



**PATIENT**

Bali Offer

**PRESENTING CLINICAL SIGNS**

vomiting, rads show abnormal plication of sm bowel  
Abnormal PE/Chem/CBC/UA Results: K: 3.4, RBC: 4.78, HEMCRIT: 30.5, HEMOGLOB: 11.7, MCHC: 38.4, RET HEM: 22.1, MONO:4.6, EOSIN: 0.1, PLAT:137, WBC:3.57, NEUT:0.9, MONO:2.1, INCREASED AMYLASE

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Golden Retriever

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

**SEX**

FS

No evidence of pathology in the area of the aortic trifurcation.

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Normal size and margination was 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. The left kidney measured 6.6 cm in length. The right kidney measured 6.9 cm in length.

**WEIGHT**

35.6 kg

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.31 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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*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.

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*Liver / Gallbladder*

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.

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The gallbladder was non distended in size with mild, nonorganized, particulate gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral gallbladder inflammation.

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*Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta/chyme was present with no signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.50 cm.

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The small intestine exhibited segmental mild mural hypertrophy exhibiting indistinct to potential subjective loss of discernible wall layer detail. The areas of segmental thickening subjectively were in the area of the mid to right abdomen potentially indicating duodenal or duodenojejunal location. Intestinal

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wall in the area of thickening measured 0.85 cm width. By comparison, normal appearing small intestine measured 0.35-0.4 cm width.

The colon exhibited intact wall layering with mixed pattern of formed to non-formed feces.

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***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.

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Golden Retriever

***Free Abdomen***

Subtle evidence of mild reactive peri-intestinal omentum around the areas of segmental intestinal thickening were present along with a focal pocket of scant peritoneal free fluid.

**SEX**

FS

No overt lymphadenopathy was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Segmentally thickened small intestine with associated regional mild peri-intestinal omental reactivity.
- Minor retained gastric ingesta - potential mild metabolic gastric stasis.
- Mild gallbladder debris - likely incidental, potentially secondary to decreased food intake or nonclinical cholestasis.

**WEIGHT**

35.6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of gastrointestinal foreign material, mechanical obstruction, or intestinal plication pattern. Considerations for the segmentally thickened intestine may include inflammatory etiologies (IBD, acute segmental duodenojejunitis, or other) or possible emerging infiltrative / neoplastic etiologies which may present in a similar sonographic manner.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Intestinal biopsies may be considered and likely ideal for a definitive diagnosis.

Empirically, conservative therapy for segmental inflammatory enteropathy would be a more conservative approach with sonographic monitoring of the small intestine for persistent/progressive mural changes.

