, on steroids when really severe

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate appears normal in size with uniform echogenicity and appears symmetrical. The prostate measures 1.0 cm in width.

The right kidney presents normal size (6.5 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.6 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.6 mm and the caudal pole measures 7.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 2.6 mm.

Spleen

The spleen has a normal echogenicity. The echotexture is slightly mottled in appearance. Normal blood flow noted.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a moderate amount of partially digested food. This would indicate the patient was either not completely fasted for this exam or there is some delayed gastric emptying present. The cause of delayed gastric emptying is not seen on this exam. Diffusely, the jejunum appears normal measuring 4.0 mm in width with normal echogenicity. Colon contains normal contents with normal wall thickness.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Delayed gastric emptying.
- Slightly mottled spleen.

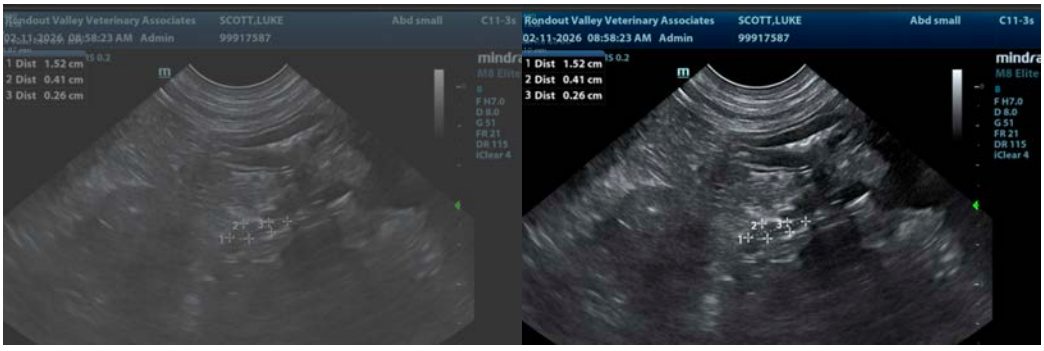
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fasting the patient longer (18-24 hours) and rechecking the gastric ultrasound to determine if food material persists in the lumen of the stomach. If it does, then recommend CT scan of the abdomen and chest to further evaluate for possible reasons for delayed gastric emptying.

Recommend ultrasound guided FNA of the spleen and submitting for cytology to rule out the possibility of round cell neoplasia as the cause of the patient's splenic appearance. If round cell neoplasia is ruled out, then most likely this appearance is a normal variation.

The remainder of the ultrasound is normal. Pending recheck gastric ultrasound, recommend starting a prokinetic medication such as erythromycin. Start this at 0.5-1.0 mg/kg given either by mouth or intravenously every 8 hours to help facilitate gastric emptying.

Prognosis is currently open pending recheck gastric ultrasound. It does appear that the patient's vomiting 6 hours post eating in the morning may be due to some form of either functional or mechanical gastric disease. No evidence of a mechanical obstruction is seen within the GI tract on this exam. Ultimately, if no obstructive lesion is identified within the pylorus or small intestines that would explain the delayed gastric emptying, an endoscopy to obtain gastric and duodenal biopsies would be indicated.



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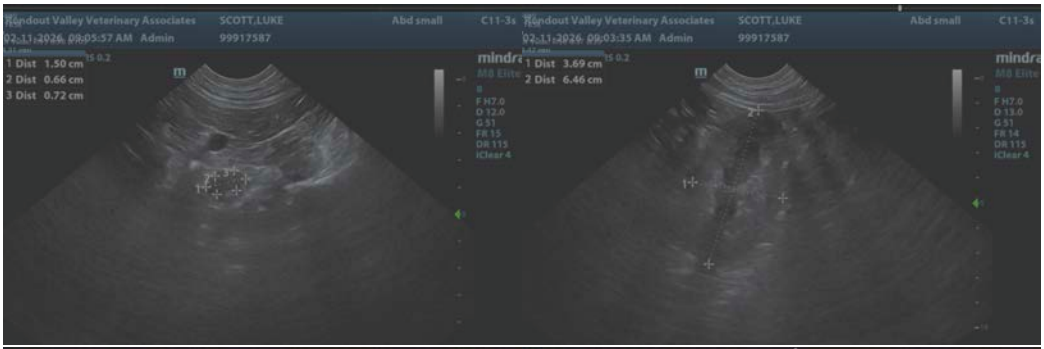

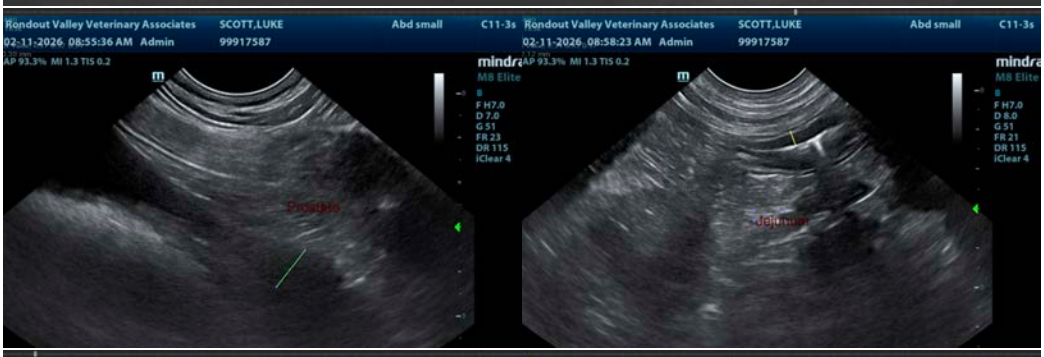

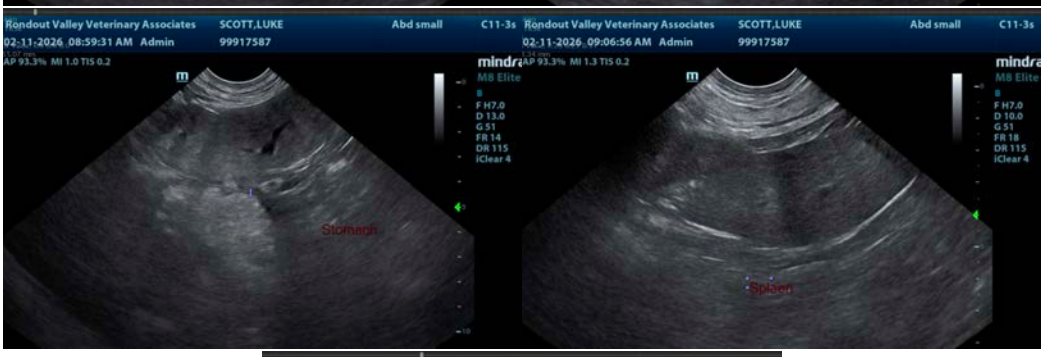

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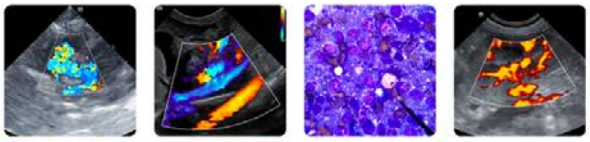

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com