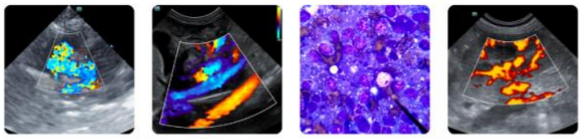


PATIENT

Gabriel Hunter

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

2013

WEIGHT

78.4

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal Hospital

REFERRING VET

N/A

INVOICE

36853

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Nausea

Medication: Cerenia, Carafate, i/d diet.

Labs: ALP 399

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 7.1 cm in length. The right kidney measured 6.5 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 0.64 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 0.58 cm width at the caudal pole.

Spleen

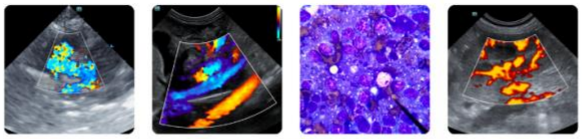
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild nonorganized debris, primarily in the caudal lumen area of the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach was nondistended with mild retained ingesta/chyme. The stomach exhibited regional intact mildly thickened wall without evidence of obstruction to pyloric outflow. The ventral gastric body wall measured 0.93 cm.

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 ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened stomach wall, mild retained nonshadowing gastric ingesta/chyme.
- Sonographically normal small intestine/area of pancreas.
- Normal bilateral adrenal glands.
- Sonographically normal liver with mild nonorganized gallbladder debris- consistent with benign hepatopathy criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is suggestive of gastritis criteria with infectious gastropathy, or early infiltrative gastric neoplasia thought less likely. Continued empirical therapy for gastritis, which may include canned hydrolyzed diet and gastroprotectant omeprazole (1.0 mg/kg SID, as needed) with avoidance of dry food over the next 3-4 weeks with concurrent clinical and as needed sonographic monitoring. If continued or progressive gastrointestinal signs, sonographic reassessment or consideration for upper gastrointestinal endoscopy would be indicated. Although thought less likely, screening cortisol level to rule out occult Addison's disease is recommended. Concurrent hepatosupportive medications are suggested.

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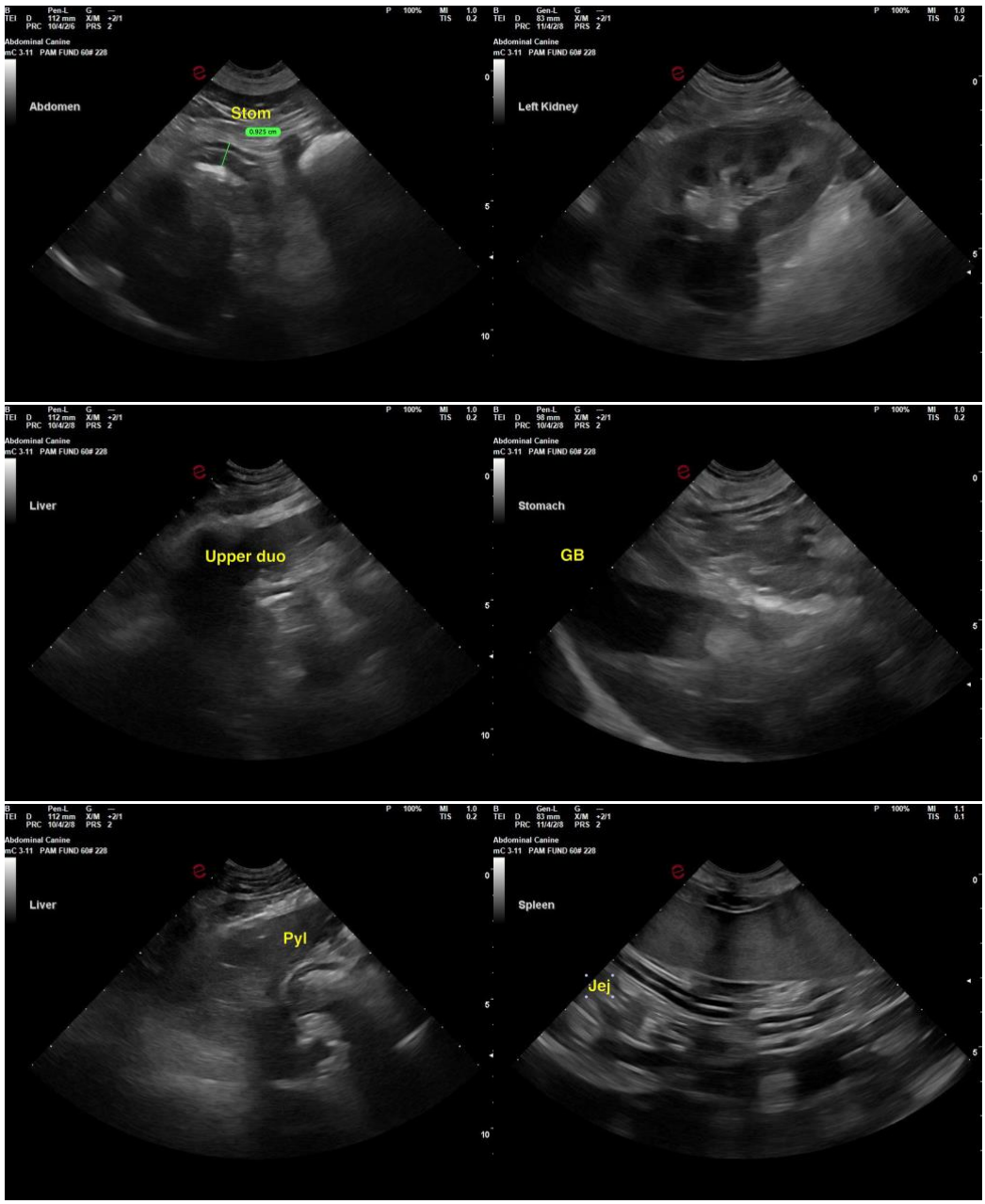

