PATIENT

Huey Redfern

SPECIES

Canine

BREED

Newfoundland Mix

SEX

MN

AGE

7 years

WEIGHT

79.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Ashlie Brown

INVOICE

12024

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Patient was seen on Tuesday for regurgitation/vomiting and lethargy. Radiographs were performed at that time which showed potential ingesta/foreign material within stomach. Blood work showed mild elevation in SDMA but otherwise unremarkable and fecal was positive for coccidia. He was started on Cerenia, and Sucralfate. He regurgitated wet food yesterday morning, radiographs were repeated which showed persistent material in stomach. He was fasted overnight and repeat radiographs showed persistent material in stomach. Rule out ileus vs foreign material. repeated RADs post ultrasound and appeared empty.

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 prostate is normal in size (1.28 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.94 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.

The right kidney has a normal shape and size (7.04 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 0.52 cm at the cranial pole and 0.61 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 0.91 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 subjectively normal in size (2.38 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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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.

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 minimal luminal contents. 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. There is one section of mild, hypoechoic irregularity along the region of the body of the stomach measuring 1.12 cm x 2.96 cm.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. The duodenum measured as normal (0.37 cm in wall thickness) and the jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 visible/mildly mottled in the right limb. 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 is a mild to moderate mesenteric lymphadenopathy with large hypoechoic lymph nodes. Examples measure 1.12 cm x 3.81 cm and 1.14 cm x 2.37 cm. The omentum is of normal uniform echogenicity.

Other

A small umbilical hernia with a mild wall defect measuring 0.16 cm is visualized.

ULTRASONOGRAPHIC FINDINGS

- Visible pancreas with mild changes possibly consistent with remodeling.
- Poorly defined focal irregularity visualized associated with the gastric wall. The significance of this lesion is uncertain. This could be a prominent rugal fold, focal gastritis, less likely an early mass effect
- Large, hypoechoic prominent mesenteric lymph nodes. Findings are most consistent with either highly reactive or early neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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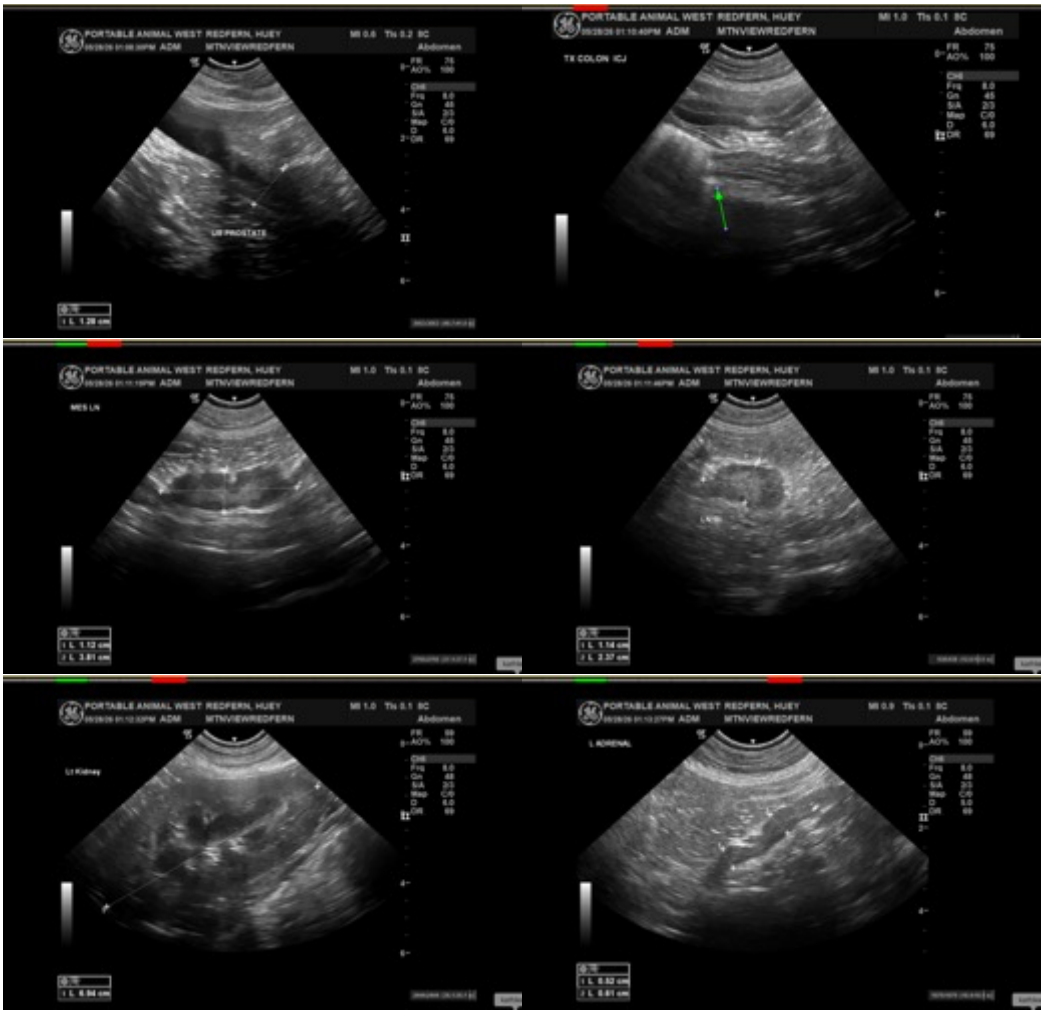
The stomach appears relatively empty at this time. The majority of the stomach appears normal. On some views there is some mild focal irregularity visualized associated with the gastric wall. The nature of this lesion is uncertain as this could represent imaging artifact, a prominent rugal fold, focal gastritis, less likely an early neoplastic lesion. Recommend empirical treatment for gastritis/gastroenteritis. Correlate with a quantitative PLI level looking for any evidence of pancreatic inflammation and consider pro-motility medications. If the patient is not improving as would be expected, consider repeat evaluation of the gastric wall with ultrasound +/- upper GI endoscopy to further evaluate.

