



**PATIENT**

Akkka Rysberg

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

FS

**AGE**

4

**WEIGHT**

13.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Focused Ultrasound  
Resources

**HOSPITAL NAME**

Focused Ultrasound  
Resources

**REFERRING VET**

Wheatridge AH

**INVOICE**

12729

**DATE**

12/4/21

**PRESENTING CLINICAL SIGNS**

bilious vomiting, diarrhea, lethargy,  
Abnormal PE/Chem/CBC/UA Results: labs pending

**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 4.9 cm in length. The right kidney measured 4.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland measured 0.60 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/ Gallbladder**

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. The gallbladder walls were sonographically unremarkable without evidence of Inflammatory criteria. Mild congealed, nondependent, echogenic, nonmineralized luminal debris was present. No evidence of peripheral inflammation was noted. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained ingesta / chyme along with luminal gas was present in the stomach. The gastric body wall width measured 0.25 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. The duodenum wall



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width measured 0.37 cm. The jejunum wall width measured 0.27 cm. No evidence of small intestinal mechanical / metabolic ileus, obstruction, or overt foreign material was noted.

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

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

Intermittent, mesenteric lymph nodes were present, primarily noted in the cranial to right cranial abdomen. 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 measured 0.64 cm width. No peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Sonographically unremarkable gastrointestinal tract with mild retained gastric ingesta / chyme
- Intermittent subjectively benign / reactive mesenteric lymph nodes
- Heterogeneous pancreas
- Mild nondependent to congealed gallbladder debris - non-mucocele

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant visceral pathology was noted.

The presence of minor retained gastric ingesta / chyme, given the clinical signs in this patient, may suggest some degree of metabolic gastric stasis or hypomotility. Technically, the possibility of non-visualized foreign material within the stomach cannot be excluded, as the entirety of the gastric lumen was unable to be visualized owing to gas artifact. However, no overt evidence of mechanical gastrointestinal obstruction was present. No indication for immediate surgical intervention.

The potential for low-grade pancreatitis may be present yet essentially ultrasonographically normal. Correlation with pending lab work is recommended. Resting cortisol may be considered to rule out occult Addison' Disease, although this potential is thought less likely. Conservative GI support should prove beneficial.



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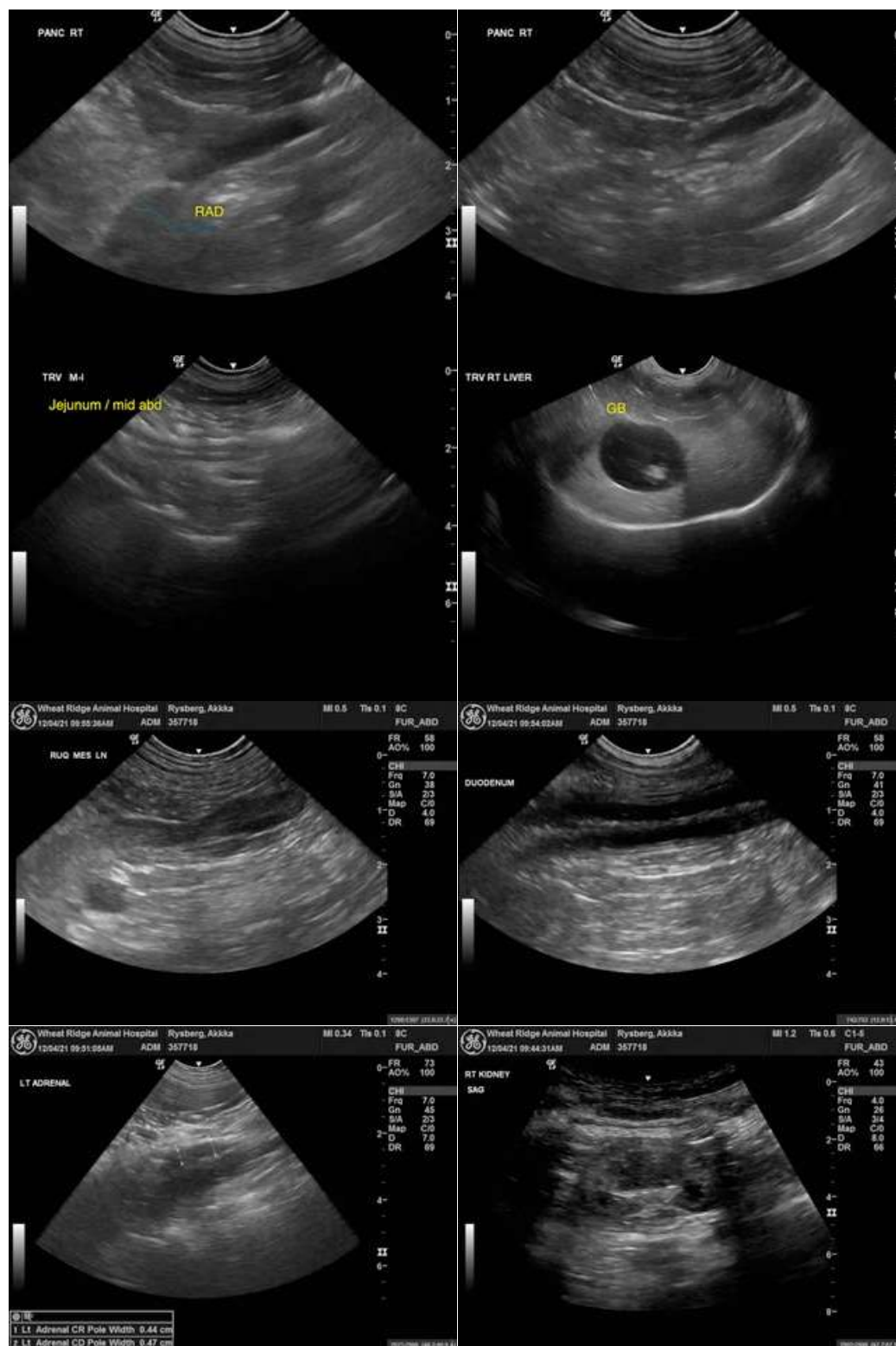
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com