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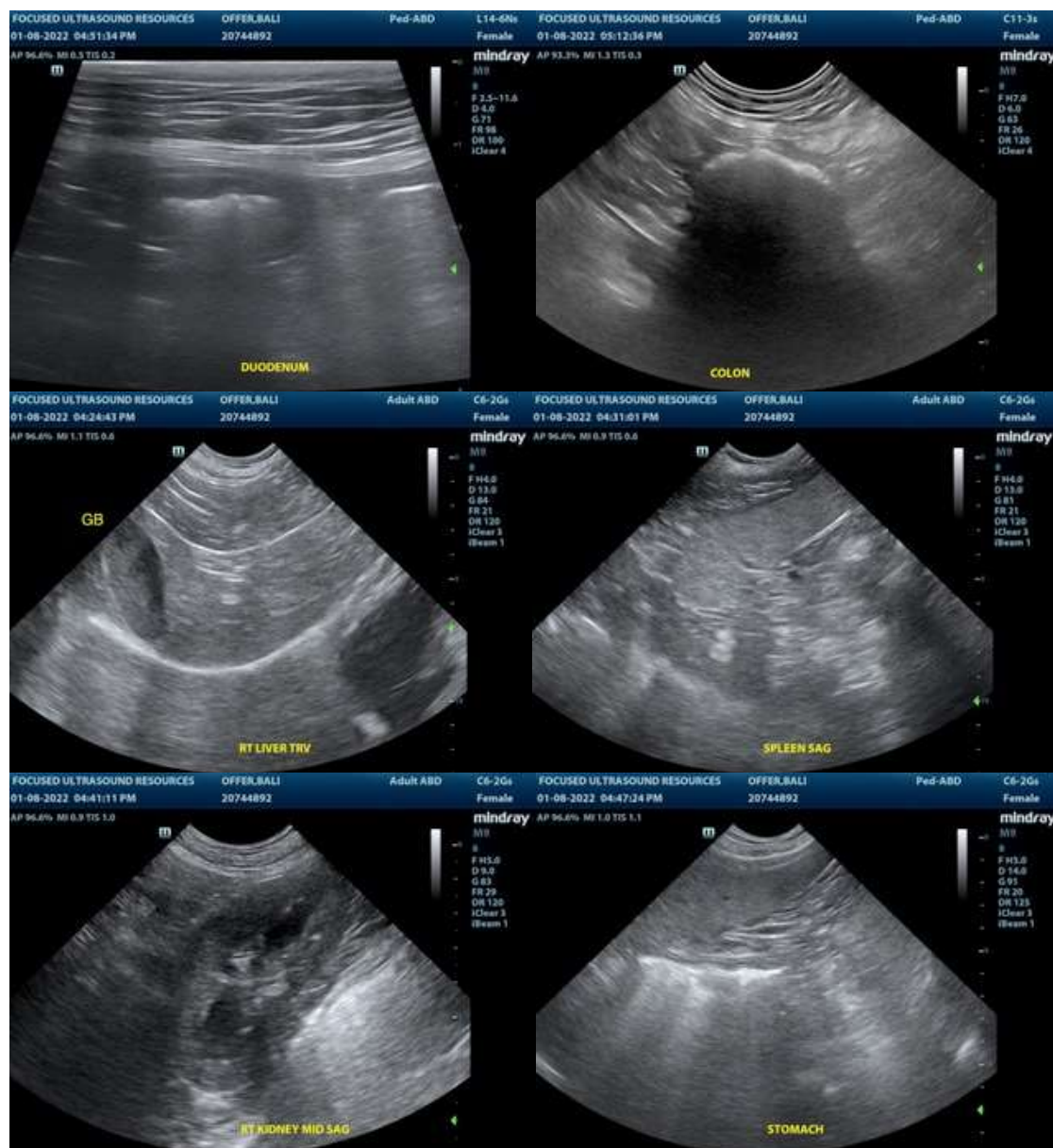
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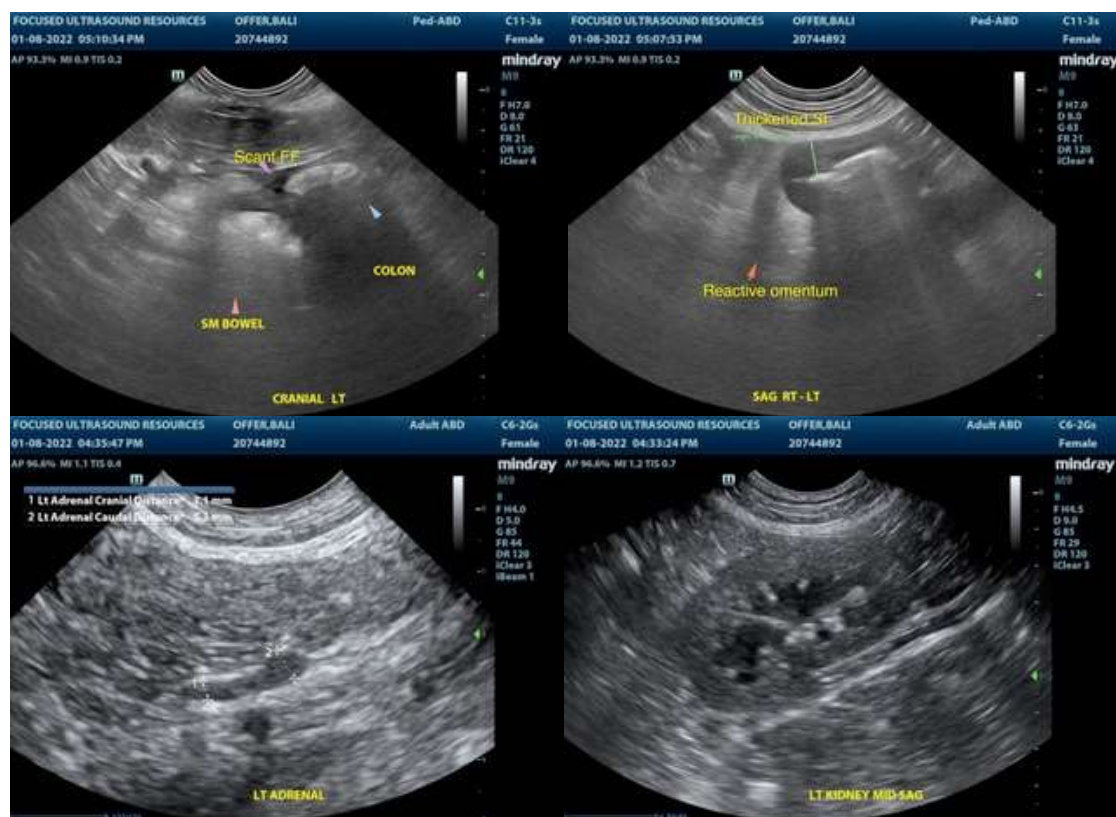
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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