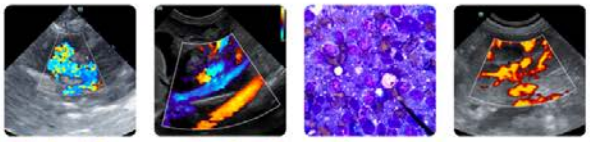

PATIENT

Floyd Blandy

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

6 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Sinopoli

INVOICE

75984

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6/18/26

PRESENTING CLINICAL SIGNS

Owner woke up to the sound of patient vomiting; this is a common occurrence. However, when owner went to sent patient down, he buckled onto the floor and started crying in pain. No change in appetite. Oral Cavity: Type 3 malocclusion. Abdominal: Tense on palpation. No obvious masses or fluid wave noted. Unable to distinguish abd pain or differed back pain. Musculoskeletal: Restricted ROM in both coxofemoral joints and stifles. Reactive on deep palpation of T/L area of spine. Stance is hunched. Medial buttress bilaterally; more prominent on left. Nervous system: proprioception normal on all except LH; prolonged.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Panc/4Dx WNL Radiographs: 1. Relatively poor cranial abdominal serosal detail. 2. The radiographic appearance of the gastrointestinal tract is suggestive of enteritis/gastritis/gastroenteritis. Differentials include various forms of gastroenteritis (haemorrhagic/HGE/AHDS, infectious, parasitic disease, dietary indiscretion, dietary intolerance and allergic disease). Radiographically no evidence of pyloric outflow or small intestinal obstruction. 3. Radiographically unremarkable spine. 4. Suspect medial luxation of the right patella.

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 (0.83 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.

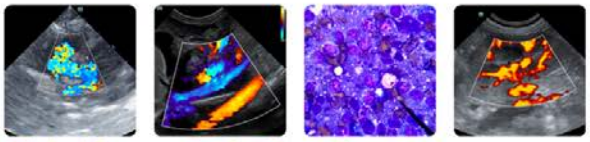
The left kidney has a normal shape and size (4.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.47 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 0.44 cm at the cranial pole and 0.42 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 0.45 cm at the cranial pole and 0.48 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.



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Spleen

The spleen is subjectively normal in size (1.19 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

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 moderate fluid. It measures at a normal thickness of 0.32 cm 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.

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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 left 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling. Mild pancreatitis cannot be definitively ruled out.
- Moderate fluid distended stomach – Correlate with the feeding/drinking history. If the patient was adequately fasted, this could represent gastric ileus/delayed gastric emptying. A partial outflow tract obstruction is less likely but cannot be definitively ruled out.

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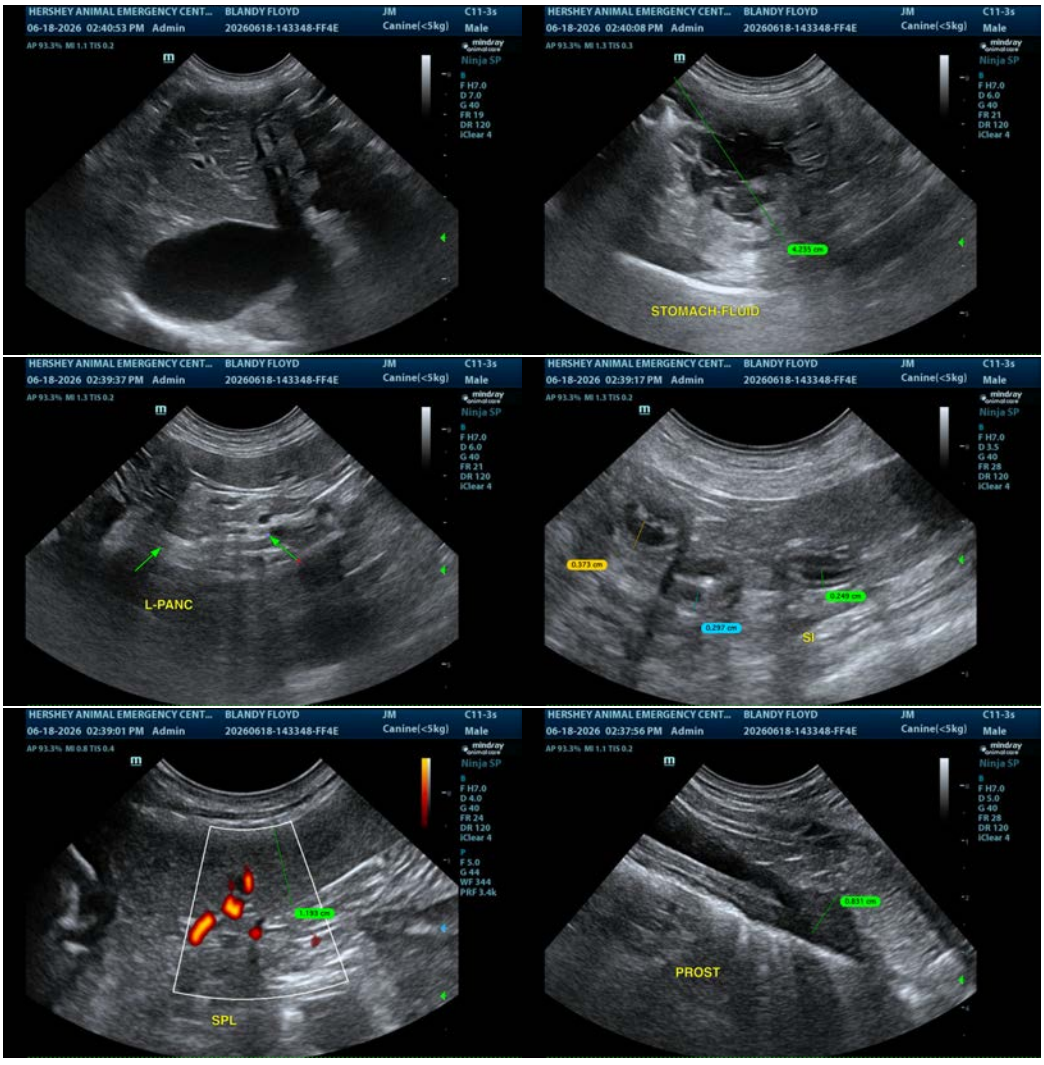
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. The left limb of the pancreas was visible, but no overt inflammation is noted. Correlate with a PLI level. If this is significantly elevated, consider treatment for mild pancreatitis.

