

**PATIENT**

Jackie Tognetti

**SPECIES**

Canine

**BREED**

Germ SH Pointer

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

86.4 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Michelle Roche

**INVOICE**

12604

**DATE**

3.31.23

**PRESENTING CLINICAL SIGNS**

History: vomiting, has had sort of chronic cough, low huff, lips blow out slightly. can progress to hack with retch, sometimes white foam. went through doxy and hydrocodone with not much change. On omeprazole & sucralfate with little improvement

Abnormal PE/Chem/CBC/UA Results: Large lipomas, rads done wnl Rule out reflux induced cough

**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 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 7.11 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 7.40 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 0.80 cm. The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The area of the right adrenal gland appeared normal.

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic 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 appears 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.

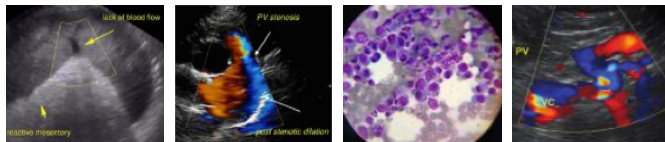
The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal Tract**

The gastric lumen contains a significant amount of ingesta. The stomach wall is of normal wall thickness (3.20 cm) with some variability due to rugal folds. There is normal gastric wall layering.

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.

The sections of colon are visualized with formed fecal material and gas shadowing distally.



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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**

**Findings**

**SEX**

- Normal abdomen

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12 years

The cause of the vomiting is not sonographically apparent, though the stomach was full of ingesta, so deeper portions could not be evaluated. If the vomiting is independent of the coughing, consider a GI panel, diet trial with novel protein or hydrolyzed protein (if not contraindicated in this patient) versus intestinal biopsies. If the vomiting is related to the retching/coughing, consider chronic bronchitis as a possible differential. Also, although not typical, some dogs with laryngeal paralysis have a throat-clearing cough as a significant symptom, so that would be another differential as well. Consider a sedated airway exam and a tracheal wash versus empirical treatment with bronchodilators or a tapering course of anti-inflammatory steroids.

**WEIGHT**

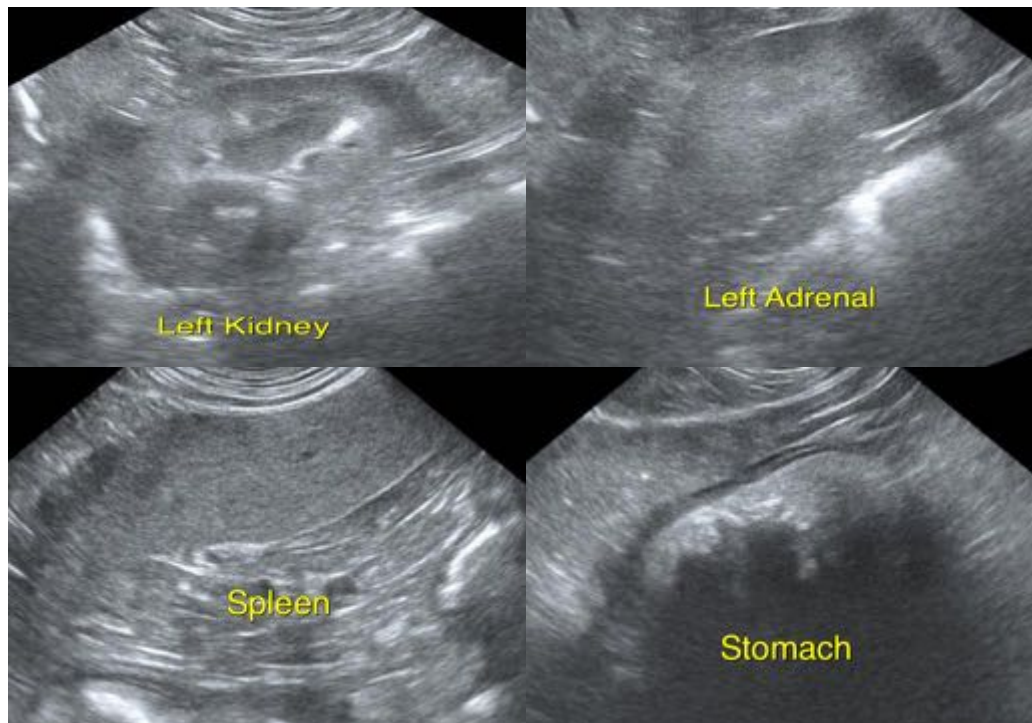
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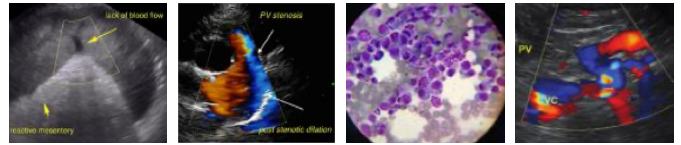
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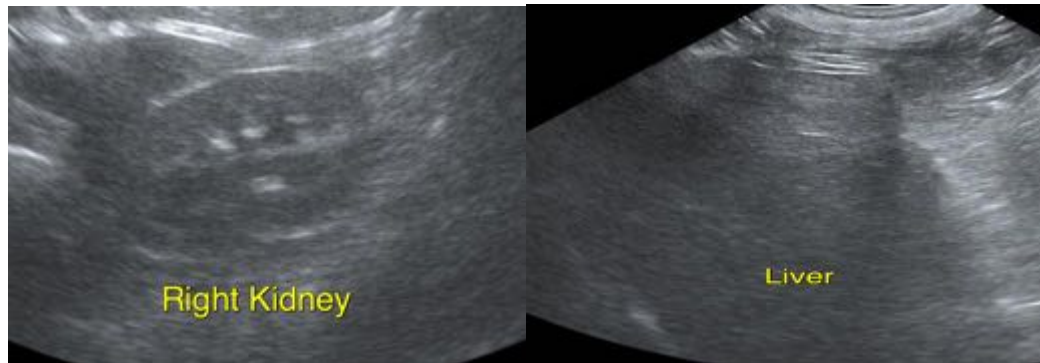
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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