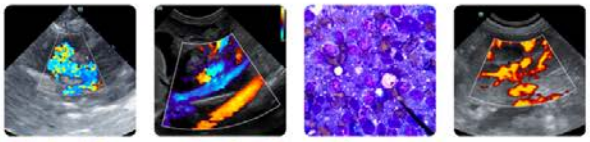


PATIENT

Ruby Holczer

SPECIES

Canine

BREED

Golden x

SEX

Intact female

AGE

1 Year 2 Months

WEIGHT

22.7 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Costa

INVOICE

72956

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Ruby, a one-year-old golden retriever, presented with a one-week history of regurgitation and vomiting of all solid food, prompting an evaluation for a potential gastrointestinal obstruction or other underlying disease.

For the past week, Ruby has been unable to retain solid food, though she has been able to keep water down and has maintained a high energy level. The owner reports minimal defecation during this time. There is no known history of foreign body or toxin ingestion, and an attempt to feed small, frequent meals from an elevated position was unsuccessful. On physical examination, her BCS was 5/9, and her temperature was 39.6°C. She was tachycardic, which was attributed to excitement, and appeared normally hydrated. Abdominal palpation was difficult due to her temperament, but no obvious pain or mass was detected. The primary diagnostic plan is to evaluate the gastrointestinal tract for signs of mechanical ileus or a foreign body, vs pyometra (also considered as a Ddx). Her last estrous cycle was noted to be five months ago. On examination, no vulvar discharge was observed.

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 right kidney presents normal size (4.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

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

Adrenal Glands

The right adrenal gland is slightly small for a dog of this size, measuring 4.0 mm in width.

The left adrenal gland is slightly small for a dog of this size, measuring 3.6 mm in width at the cranial pole and 4.2 mm in width at the caudal pole.

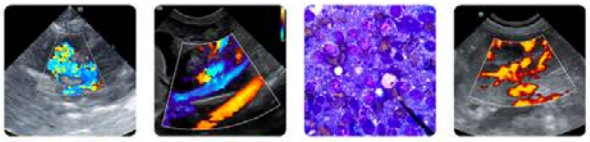
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is seen.

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.



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Gastrointestinal

The stomach contains a mild to moderate amount of partially digested food. No obvious gastric foreign material is seen on this exam. There are no objects within the gastric lumen that appear to be causing dirty shadowing. Therefore, a mechanical obstruction of the stomach is not suspected at this time.

The small intestine is diffusely of normal layering and thickness. No obvious mechanical obstruction of the small intestine suspected at this time either. The duodenum is empty.

The colon is normal in thickness and layering.

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.

The uterus was not visualized.

ULTRASONOGRAPHIC FINDINGS

- Bilateral subjectively mild decreased adrenal gland size.
- Mild to moderate amount of partially digested food in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs, recommend ruling out hypoadrenocorticism as a cause of the patient's GI signs. Given that the patient is currently ill, recommend going directly to an ACTH stimulation test to rule out hypoadrenocorticism.

Recommend fasting the patient for an additional 12-24 hours and rechecking either abdominal x-ray or, if possible, a focused ultrasound on the patient's stomach. If the current gastric contents appear to remain in the stomach at that time, then consider preferably endoscopic exam of the stomach to determine if there is gastric foreign material not seen on this exam present.

If endoscopy is not available for this patient, then a gastrotomy to further evaluate for gastric foreign material would be recommended. However, the appearance of the patient's stomach is consistent with a functional gastritis, and I do recommend treating the patient supportively for this gastritis with antiemetics such as Cerenia at 1mg/kg by mouth once a day, and a prokinetic such as erythromycin administered and 0.5-1.0 mg/kg given by mouth or intravenously every 8 hours to help facilitate gastric motility. This can be done while the patient is fasting and waiting for either abdominal x-rays or recheck gastric ultrasound in 12-24 hours. No pyloric outflow tract obstruction is seen in this exam. The pylorus appears open.

