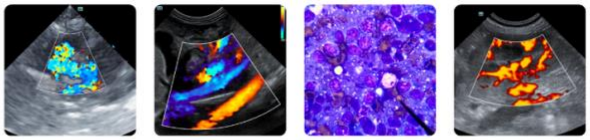


PATIENT

Dexter Lindgren

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12

WEIGHT

75

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Nicole Gotfredson CVT

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

Dr. Garry Gotfredson DVM

INVOICE

12066

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Had an exploratory procedure done in April to remove a blockage of grass and scoria. Since then, he has had a very limited appetite, he is gassy, bloated, and has soft stool. Pre anesthetic precaution prior to ACL surgery

Abnormal PE/Chem/CBC/UA Results: Chem 17, lytes, CBC WNL. Radiographs reveal something to be in the stomach. Suspect scoria.

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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.6 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 0.74 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no overt pathology. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

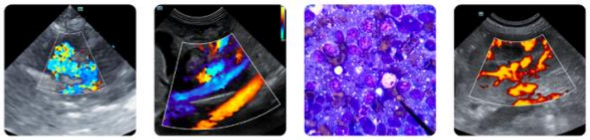
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 overtly normal intact visible wall. The lumen of the stomach contained echogenic, moderate ingesta exhibiting mild near field hyperechogenicity with distal dirty shadowing. Definitive evidence of obstruction to pyloric outflow was not obvious.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty visible small intestine with mild segmental gas to the level of the colon.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastric ingesta.
- Empty visualized small intestine.
- Normal area of pancreas.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is likely consistent with recent meal ingestion given reported non-fasting. The gastric ingesta is not overtly consistent with foreign material given lack of strong ingesta acoustic shadowing. Ideally, documented 12 hour fast with radiographic or sonographic monitoring of gastric emptying is recommended. A GI panel to include PLI, TLI, cobalamin and folate is warranted to assess for nonstructural intestinal disease given the patient's gastrointestinal history. Assuming monitored gastric emptying, dietary trial such as hydrolyzed diet with possible long term dietary therapy, high colony count probiotics such as Proviable and empirical deworming may be considered.

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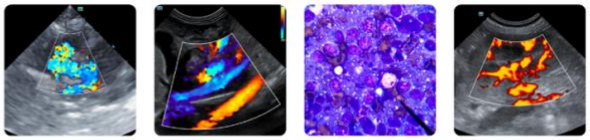

Clinical Sonography & Telecytology
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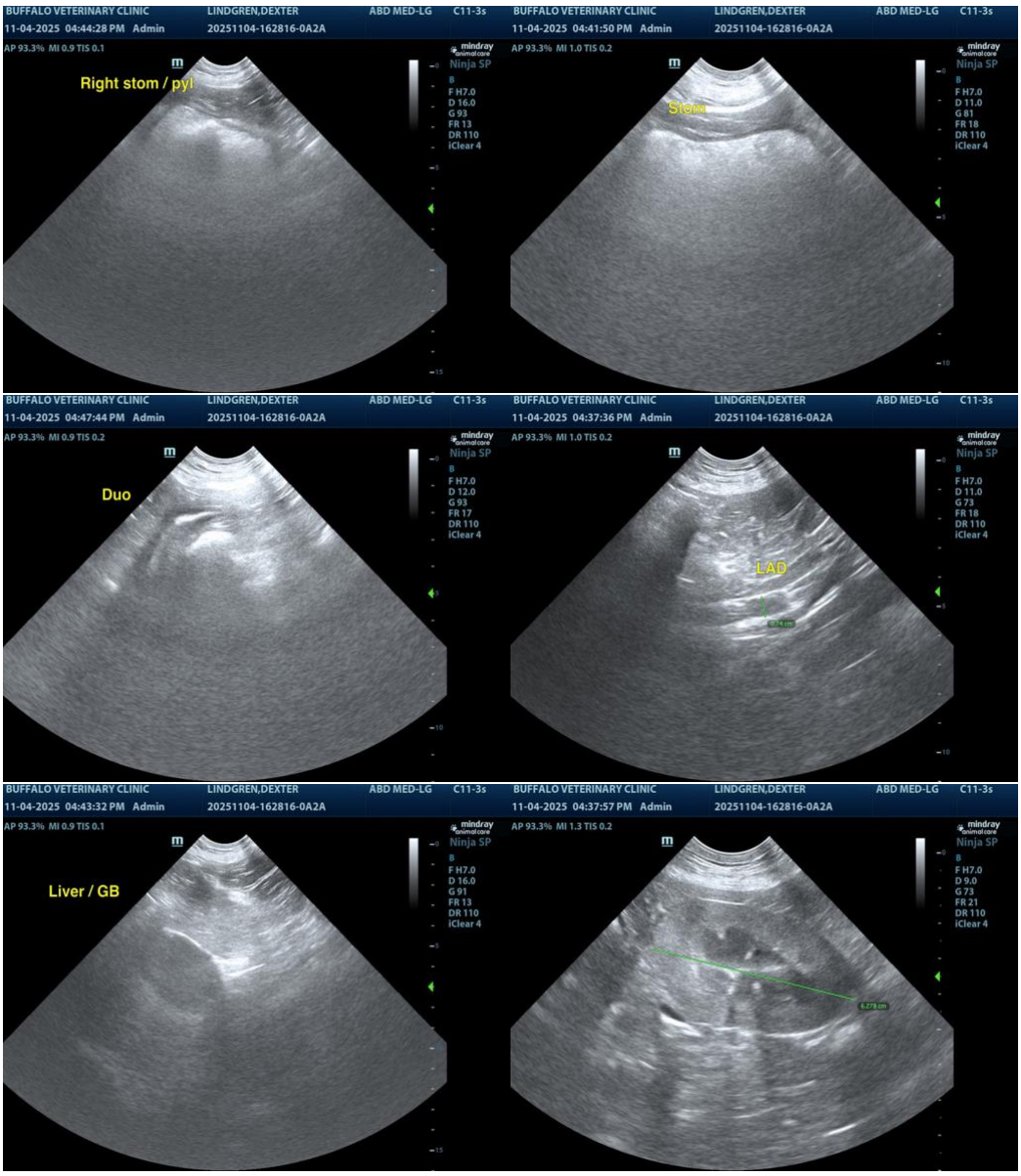

