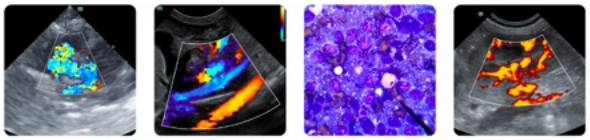


PATIENT

Nora MaGee

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

3 years

WEIGHT

77 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Kennedy

INVOICE

72103

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Few week to months history of vomiting, random pattern with food and bile sometimes. No change in food or treats, nothing new introduced in the household. Not one to get into anything or eat anything outside. Tried omeprazole and diet schedule change, no improvement. Blood work and radiographs NSF, baseline cortisol low, but ACTH stim is normal.
- CBC: 50% PCV WBC 11.4 K/uL Eosinophils 1.5 (mildly high, upper end is 1.2) Platelets 302k Chemistry: Glucose 92 creatinine 1.2 Na:K ratio 40 ALT 162 (10-125) cPL 39 (0-200) resting cortisol 1.32, 1 hour post ACTH stim 11.72 Radiology Consult: (from CCAE) Conclusions: No obvious cause for the reported clinical signs is identified. Consider gastroenteritis/enterocolitis (dietary indiscretion, infection, toxin, metabolic) or pancreatitis. No obvious evidence of gastrointestinal obstruction is identified on the images provided. If the clinical signs persist despite medical treatment, abdominal ultrasound could be considered for further evaluation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

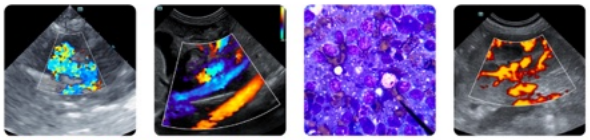
The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 5.59 cm and the right kidney was 7.4 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 1.64 cm by 0.39 cm by 0.42 cm and the right adrenal gland was 1.92 cm by 0.66 cm by 0.49 cm in size.

Spleen

The **spleen** had a mildly mottled parenchyma, although the overall normal size and shape was maintained. The capsular contour remained smooth and linear. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.



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Liver

The **liver** had a mildly coarse echogenicity in the lateral views provided; however, there were no discrete masses or nodules present. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach with a moderate amount of hyperechoic, ingesta within the lumen of the stomach likely from not being completely fasted prior to the study. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. No obstructive or overt infiltrative disease was noted. There was a mild degree of mesenteric lymphadenomegaly present with the largest measuring 1.97 x 0.87 cm in size. There was no free abdominal effusion present. The sublumbar lymph node was found to be mildly enlarged, measuring 3.3 x 1.2 cm in size.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Mildly mottled splenic parenchyma.
Mild mesenteric lymphadenomegaly.
Mildly enlarged sublumbar lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based upon this patient's clinical history and the appearance of mild mesenteric lymphadenomegaly, the primary differential is a chronic enteropathy likely secondary to underlying inflammatory bowel disease. A screening FNA of the spleen and mildly enlarged mesenteric lymph nodes can be considered in order to ensure that the changes are benign and secondary to an inflammatory or reactive cause rather than underlying neoplasia. A food trial with a hypoallergenic diet is recommended with daily probiotics. If there are any abnormalities found on cytology or if this patient does not positively respond to a hypoallergenic diet trial then intestinal biopsies should be considered for a more definitive diagnosis.

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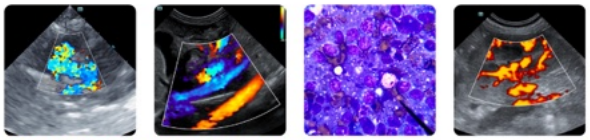

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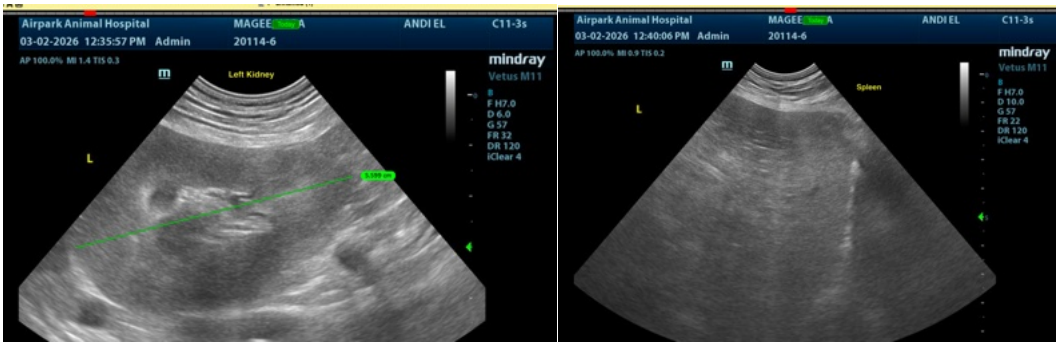