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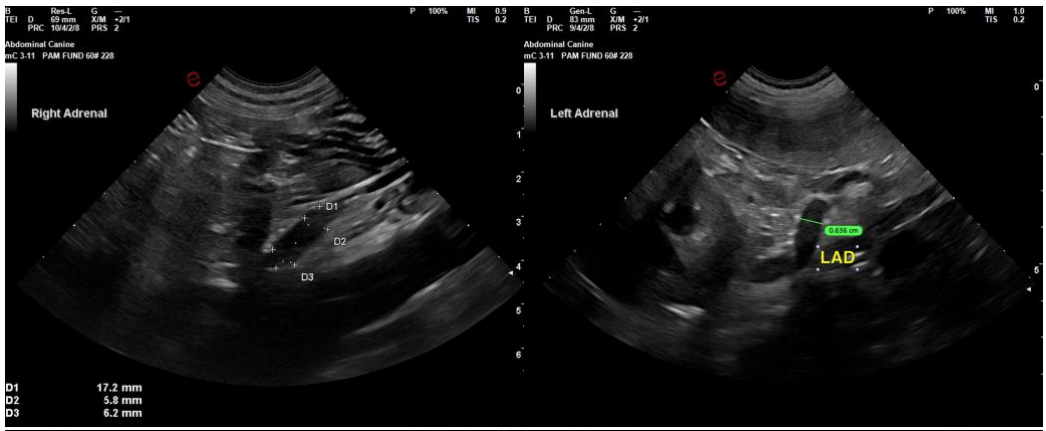
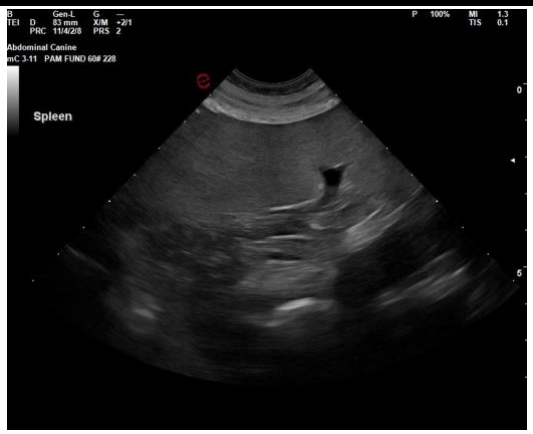
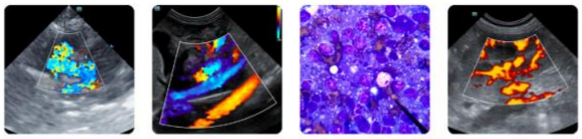




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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