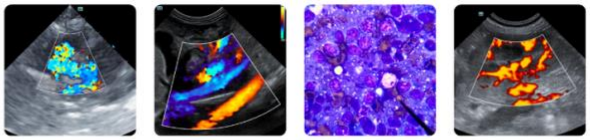

PATIENT

Atlas Pickard

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

30.2 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville Animal Hospital

REFERRING VET

Dr. Cassie Jackson

INVOICE

16501

DATE

05/25/26

PRESENTING CLINICAL SIGNS

History of intermittent vomiting and nausea (lip smacking) with no known cause - has flare ups 2-3 times per year. Presented on Friday for acute vomiting of pink foam (appeared hemorrhagic) after eating significant amounts of grass, which he has been doing since the snow melted. Owner feels abdomen is chronically painful and he is chronically nauseous - sleeps in a stretched-out position on abdomen. BMs consistently normal. Patient has been eating a prescription GI food for several years with no access to people food/minimal treats. Currently receiving Sulcrate (started Friday) and Maropitant (started Friday). Sedated for US with dexmedetomidine and butorphanol

Abnormal PE/Chem/CBC/UA Results: Historical BW all WNL - GI panel done last week revealed elevated folate >54, mildly elevated B12 (not supplemented), TLI and cPL WNL - Cholesterol 11.4 (3.4-8.9) - SDMA 16 (0-14) - creatinine 116 - Rest of BW WNL

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 6.3 cm in length.

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

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm.

The right adrenal gland was not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Multiple hyperechoic non-capsule displacing foci were present throughout the parenchyma, adjacent to large vessels, are most likely due to benign myelolipomas.

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.

Moderate amount of dependent echogenic debris was present within the gallbladder. No evidence of a mucocele is seen. The gallbladder does not appear obstructed. The presence of the debris may be indicative of a disease such as bacterial cholangitis.

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Gastrointestinal

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Pancreas

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

Free Abdomen

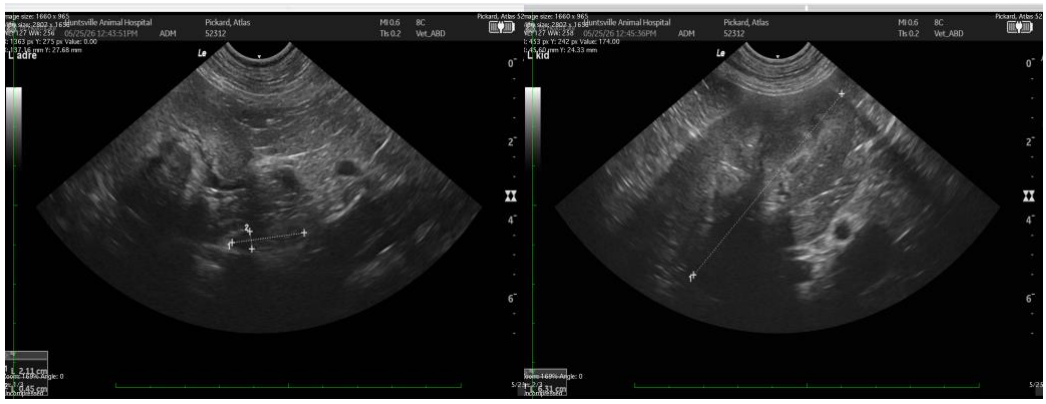
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Left renal mineralizations.
- Splenic foci.
- Echogenic gallbladder debris.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider ultrasound guided fine needle aspirate of gallbladder to obtain bio-sample for aerobic, anaerobic bacterial culture for cytology. If owners elect not to pursue this procedure, then consider ursodiol at 15 mg/kg by mouth split into two daily doses, and an antibiotic such as amoxicillin be given for 4-6 weeks and recheck appearance of gallbladder. There is a possibility that patient's clinical signs are due to cholangitis. If cholangitis is ruled out as a cause of patient's clinical signs, consider dysbiosis given the patient's elevated folate. At this time, it would also be recommended, if a probiotic has not been started, to start a long-term probiotic such as Proviable.



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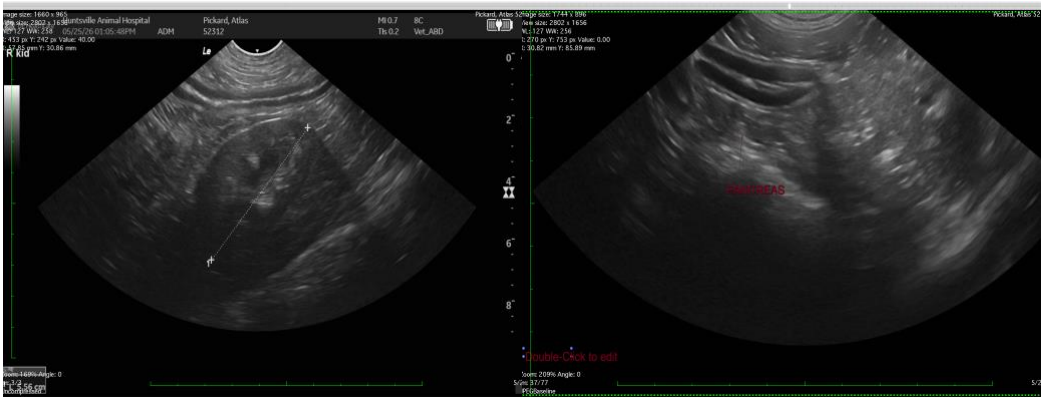

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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