

**PATIENT PRESENTING CLINICAL SIGNS**

Lucy Umphress

History: History of vomiting multiple times in 24 hours. Cannot keep any food down. Owner reports shaking and abnormal stretching. She is eating grass and then vomiting. No history of foreign body or toxin ingestion. Anorexia and lethargy reported today. No diarrhea. Imaging to check for cause of clinical signs. Rule out FB obstruction and check for neoplasia. She may be PU/PD. Has alopecia along trunk--cannot rule out HAC. Some weight loss in last year -- approximately 2.5#

**SPECIES**

Canine

**BREED**

Am. Staffordshire Mix

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4--mild neutrophilia Alk Phos - 521 (23-212) rest of panel is WNL

**SEX**

Spayed Female

**AGE**

13 years, 10 mos

**WEIGHT**

47.40 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and shape. There were micropoldy changes in the apical bladder. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 2.0 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There were variably sized, nonobstructive medullary mineralization without pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 6.2 cm in length.

No iliac trifurcation was visualized and evaluated with color doppler.

**IMAGING PERFORMED BY**

M. Kermendy CVT

**Adrenal Glands**

The left adrenal gland was visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 7.0 mm at the caudal pole and 6.00 mm at the cranial pole. The right adrenal gland was indistinctly visualized and measured 8.0 mm at the caudal pole.

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr Elaine Binor, DVM

**Spleen**

The spleen was generally enlarged with a mild, coarse parenchymal echotexture. There was a smooth capsule contour. The spleen was folded cranially and caudally. There was no evidence of overt masses or nodules.

**INVOICE**

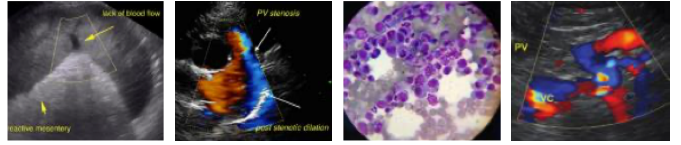
13884

**DATE**

7.27.23

**Liver/Gallbladder**

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume



**PATIENT**

Lucy Umphress

and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

Am. Staffordshire Mix

The stomach contained ingesta or possible soft material. The duodenum was empty. Ventral to the right kidney in the region of the duodenum and pylorus, there is an area of thickened bowel. The intestinal walls of this section have lost normal layering and are surrounded by bright hyperechoic fat. There is no obvious foreign body in this area, but there could be mural lesions. The ileoceocolic junction was visualized and while of normal size and shape, there was localized hyperechoic mesentery and mild lymphadenopathy at the mesenteric root. The visible colon wall appeared normal.

**SEX**

Spayed Female

**AGE**

13 years, 10 mos

**Pancreas**

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.

**WEIGHT**

47.40 lbs

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

**Findings**

- Moderate splenomegaly
- Mural wall thickening, segmental in small intestine with loss of layering
- Micropolypoid mild changes in apical bladder.
- Aging changes in the kidneys
- Ingesta or foreign material in the stomach

**IMAGING PERFORMED BY**

M. Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr Elaine Binor, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

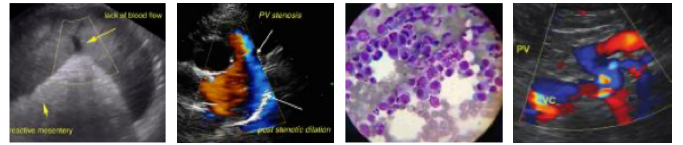
If the patient was NPO at the time of the sonogram, then there may be foreign material in the stomach, and a surgical exploratory is recommended. The mural lesions in the small intestine in the right upper abdomen can be examined at that time for potential biopsy. If the patient was not NPO at the time of the sonograph, a recommended NPO 24 hours, IV fluids and hospitalization and rescan in 24 hours. Biopsies are essential, as older dogs with PICA, if there is material in the stomach, often have underlying GI disease. The section of bowel is concerning, as it meets neoplastic criteria, but could be an inflammatory lesion as well.