The stomach has a moderate amount of fluid distention. This could be consistent with gastric ileus secondary to gastroenteritis. Consider empirical treatment for gastroenteritis and continued clinical assessment for evidence of back pain, etc. (could this have been a vagal episode)?

If the patient is feeling better and eating well relatively quickly, this could be less likely associated with primary gastrointestinal disease, but the fluid retention in the stomach is suspicious. If the patient's symptoms are persisting or progressing, consider repeat evaluation, looking for the development of new lesions or the progression of today's lesions.



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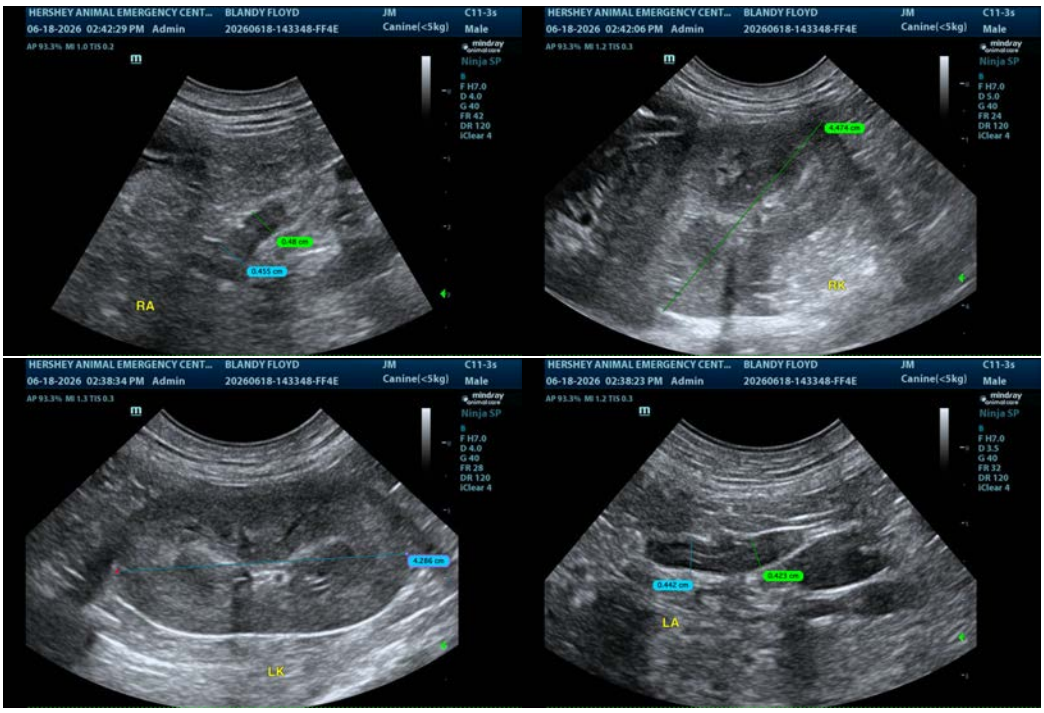

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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