



PATIENT

Nellie Young

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

6.6

WEIGHT

63.8

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Brittney Brasuell
DVM

HOSPITAL NAME

River Valley Animal
Hospital

REFERRING VET

Dr. Brittney Brasuell
DVM

INVOICE

12836

DATE

12/24/25

PRESENTING CLINICAL SIGNS

O states P symptoms started Friday evening while they were gone for several hours. P peed and defecated all throughout house (unlike P). P acted very lethargic and weak rest of night and peed unknowingly again Sat. O took P to E-clinic late Saturday night. Bloodwork unremarkable, Radiographs unremarkable and diagnosed with Gastritis. P given buprenorphine and Cerenia and sent home. P seemed to act worse overnight and owner took P back. Suspected due to meds and started on ondansetron. P came in today with little to no improvement. No signs of vomiting since being on meds. P is very burpy. Only wanting to eat boiled chicken and rice. Painful on cranial abdomen. Repeat rads unremarkable. Repeat bloodwork unremarkable. Fecal/HWT negative. Started more extensive gastritis/helicobacter protocol and recommended full abdominal ultrasound in the morning. owner aware results will not come back until earliest Friday.

Abnormal PE/Chem/CBC/UA Results: Unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 6.0 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet with no evidence of pathology. The left adrenal gland subjectively measured 0.42 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 0.61 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



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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 wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta with mild lumen gas and without signs of obstruction or foreign material.

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 semi formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

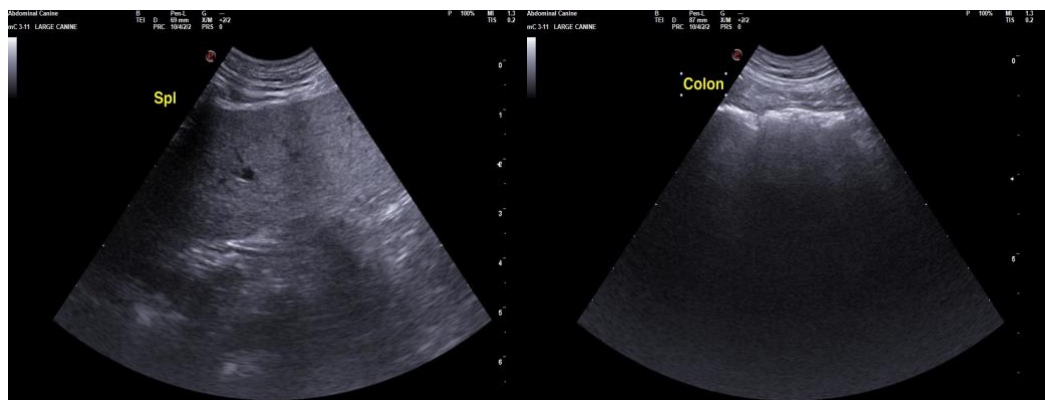
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta.
- Normal colon with semi formed fecal matter.
- Normal area of the pancreas.
- Normal urinary bladder and visible proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall sonographically unremarkable abdomen without evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. Continued gastrointestinal support is indicated. Correlation with urinalysis if not done is recommended. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult disease may be considered.





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