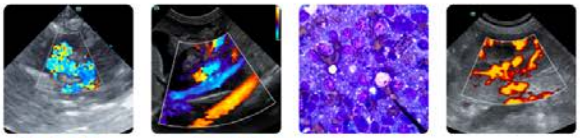

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Gary Dengler

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

7 Months

WEIGHT

54.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

75689

DATE

6/4/26

PRESENTING CLINICAL SIGNS

P presented for vomiting, not eating. Rads attached.

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 (6.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.9 cm) 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 7.6 mm and the caudal pole measures 5.4 mm.

The left adrenal gland is diffusely mildly small and flat in appearance, measuring 3.8 mm at the caudal pole and 3.2 mm at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are 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.

Gastrointestinal

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.

The small intestines have normal wall layering and thickness. The small bowel is diffusely mildly distended with ingesta. No mechanical obstruction seen. 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

Diffuse mesenteric lymphadenopathy noted. A representative node measures 3.0 cm x 1.2 cm.

Prominent medial iliac lymph nodes are also present.

ULTRASONOGRAPHIC FINDINGS

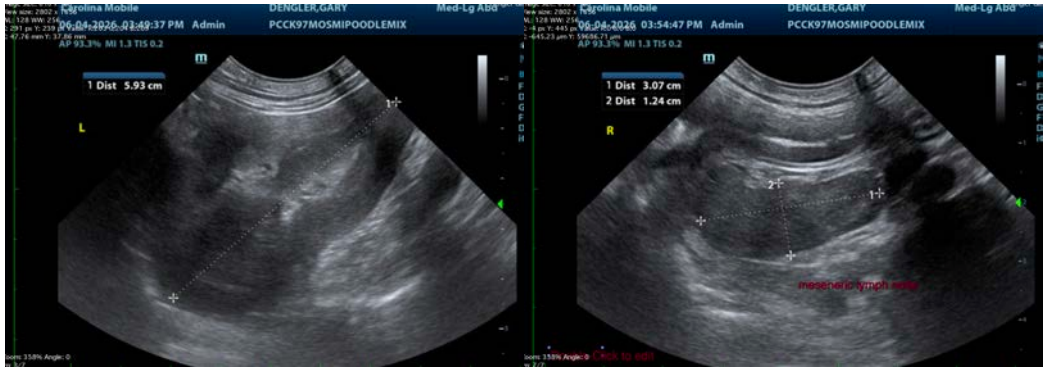
- Ingesta filled stomach and small intestines.
- Mesenteric lymphadenopathy.
- Prominent medial iliac lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged mesenteric and prominent medial iliac lymph nodes are most likely age related, less likely enlarged due to infectious or neoplastic cause. No free abdominal fluid is seen. If patient's clinical signs persist and no other cause is identified, recommend fine needle aspirate of an enlarged mesenteric lymph node with submission for cytology. Given that the left adrenal gland is diffusely small in size, consider possible early hypoadrenocorticism. Recommend submitting ACTH stimulation test to screen for hypoadrenocorticism.

I suspect the patient was not fully fasted for the exam, or, if fasting is verified, the appearance of the GI tract may be due to mild ileus. Recommend treating supportively with prokinetics such as Metoclopramide or preferably erythromycin and antiemetics.

If patient fails treatment with supportive care to resolve the vomiting and anorexia, recommend a longer fast and reimaging the GI tract to determine if food material stays present within the GI tract. If food material does stay present, there potentially may be foreign material not seen on this exam, and you could consider an exploratory laparotomy to evaluate further. This is not considered highly likely based on the images provided, but it cannot be ruled out.



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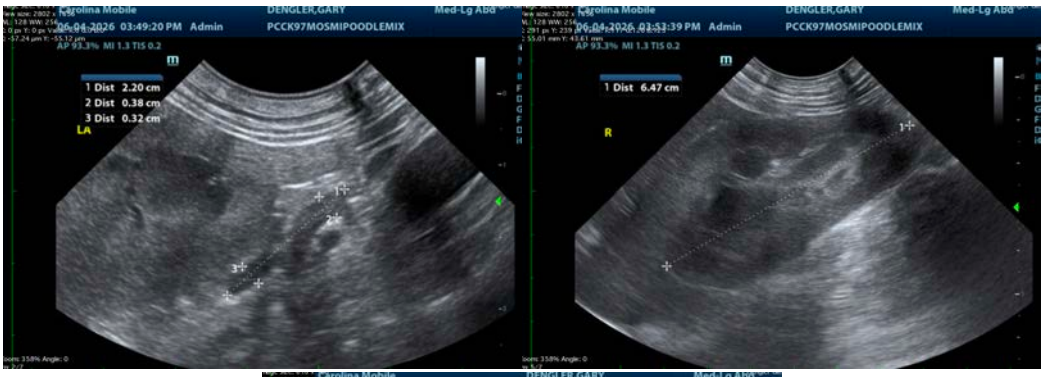

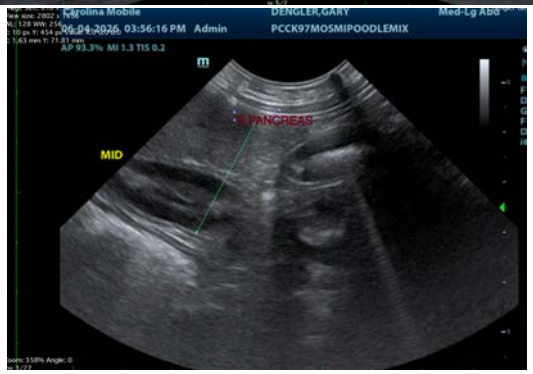

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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