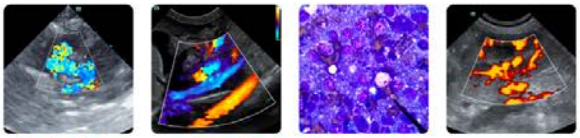

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Riley Mcgraw

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

4 Years

WEIGHT

64 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Appel

INVOICE

74804

DATE

4/29/26

PRESENTING CLINICAL SIGNS

P presented for US due to acute onset of lethargy, vomiting and decreased appetite, reluctance to jump and possible hindlimb lameness, initially had fever 103.5 now 102.5, P has been on IV fluids throughout the day. Rads- no obstructive pattern seen.

Abnormal PE/Chem/CBC/UA Results: CBC PLT 100-150, manual count 63-85 CPL neg 4DX neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.01 cm) with pyelectasia at 0.50 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 1.67 cm at the cranial pole and 0.58 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline “plump”, measuring 2.48 cm in width at the level of the hilus. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional poorly defined hypoechoic nodules in the parenchyma.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate fluid/shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. No focal lesions are visualized, but there are some areas of bowel that appear to have mild to moderate fluid and gas distention, possibly consistent with an enteritis type pattern.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent isoechoic mesenteric lymph nodes. A sublumbar lymph node is visualized measuring 0.80 cm x 2.25 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Subjectively “plump”, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with pancreatic remodeling +/- mild pancreatitis.
- Fluid and shadowing ingesta visualized within the gastric lumen and some sections of mild fluid and gas distended small intestine – Correlate with feeding history. If the patient was adequately fasted this could represent delayed gastric emptying, retained ingested foreign material, etc. A definitive obstruction is not visualized.
- Occasional prominent, typically isoechoic mesenteric lymph nodes – Findings have the appearance most consistent with reactive lymph nodes.
- Mild/moderate pyelectasia of the left kidney – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

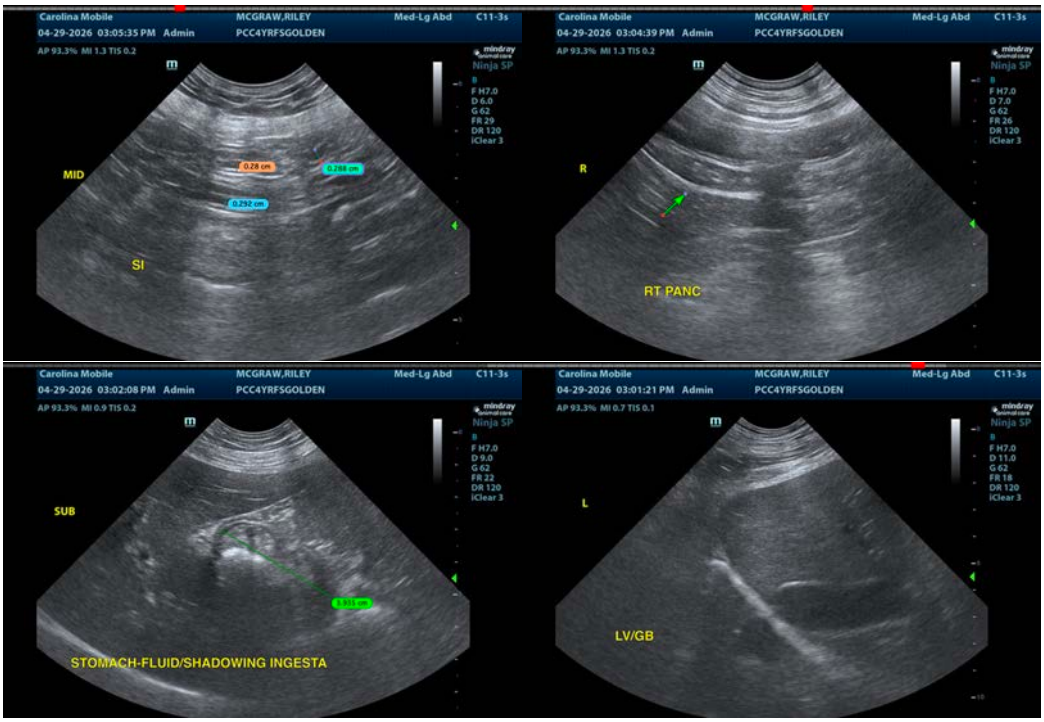
There is a mild to moderate amount of fluid and some shadowing ingesta visualized within the stomach, and there are some sections of small intestine that appear mildly fluid and gas distended. Correlate these findings with radiographs and the feeding history. This could represent ileus/delayed gastric emptying or possibly ingested foreign material. A definitive obstruction is not evident at this time. Consider treatment for acute gastroenteritis/pancreatitis, as both limbs of the pancreas are somewhat prominent but significant/overt inflammation is not evident. If symptoms are persistent re-evaluation of the stomach after a more prolonged fast.

