



PATIENT

Rosei Kadrmas

SPECIES

Canine

BREED

Labrador Retriever

SEX

SF

AGE

9 years

WEIGHT

83.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Bugarovich

INVOICE

15119

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Tense on cranial abd palpation Diarrhea with blood for past 7-10 days Tacky mm's Decrease in appetite- eating bland diet well enough Unknown if foreign body ingestion

Current Medications Metronidazole, Provable forte, gabapentin, methocarbamol (for neck injury), was on Galliprant but d/c a few days after diarrhea started

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 6.8 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.46 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size, conformation, and overlying intestinal gas artifact. No overt pathology was noted in the area of the right adrenal gland.

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/ 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. 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 exhibited nondistended size with sonographically unremarkable intact gastric wall layering. Within the gastric lumen, an indistinct, subjectively spherical appearing, shadowing echo was present along with luminal gas and potential mild hyperechoic nonshadowing chyme. The echo measured approximately 2.2 cm in diameter and did not appear to be obstructive to pyloric outflow, given no evidence of gastric distention.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent minor nonspecific jejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.35 cm width.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.33 cm.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

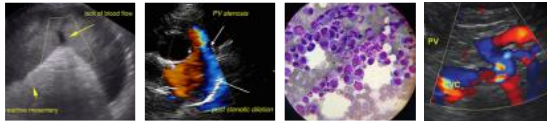
ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with suspicious nonobstructive gastric shadowing echo
- Mild colitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with radiographic findings and assuming documented NPO, the nonspecific indistinct shadowing gastric echo is concerning for possible nonobstructive gastric foreign material. No evidence of concurrent Intestinal obstructive pattern or evidence of intestinal foreign material was noted. Underlying generalized inflammatory gastroenterocolic process i.e., inflammatory bowel disease or similar with concurrent colitis is possible. No evidence of active pancreatitis was noted.

Further assessment may include radiographic monitoring for persistent previously noted soft tissue echo within the gastric lumen, contrast study, or ideally gastric endoscopy if available. As-needed supportive care for gastroenterocolitis with assessment of clinical response to bland diet and/or hydrolyzed diet, high colony count probiotic and as-needed antibiotics would be reasonable.



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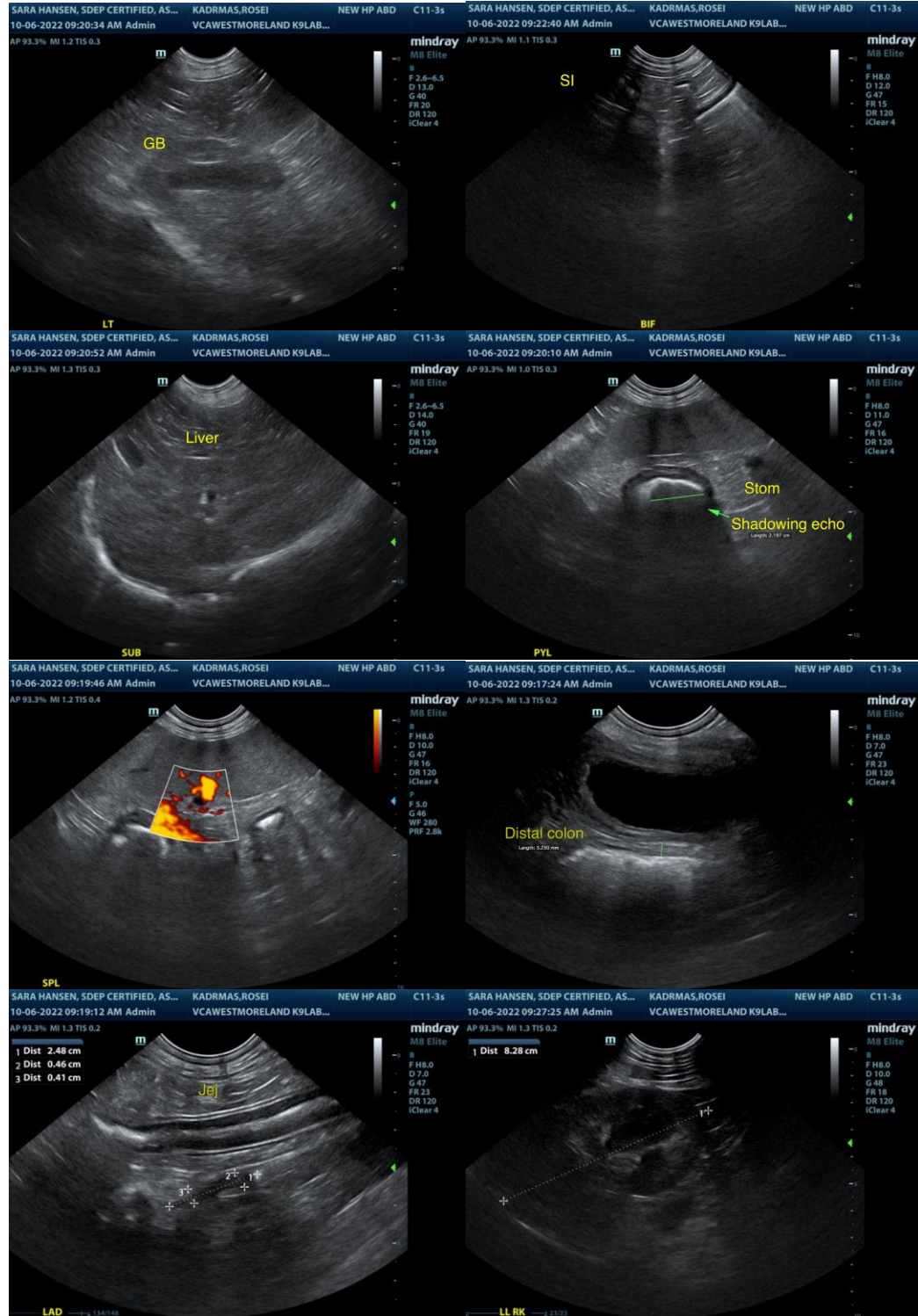
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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