



PATIENT

Rylee Kern

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

83.5

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Dr. Ukachi Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ukachi Ogorji

INVOICE

44028

DATE

7/17/23

PRESENTING CLINICAL SIGNS

Vomiting, dry heaving and gagging for the last 5-6 weeks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal in size and shape for level of filling. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no sediment or uroliths. The ureters were not visible, which is normal. The bladder trigone was normal.

Both **kidneys** were subjectively normal in size for breed and body weight. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no evidence of pyelectasia or renoliths. The left kidney measured 6.1 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and found to be normal in size and shape for breed. The capsule of each gland was smooth with no evidence of capsular expansion. The echogenicity and echotexture of each gland was normal. The left adrenal gland measured 0.6 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 0.5 cm at the cranial pole and 1.3 cm at the caudal pole.

Spleen

The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. The parenchyma had a finely textured and homogenous echogenicity. The vasculature was normal in structure, with no evidence of thrombus. There were no overt masses or nodules present.

Liver

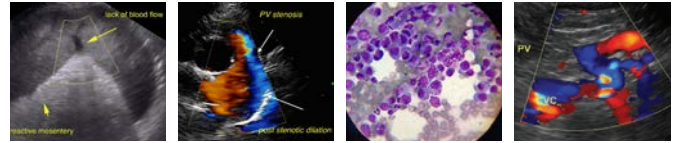
The **liver** was normal in size and shape with a smooth capsule contour. The liver lobe edges were appropriately sharp. The parenchyma had a normal coarse and homogenous texture. The hepatic and portal vasculature were normal in size and volume. There were no visible focal lesions, masses or inflammation present.

The **gallbladder** was normal size and shape, with a moderate amount of echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

Gastrointestinal

The **stomach** was largely empty with normal size, shape, and position. The stomach wall displayed a mural wall thickening on the greater curvature with a loss of layering. The wall measured 2.3 cm thick in that area. The remainder of the visible stomach wall had maintained layering and overall normal thickness.

The **small intestine** displayed normal curvilinear patterns throughout, with normal wall thickness and layering. Normal peristalsis was present. The visible **colon** wall was normal in thickness and layering. There were no visible masses or focal lesions.



PATIENT *Pancreas*

Rylee Kern

The left limb, body and right limb of the **pancreas** were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

SPECIES

Canine

Free Abdomen

BREED

Labrador Retriever

No peritoneal effusion or lymphadenopathy was noted on examination of the peritoneal cavity.

SEX

Spayed Female

- Gastric mural lesion - focal thickening with possible loss of layering
- Minor gall bladder sludge

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal gastric wall thickening could be an area of significant gastritis or an emerging gastric mural neoplasia. I recommend gastric protective treatment and recheck US in 7-10 days to monitor for response to therapy versus increase in size. Bland, slurry diet combined with Omeprazole and Carafate would be ideal. Treatment for Helicobacter could be considered with combination of Omeprazole, Metronidazole and Amoxicillin.

