

**PATIENT**

Stella Bean Fenhell

**SPECIES**

Canine

**BREED**

Austr Cattle Dog

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

51.6 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Fenhell

**INVOICE**

12506

**DATE**

3.24.23

**PRESENTING CLINICAL SIGNS**

History: 72-hr duration of vomiting bile once then vomiting foreign material. no interest in food this am

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is significantly distended with a large volume of anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.84 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.32 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size at cranial pole 0.67 cm / caudal pole 0.59 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.48 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

The splenic echotexture is homogeneous with parenchyma isoechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

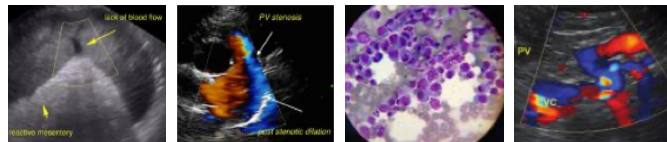
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity mildly hyperechoic normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness, though it does measure towards the upper end of normal (0.48 cm). There is normal gastric wall layering. The mucosa is moderately hyperechoic. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.



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The colon measures normal with normal wall layering. There is no observed focal or generalized colon wall thickening or loss of layering, although there are incompletely-formed feces in both the ascending and terminal colon.

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***Pancreas***

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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***Peritoneum***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Gastritis, colitis

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

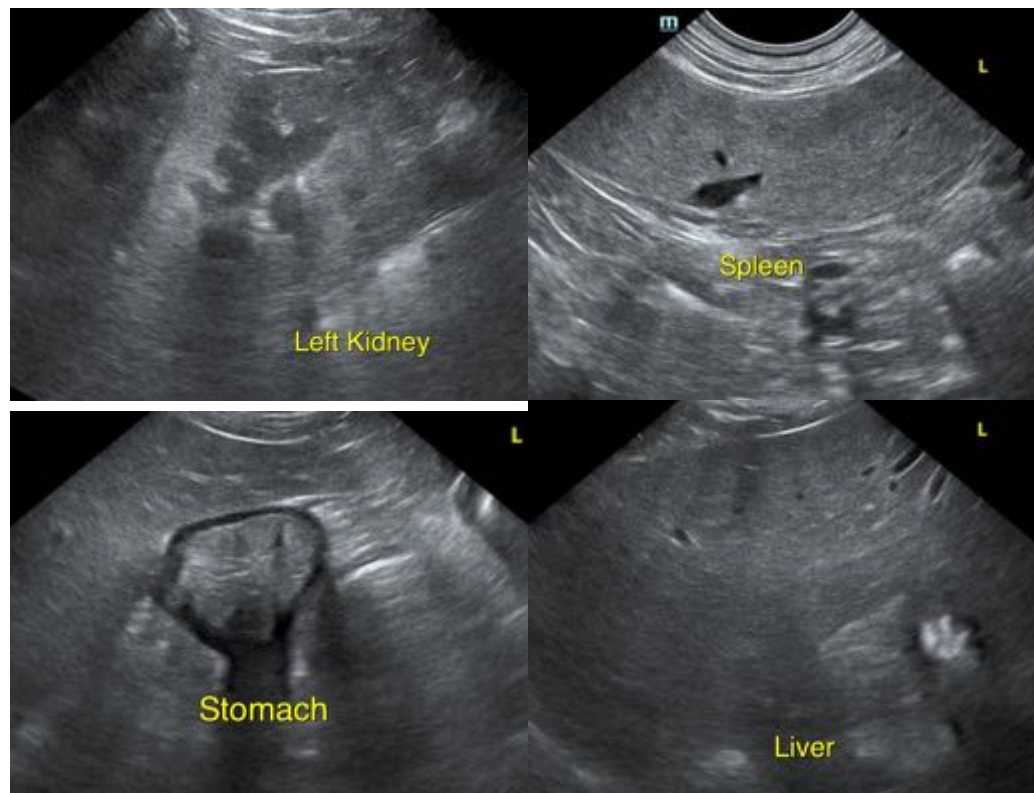
There does not appear to be any gastric foreign material or small intestinal foreign material on this examination, though there is gastritis and pending diarrhea. Consider treatment for acute gastroenteritis, antiemetic therapy, anti-diarrhea medication and a bland diet.

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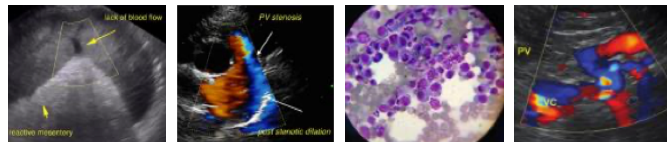
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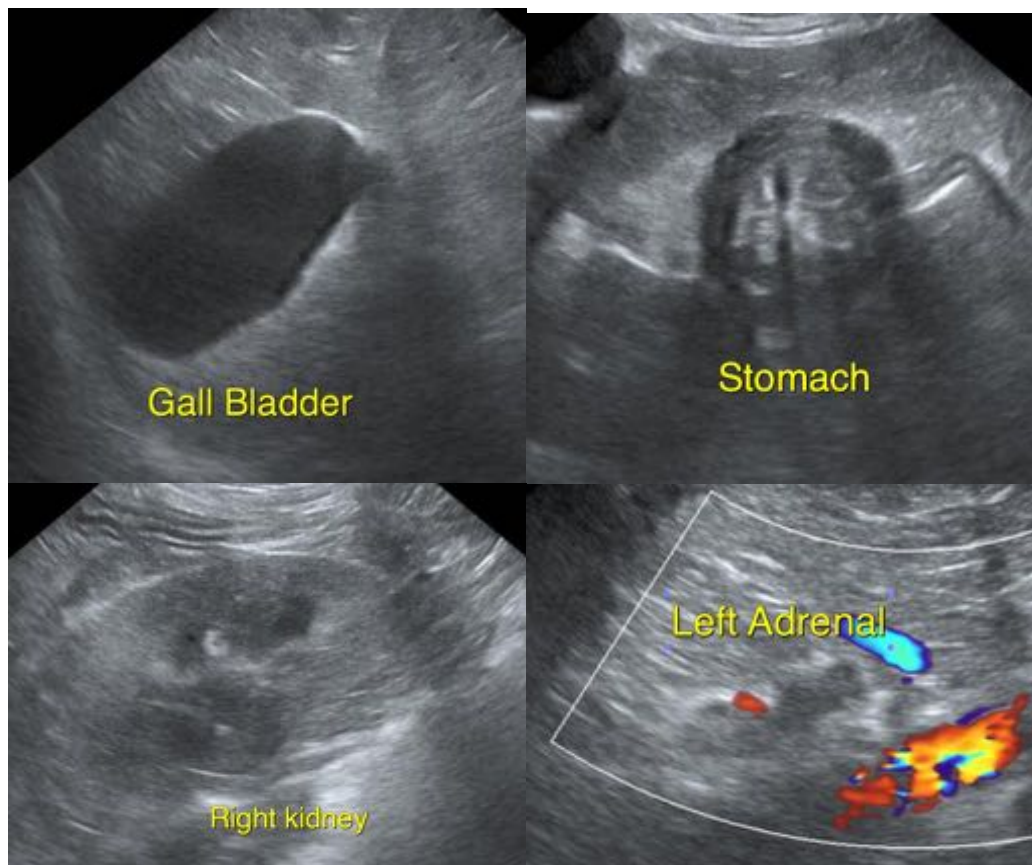
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)  
info@SonoPath.com