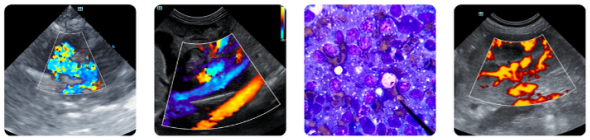

PATIENT

Nala Farley

SPECIES

Canine

BREED

Wheaton

SEX

Female Spayed

AGE

5

WEIGHT

38.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

12768

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: presented for gulping and trying to excessively eat things

Abnormal PE/Chem/CBC/UA Results: Had gastrotomy 8/29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 5.5 cm in length. The right kidney measured 5.3 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 0.45 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 0.52 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

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 normal to regional borderline prominent wall layering. The stomach was overall non-distended in size and contained a mild amount of non-shadowing ingesta. Within the non-shadowing ingesta, progressive to strongly shadowing content was present measuring 1.5 – 2.0 cm in diameter. No obvious visualized obstruction to pyloric outflow.

The visualized segments of the small intestine presented intact wall layering and normal wall layer ratio with primarily empty lumen with segmental gas. No overt obstructive pattern to the level of the colon.

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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

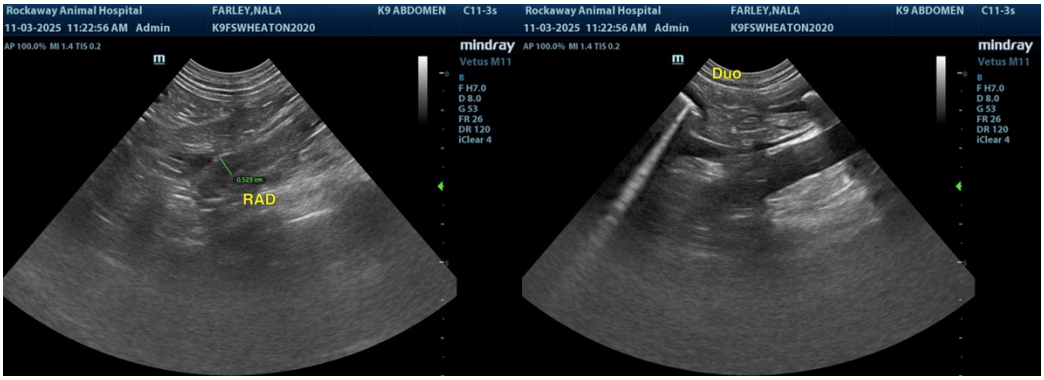
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Suspect regional mild gastritis with non-obstructive, progressively to strongly shadowing gastric content
- Normal visualized small intestine exhibiting segmental gas
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The progressive to strongly shadowing yet non-obstructive gastric content may indicate variable dense food echogenicity or potential non-obstructive foreign material. Correlation with most recent meal ingestion is recommended. Further assessment may include, if available, upper gastrointestinal endoscopy for further evaluation of the gastric interior and potential for biopsies in conjunction with patient clinical signs. Hospitalization with documented 12-hour fast and sonographic reassessment of the stomach with as needed gastrointestinal support, if endoscopy is not immediately elected, is indicated.



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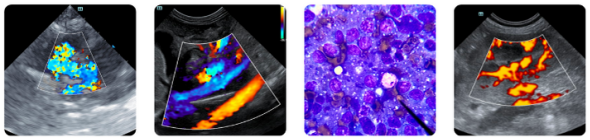

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Educational Teleconsultation Services™

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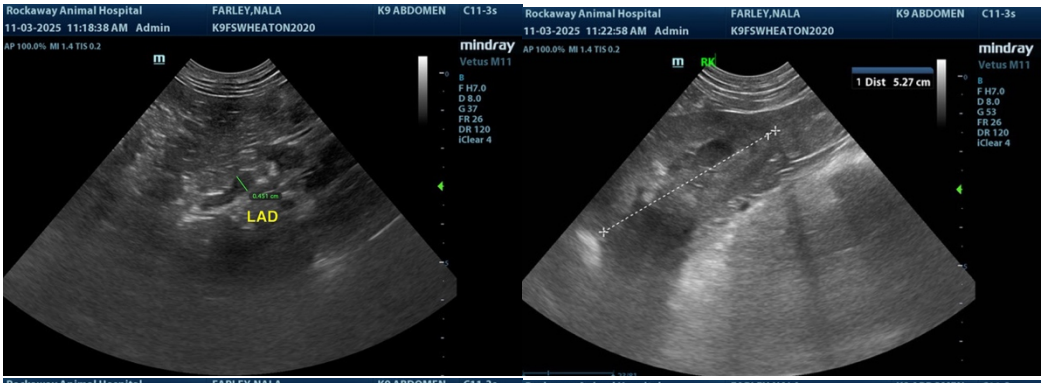

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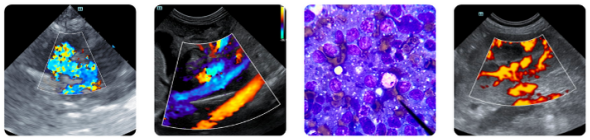

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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