The spleen subjectively appears prominent/large and mildly mottled with occasional ill-defined hypoechoic nodules. Fine needle aspirates could be considered to further evaluate (I believe this was done during today's exam).

Recommend non-specific treatment for gastroenteritis/pancreatitis, as well as a urine culture and urinalysis, looking for any evidence of a urinary tract infection, pyelonephritis, etc.

Further evaluation for a fever could be considered. This could include vector borne disease testing, radiographs of painful joints +/- joint taps, etc. (consider a canine comprehensive panel to NC State's vector borne disease lab for more comprehensive testing than the 4dx performed). It is somewhat unusual to see GI symptoms associated with these infections.

Recommend 3-view thoracic radiographs, looking for any focal pulmonary lesions, evidence of pneumonia, etc.



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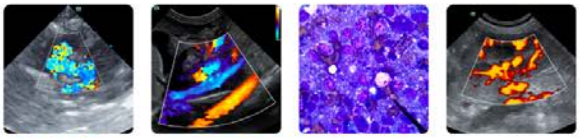

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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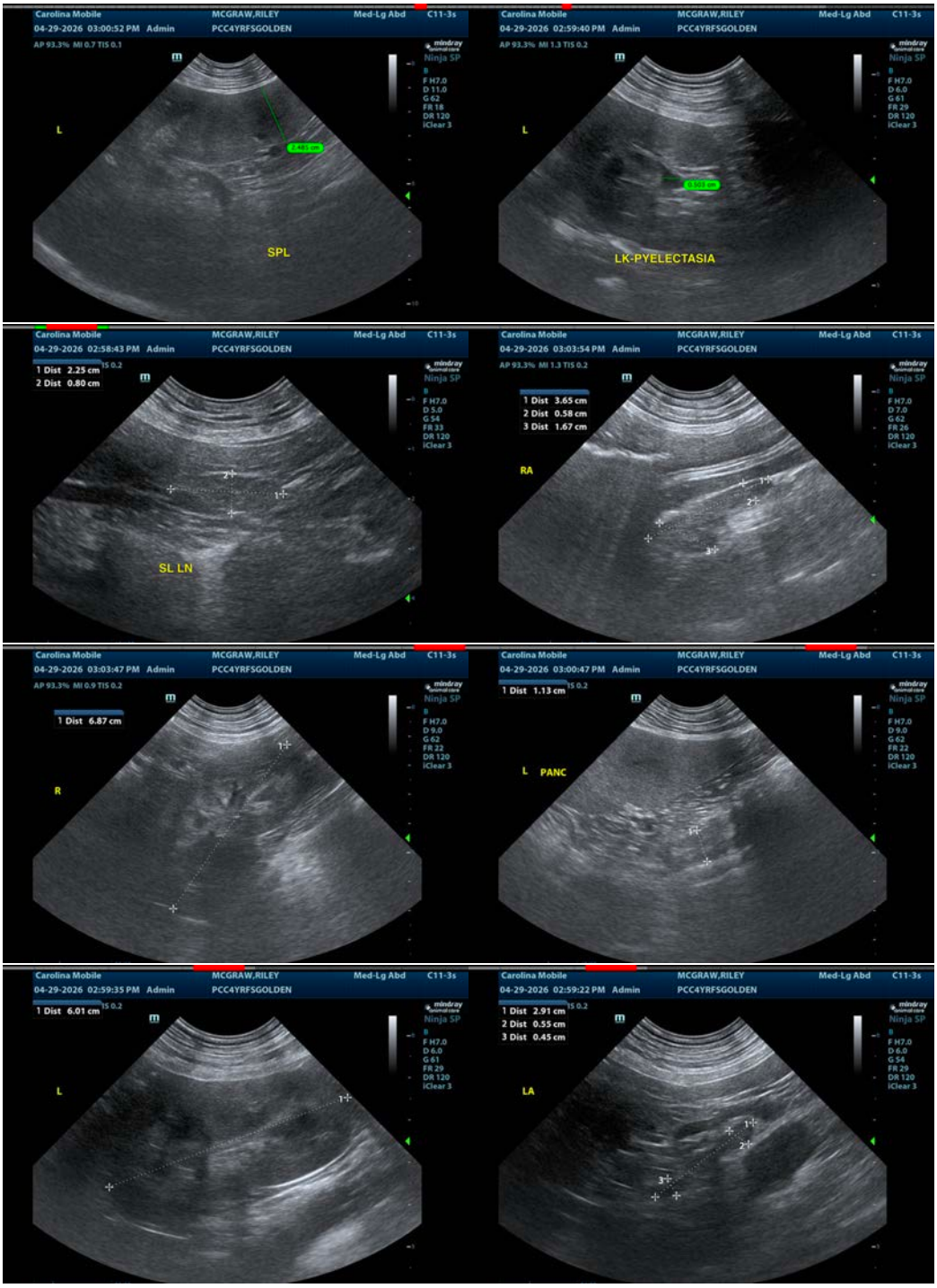

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com