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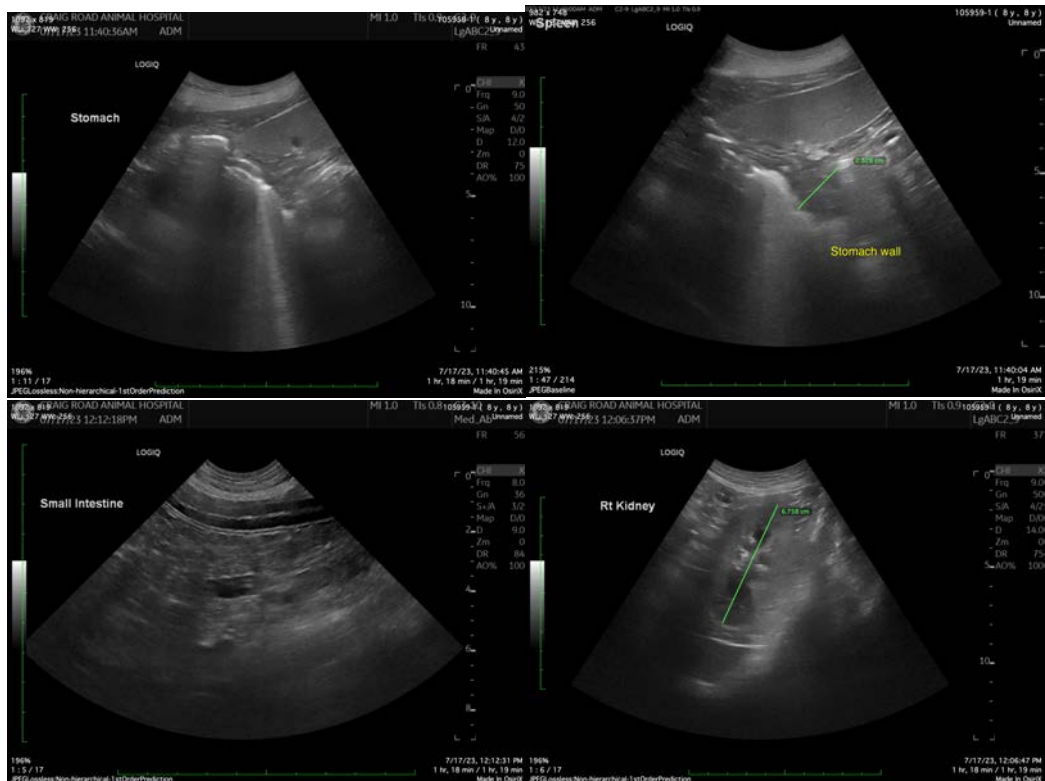
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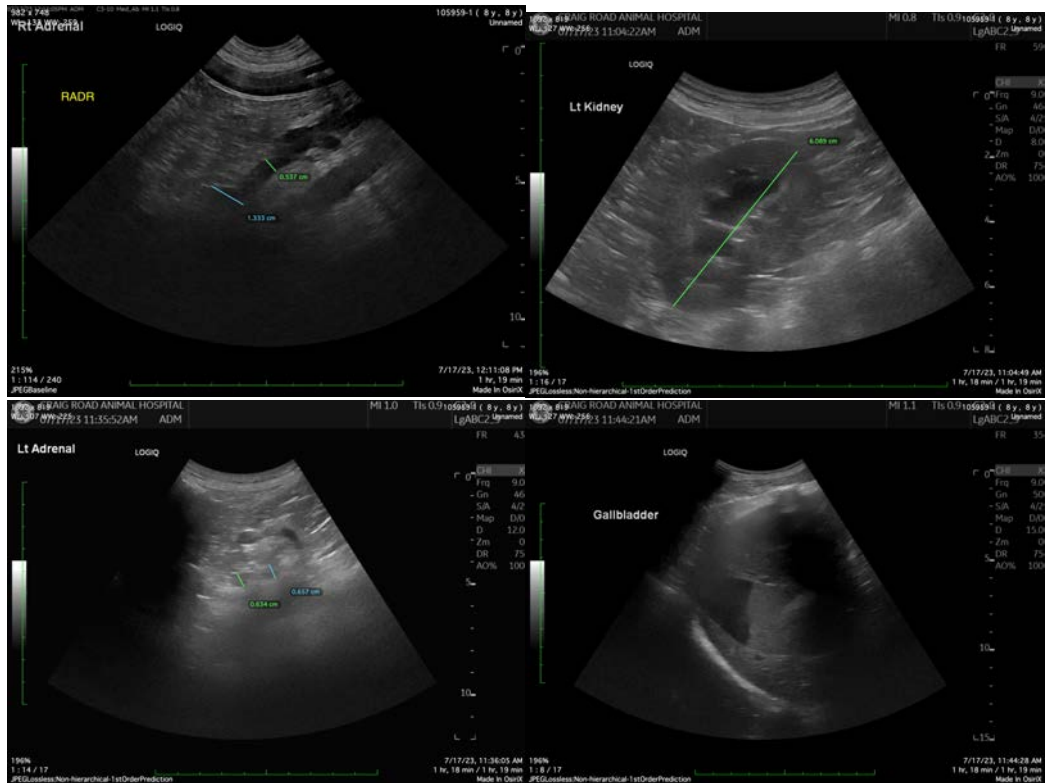
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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