



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ranger Turner	History: Chronic vomiting. Abnormal PE/Chem/CBC/UA Results: Right lateral abdomen - stomach is grossly distended with non-descript ingesta; consider fasted abdominal radiographs if vomiting persists; other abdominal structures unremarkable.
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Lab	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
<b>SEX</b>	
Neutered Male	The residual prostate was normal, measuring 1.0 cm in diameter.
<b>AGE</b>	
3 Years	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 6.2 cm in length. The right kidney measured 5.8 cm in length.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
67.3 Pounds	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.56 cm width at the cranial pole.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.58 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Amy Mayhew, LVT	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
SVS Imaging MI	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.
<b>REFERRING VET</b>	
Pinecrest AH	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<b>Gastrointestinal</b>
18924	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact variably prominent wall layering was noted, primarily owing to variably prominent rugal folds present in the gastric fundus and body. The ventral gastric body wall measured up to 0.4 - 1.1 cm wall width, including prominent rugal fold. The stomach appeared to be moderately gas distended. Within the area of the
<b>DATE</b>	
12/1/22	



**PATIENT**

Ranger Turner

pylorus, a mild amount of retained, primarily nonshadowing hyperechoic chyme, along with focal to intermittent nonspecific shadowing ingesta to echoes. An example of shadowing ingesta to echo measured 1.5 cm in diameter and did not appear to be obstructive to the pyloric outflow. The pylorus wall measured 0.58 cm.

**SPECIES**

Canine

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

**BREED**

Lab

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

**SEX**

Neutered Male

**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.

**AGE**

3 Years

**Free Abdomen**

A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**WEIGHT**

67.3 Pounds

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 3.1 cm x 0.64 cm.

No peritoneal effusion was noted.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Chronic gastritis pattern with moderate gastric gas distention
- Mild retained hyperechoic, focally shadowing pyloric chyme/ingesta, potential for nonobstructive nonspecific pyloric echoes
- Sonographically unremarkable small bowel/pancreas

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

SVS Imaging MI

Sonographically, the appearance of the stomach is consistent with chronic gastritis given the patients history. No evidence of gastric neoplastic criteria. The mild retained to focally shadowing pyloric ingesta and chyme is nonspecific and may indicate focally shadowing ingesta, treat or medication, if clinically applicable. Technically, the possibility of focal nonobstructive pyloric foreign bodies cannot be excluded.

**REFERRING VET**

Pinecrest AH

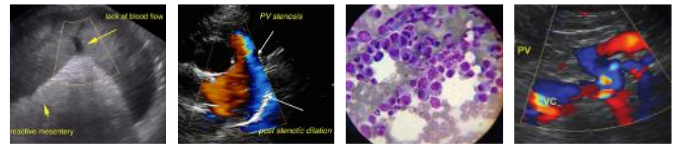
Given the patient history and gastric presentation, gastric endoscopy is likely ideal if possible. Alternatively, sonographic reassessment of the stomach following documented 12-hour NPO could be considered for further assessment. Empirically, gastritis protocol, which may include Omeprazole at 1.0 mg/kg PO SID, canned novel protein or hydrolyzed diet trial with smaller/more frequent feedings +/- empirical helicobacter protocol and sonographic monitoring of the stomach would be a more conservative approach. Although considered unlikely, resting cortisol level to rule out occult Addison's disease is suggested.

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**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

67.3 Pounds

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**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