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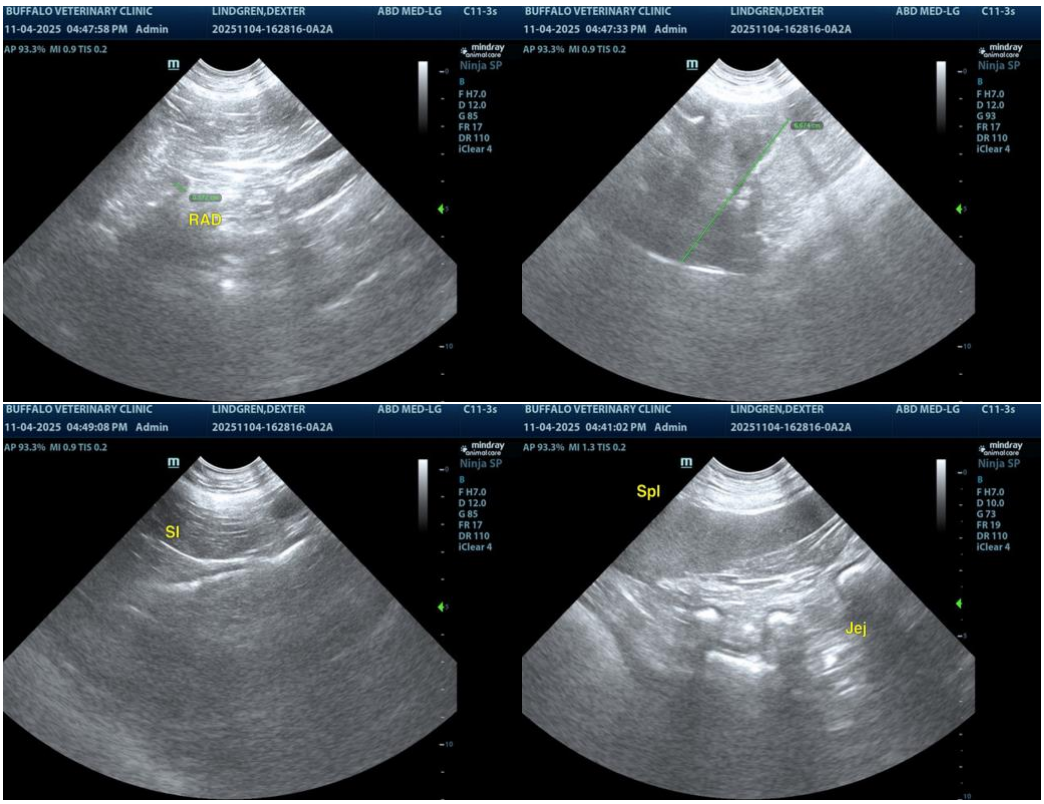

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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