Prognosis is open pending further diagnostics. There was mention on the submission form of possible enlarged abdominal lymph nodes, but no lymphadenopathy was seen on the images provided.

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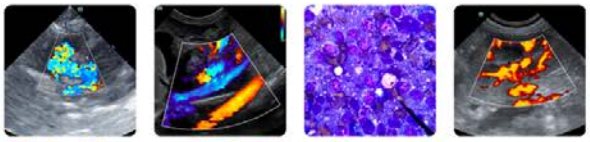

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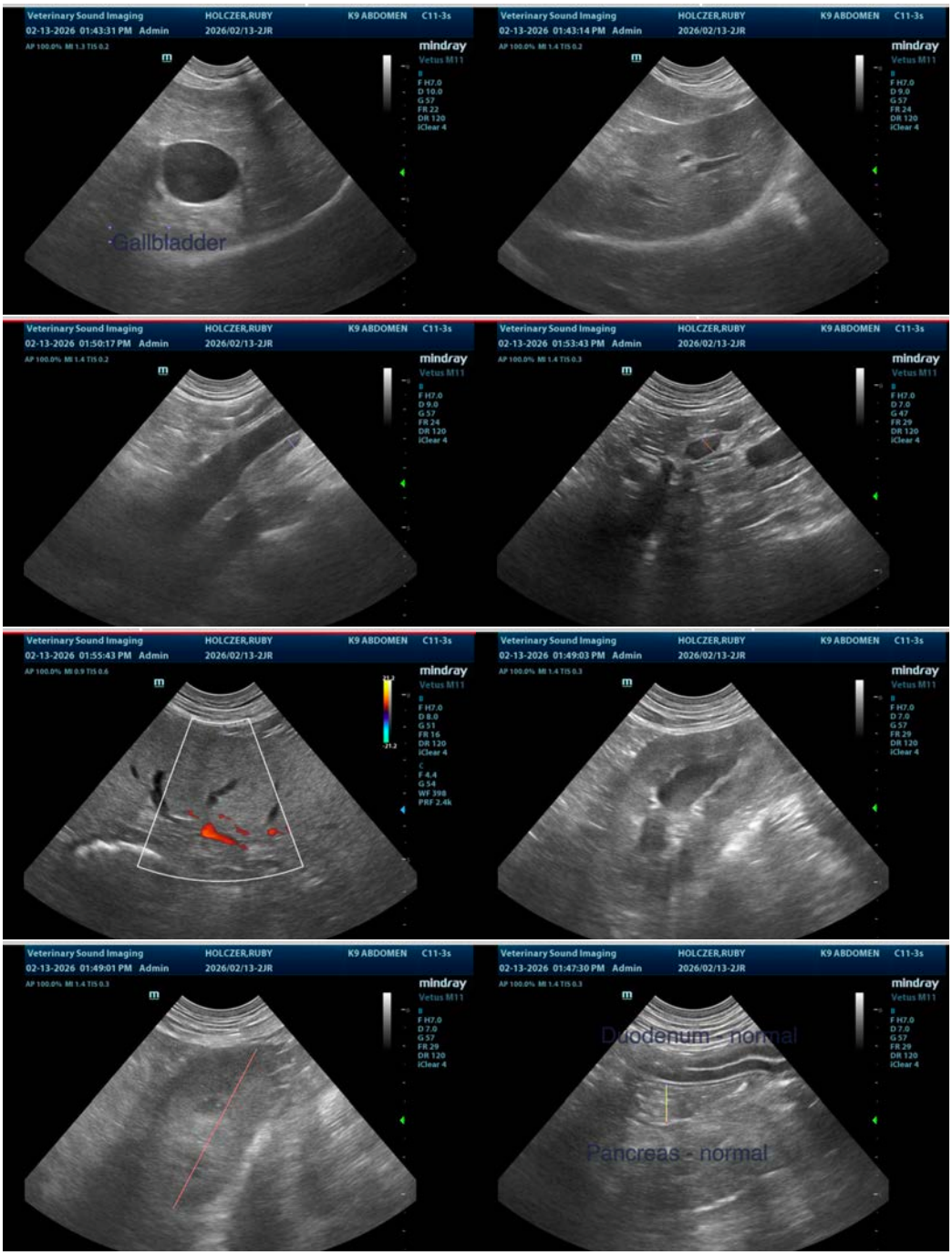

