

**PATIENT**

Callie Frere

SPECIES

Canine

BREED

Terrier Mix

SEX

SF

AGE

2 years

WEIGHT

40 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

15448

DATE

11/10/22

PRESENTING CLINICAL SIGNS

Vomiting. Ate at 7am morning of scan and vomited some food short time after. Abnormal PE/Chem/CBC/UA Results: Rad interpretation: The consistency of the ingesta within the stomach and some segments of small intestine is uncertain. This could represent partially digested food. Foreign material cannot be ruled out, however, no evidence of a complete mechanical obstruction is identified. A partial mechanical obstruction is not excluded. A nonspecific gastroenteritis remains a consideration.

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 4.8 cm in length. The right kidney measured 5.2 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 2.4 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.51 cm width at the caudal pole.

Spleen

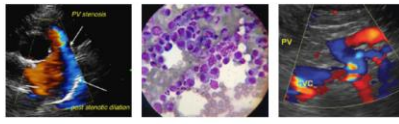
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ 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.

Gastrointestinal

The stomach presented intact to sonographically unremarkable wall layering. The stomach contained a mild amount of retained echogenic ingesta exhibiting mild progressive distal acoustic shadowing.

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Ingesta was noted in the pylorus and pyloric outflow without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

40 lbs.

- Mild retained gastric ingesta exhibiting mild progressive distal acoustic shadowing
- Sonographically unremarkable small bowel - no evidence of intestinal mural pathology, mechanical / metabolic ileus, or intestinal foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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

The mildly shadowing retained gastric ingesta, given the patient history, is nonspecific yet suggests likely retained food. Some degree of possible nonobstructive delayed gastric emptying or metabolic gastric stasis potentially owing to low-grade gastric inflammation is a consideration. Technically, a small amount of nonobstructive stuffing, fiber, or hair-like foreign material in the stomach cannot be definitively excluded. Dietary intolerance / food allergy, occult parasitism, and less likely occult Addison's Disease could also be possible. Although normal bilateral adrenal presentation, resting cortisol level to rule out occult Addison's Disease, could be considered.

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Monitoring for persistent retained gastric ingesta over the next 12-24 hours and/or hydrolyzed diet trial with empirical deworming, as-needed GI support and assessment clinical response would be reasonable. Gastric endoscopy may be considered if evidence of persistent vomiting or retained ingesta.

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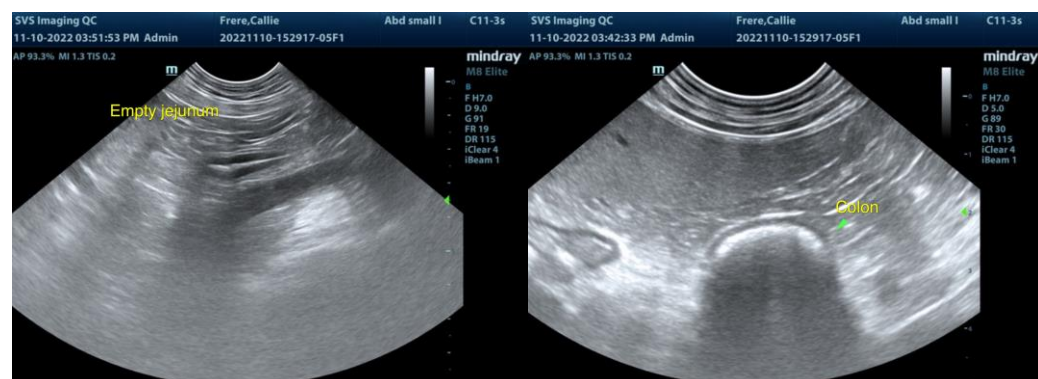
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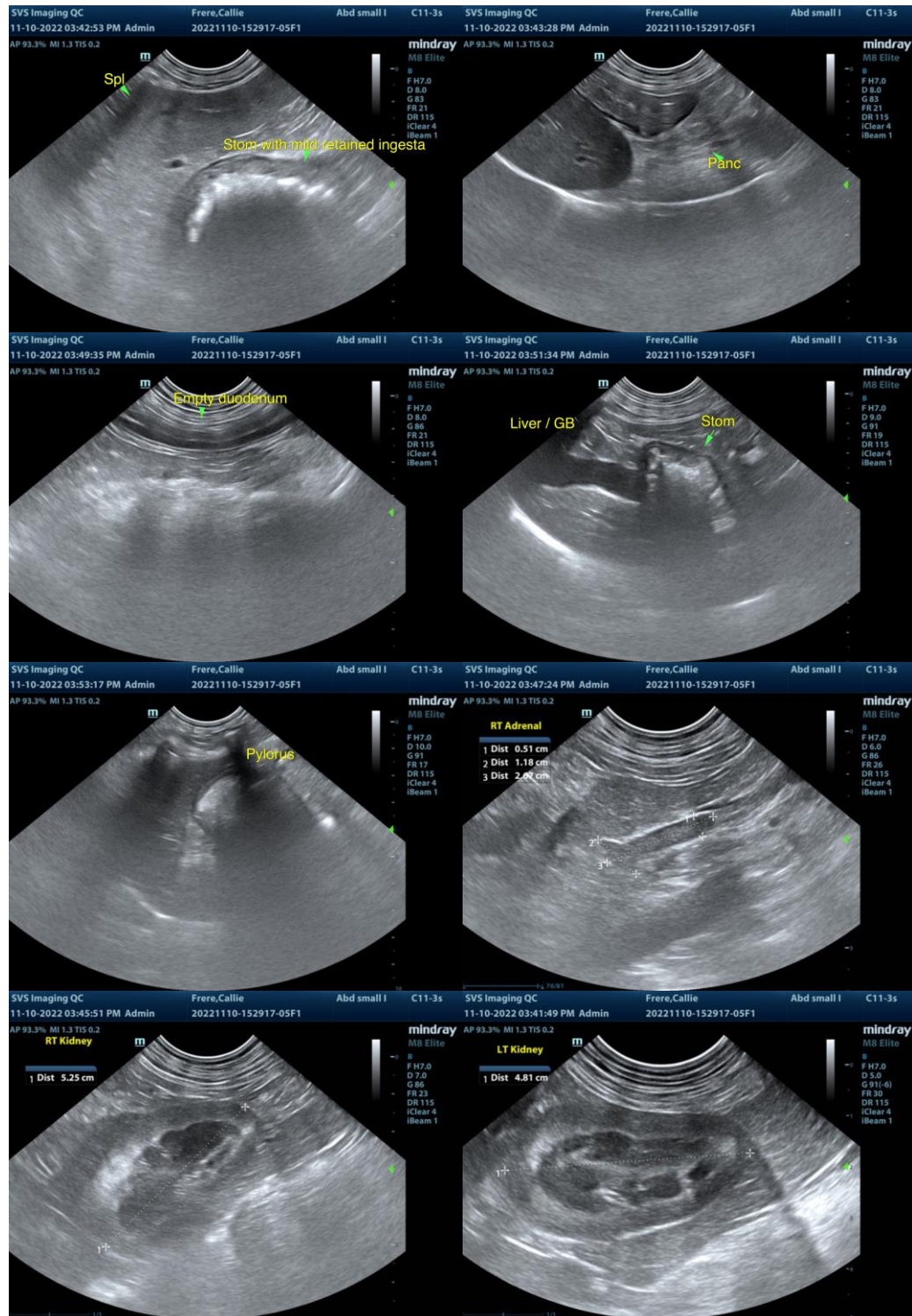
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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