Correlate these findings with current lab work and consider a baseline cortisol. The significance of the prominent lymph nodes is uncertain. If a safe window for sampling is available, consider a fine needle aspirate, otherwise consider continued monitoring, particularly if symptoms are persistent.

Recommend three view thoracic radiographs particularly to evaluate the esophagus for any dilation, fluid distension, etc. and consider concurrent treatment foe esophagitis. If there is any concern for esophageal dysmotility you could consider acetylcholine receptor antibody testing looking for possible myasthenia gravis.



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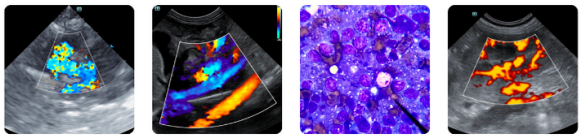

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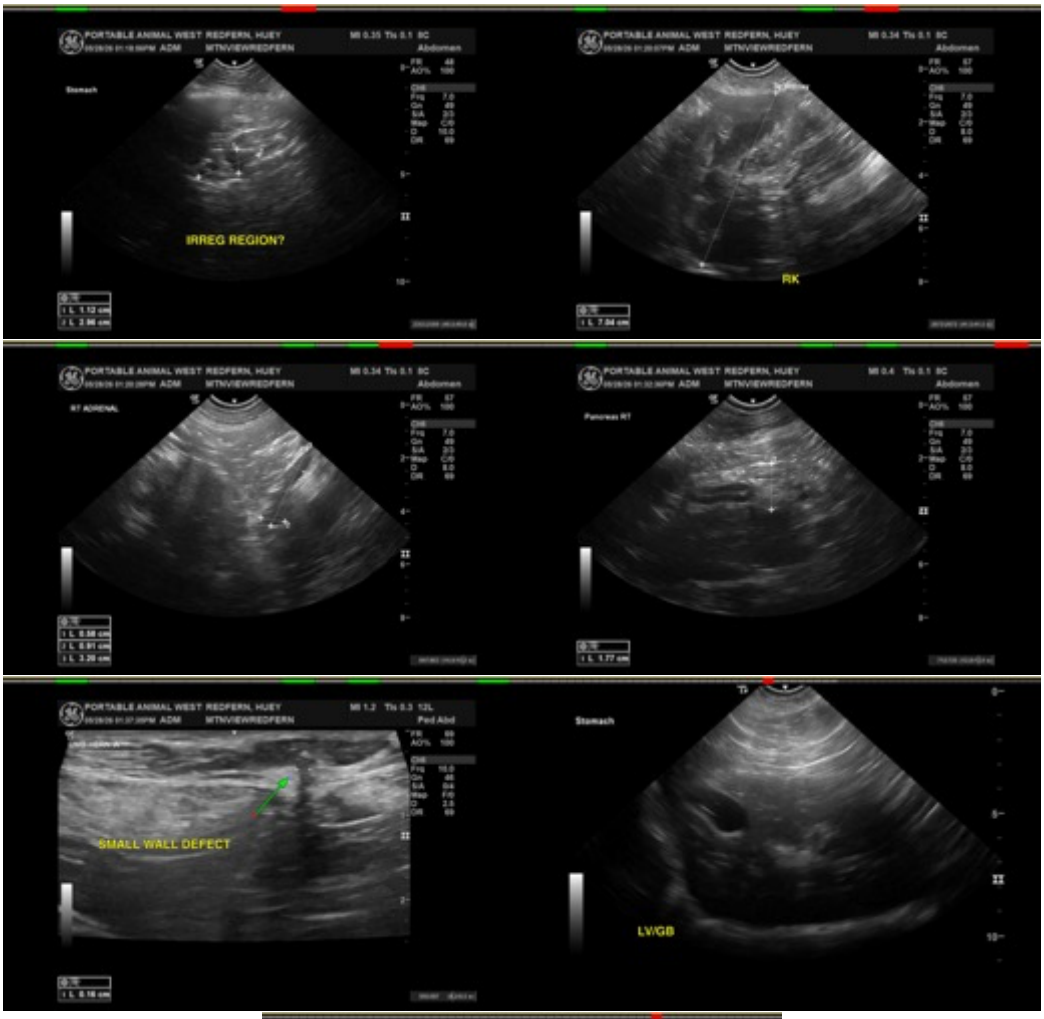
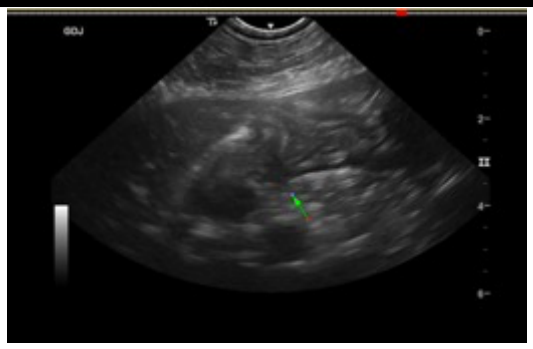
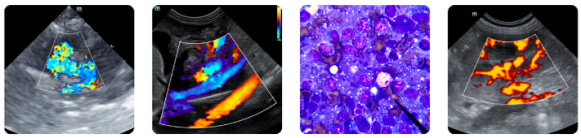




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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