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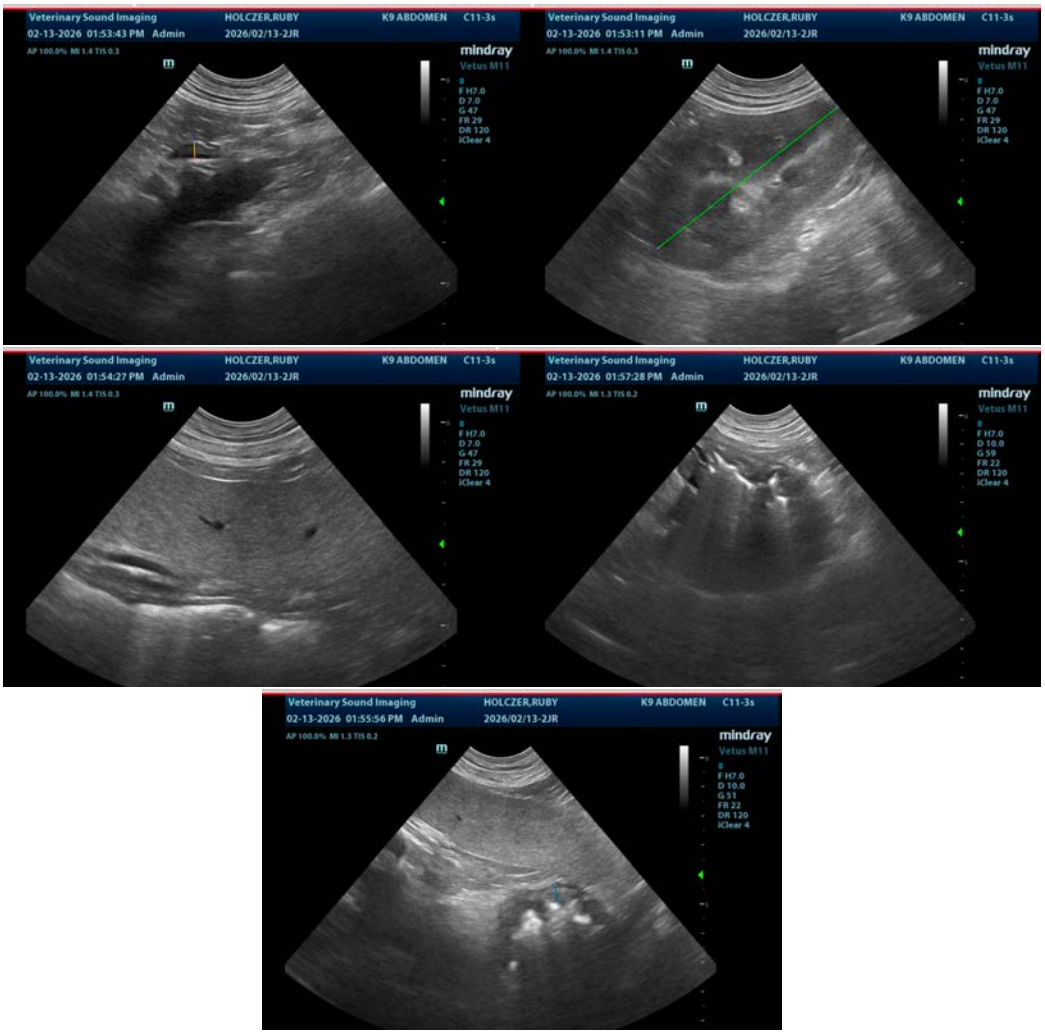

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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