



PATIENT

Luna Virgil

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

8 Years

WEIGHT

98 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Garry Gotfredson

HOSPITAL NAME

Red Hills Vet Hospital

REFERRING VET

Dr. Jaime Reynolds

INVOICE

26393

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Patient presented for with ADR and vomiting past 24 hours. Wanting to R/O FB. No history of ingesting things however concerned with FB>

Abnormal PE/Chem/CBC/UA Results: CBC; WNL CHEM low Potassium 3.4, Cl 106

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. The left kidney measured 6.4 cm. The right kidney measured 6.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were not definitively visualized.

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.

Gastrointestinal

The stomach exhibited sonographically unremarkable wall layering. Mild to moderate gastric gas distention was present along with mild to moderate retained, primarily anechoic to mildly echogenic fluid likely in the area of the gastric antrum and pylorus without overt evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.40 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segments of empty small intestine along with segmental small intestinal gas was present. No overt evidence of small intestinal fluid dilation or mechanical/metabolic ileus. Jejunum wall measured 0.36 cm.

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



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate gastric gas distention with mild to moderate retained fluid likely in the antrum/pylorus – structurally unremarkable small bowel with segmental gas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of gastrointestinal mechanical obstruction or foreign material was not definitively evident in this study. The mild to moderate retained fluid within the stomach may indicate metabolic ileus owing to gastrointestinal inflammation, dietary indiscretion, enterotoxic insult, or other.

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Technically, the potential for gastric foreign material (given the gas dilation) cannot be definitively excluded.

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It would be reasonable to hospitalize with 24-48 hour IV fluid and gastrointestinal support with radiographic monitoring of the gastrointestinal tract. If persistent vomiting is noted despite conservative gastrointestinal support or persistent gastric gas and segmental small intestinal gas dilation noted on radiographs, exploratory laparotomy for further assessment may be indicated. If surgery is elected, gastrointestinal biopsies would be considered essential to assess for underlying gastrointestinal disease. Although the potassium is low in this patient (potentially owing to decreased intake and vomiting), screening cortisol to rule out occult Addison's disease may be considered.

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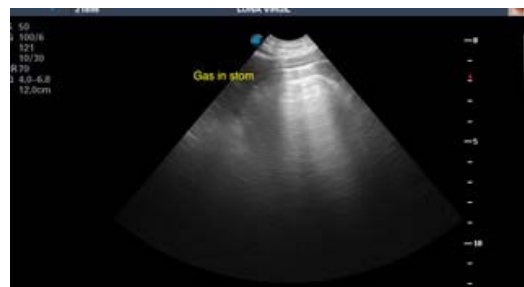
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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