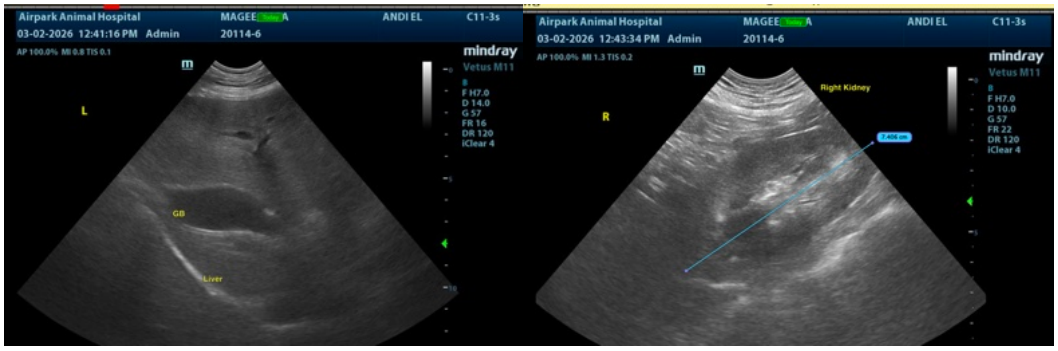

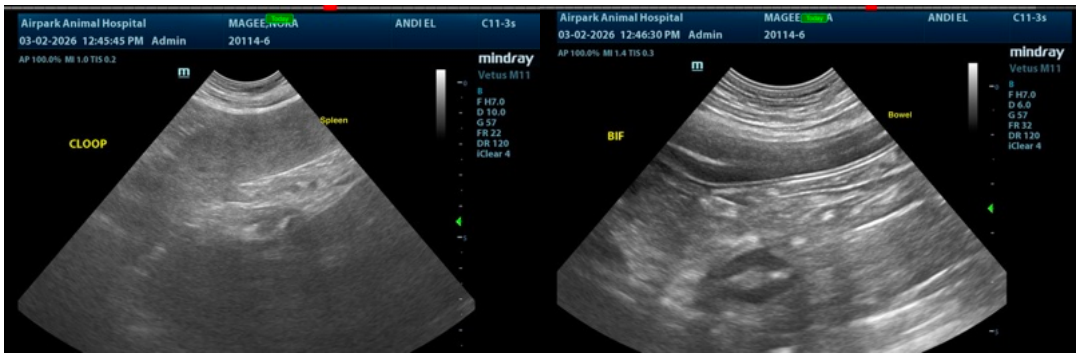

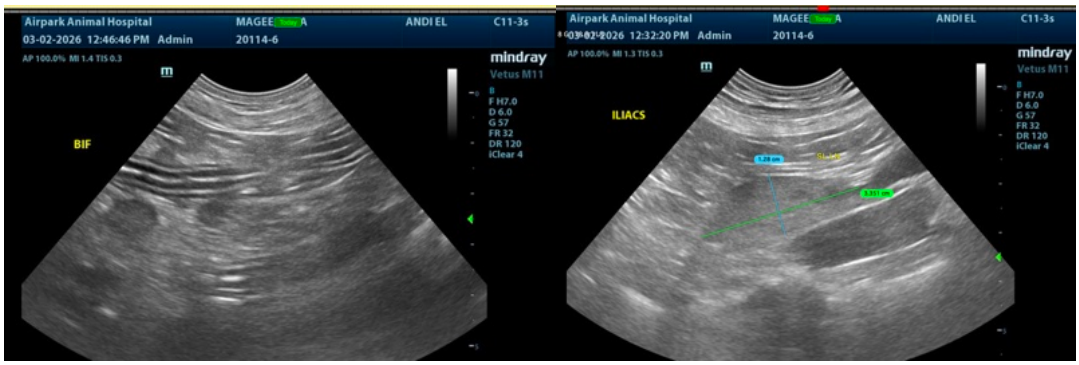

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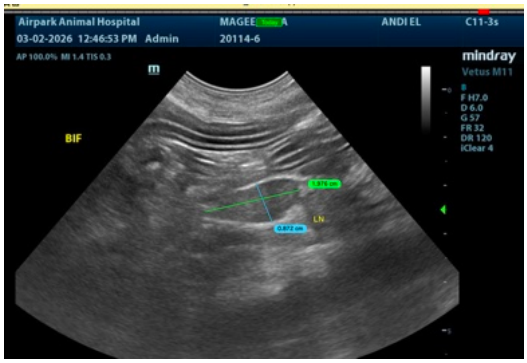

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com