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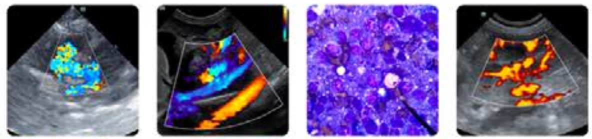


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Nala Steck

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed Female

AGE

9.5 Months

WEIGHT

30.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

72485

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Starting on Thursday 1/22 p began vomiting a white foam. P has continued to vomit several times a day since then (4 days). Today 1/25 p vomited a brown colored foam that had an odor and was thrusting her tongue like something was stuck in her mouth. O attempted to give hydrogen peroxide but was unable to get p to produce any vomiting. Per owner they have a 6 year old daughter that p likes to go into her room so there is a chance p could have possibly ingested something that she shouldn't have. P has been eating, ate the morning of 1/25.

Concern for GI FB vs dietary indiscretion vs pancreatitis vs other.

Abnormal PE/Chem/CBC/UA Results: PE: comfortable and soft on abdominal palpation. overnight abdomen very tense, unable to assess. cbc: eos 1.50 H chem: phosphorus 6.6 H, TP 5.4 L epoc: normal rads: Gastric lumen appears to be filled with soft tissue density material; pylorus appears empty but proximal small bowel/duodenum appears bunched. Gas throughout small intestinal tract; non curvilinear pattern. Formed stool in descending colon. 1/26 cPL: less than 50 (normal) repeat rads 1/26: still some gas and clumping; can't say not fb but can not clearly see one

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Left kidney measured 7.4 cm. Right kidney measured 6.9 cm.

Adrenal Glands

The right adrenal gland was not definitively visualized.

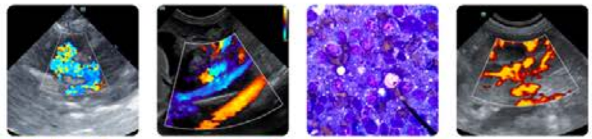
The left adrenal gland was indistinctly visualized, exhibiting subjective subnormal size, given patient body weight. The left adrenal measured 0.44 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild to variably thickened hypoechoic wall exhibiting indistinct mural detail and subjective gastric wall edema. The stomach lumen was primarily empty with minor retained fluid and luminal gas. Gastric body wall measured up to 1.1 cm in width. No overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty small intestinal lumen without mechanical/metabolic ileus. Minor segmental intestinal gas pattern noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

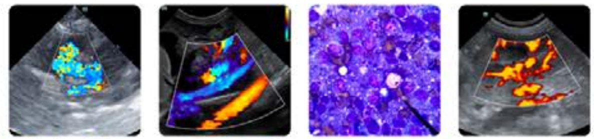
A solitary enlarged, hypoechoic mesenteric to perigastric lymph node was present in the left cranial abdomen, measuring 1.7 cm in diameter. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by echogenic to reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Mild to variably thickened hypoechoic stomach wall with mild non-obstructive gastric stasis.
- Generalized empty small intestine with mild segmental non-obstructive intestinal gas pattern.
- Normal area of pancreas.
- Subjective subnormal left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of gastrointestinal foreign material or mechanical obstructive pattern. The stomach is suggestive of acute, possibly resolving gastritis with gastrotoxic, dietary indiscretion, non-specific infectious/inflammatory disease etiologies possible. Screening cortisol level to rule out occult Addison's disease is suggested. Broad-spectrum gastroprotectants and empirical therapy for gastritis with clinical monitoring and sonographic reassessment if persistent or progressive gastrointestinal signs would be reasonable. Upper gastrointestinal endoscopy with potential for biopsies likely indicated if non-responsive or persistent gastrointestinal signs or sonographic evidence of persistent thickened stomach wall.



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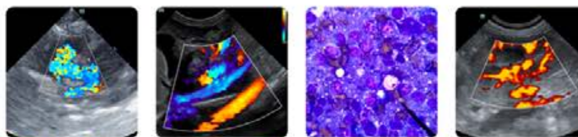

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com