**INVOICE**

13884

**DATE**

7.27.23



**PATIENT**

Lucy Umphress

**SPECIES**

Canine

**BREED**

Am. Staffordshire Mix

**SEX**

Spayed Female

**AGE**

13 years, 10 mos

**WEIGHT**

47.40 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

**IMAGING  
PERFORMED BY**

M. Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

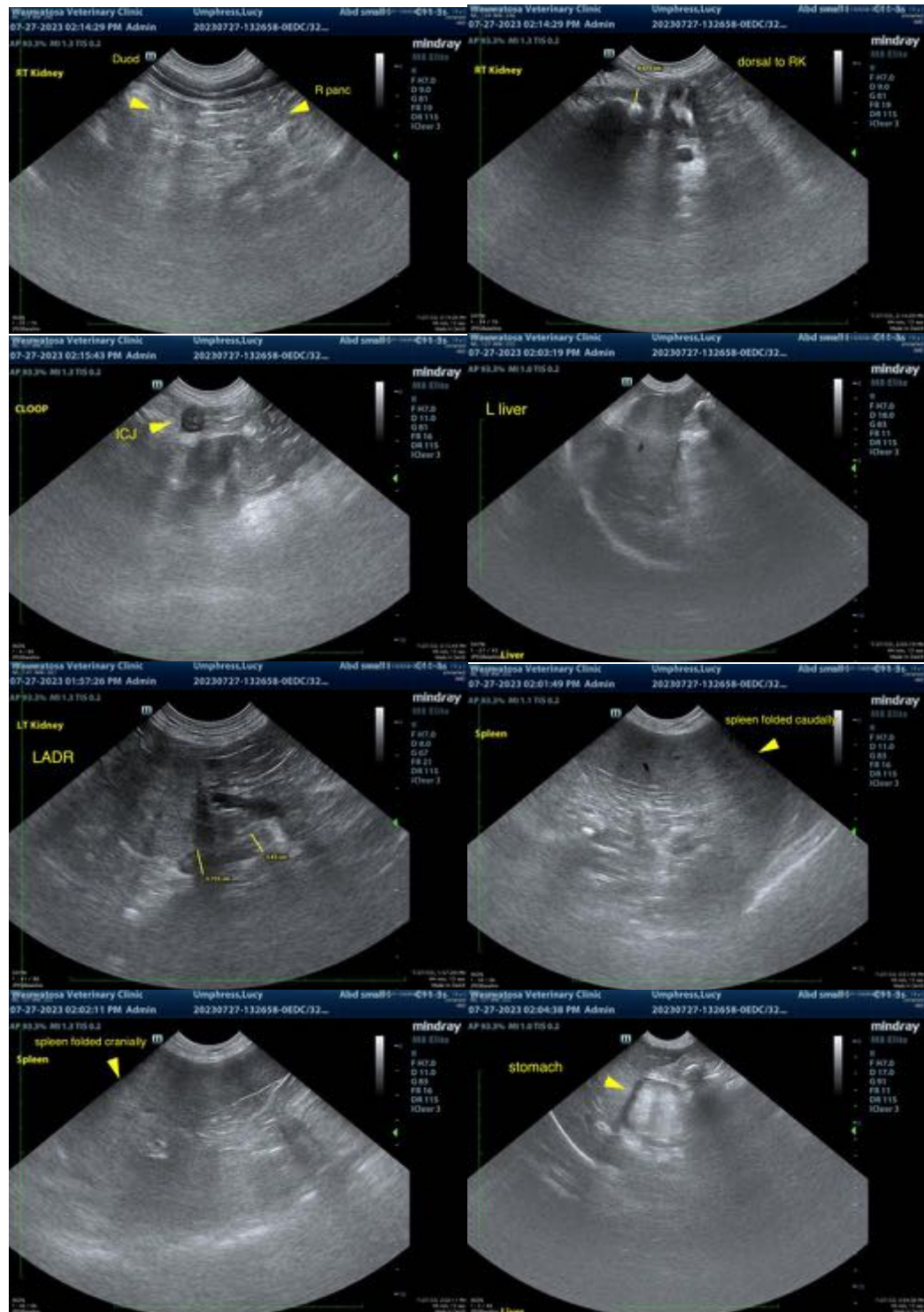
Dr Elaine Binor, DVM

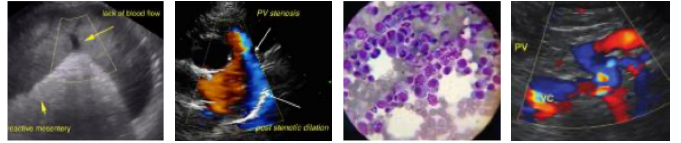
**INVOICE**

13884

**DATE**

7.27.23





**PATIENT**

Lucy Umphress

**SPECIES**

Canine

**BREED**

Am. Staffordshire Mix

**SEX**

Spayed Female

**AGE**

13 years, 10 mos

**WEIGHT**

47.40 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

**IMAGING  
PERFORMED BY**

M. Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr Elaine Binor, DVM

**INVOICE**

13884

**DATE**

7.27.23

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com