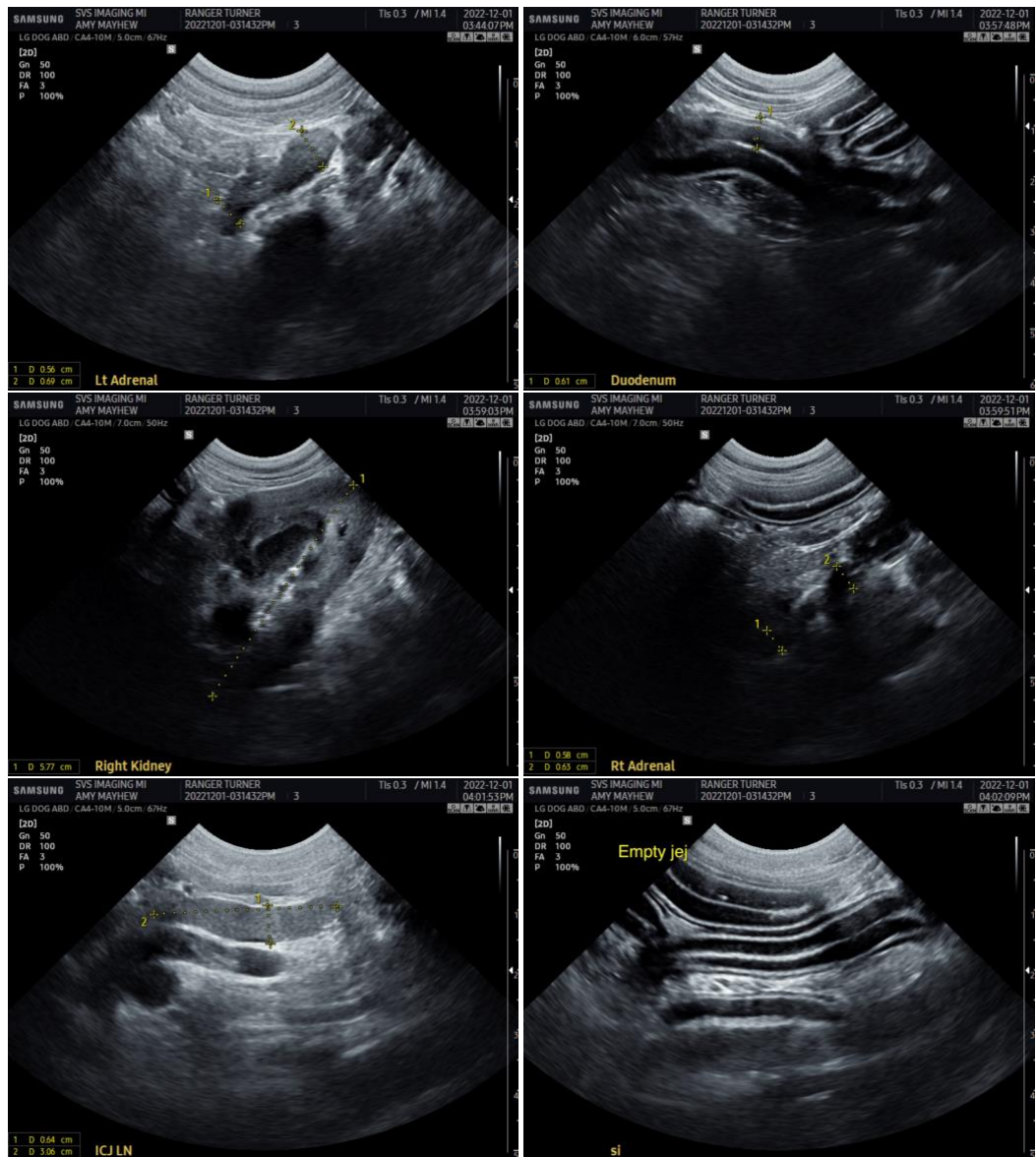
Pinecrest AH

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**SPECIES**

Canine

**BREED**

Lab

**SEX**

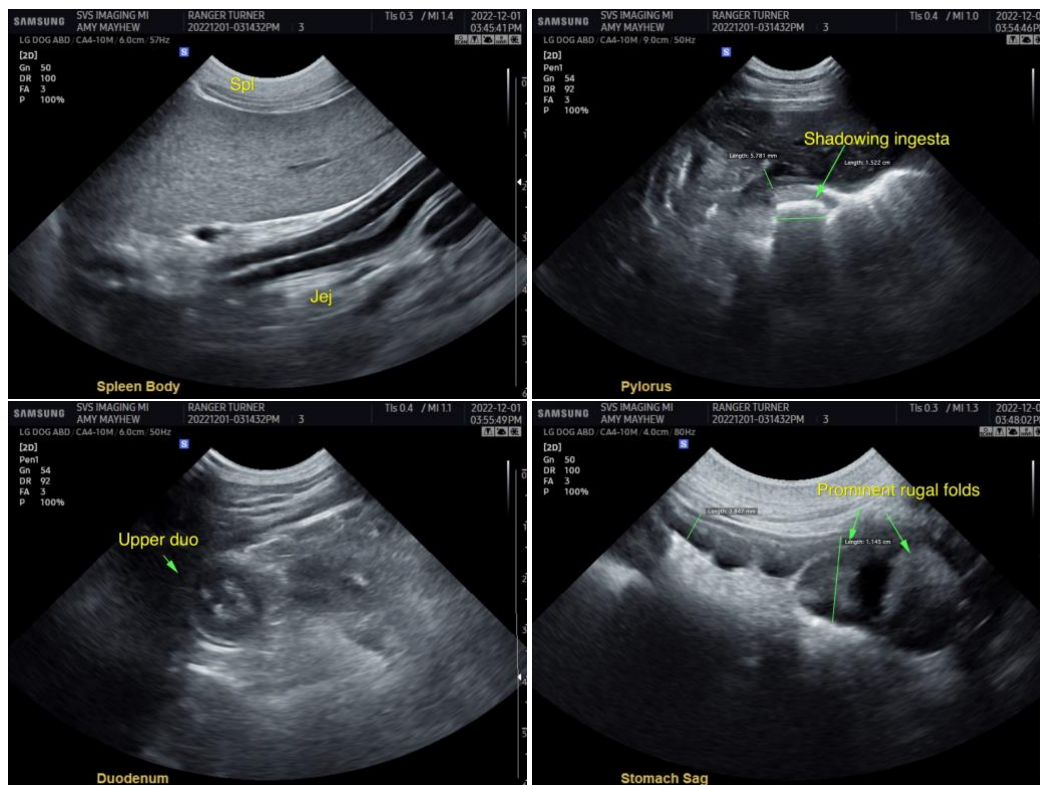
Neutered Male

**AGE**

3 Years

**WEIGHT**

67.3 Pounds



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**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Pinecrest AH

**INVOICE**

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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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