



**PATIENT**

Olive Sarian

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

FS

**AGE**

7 years`

**WEIGHT**

22.7kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Bathelemy

**HOSPITAL NAME**

Britannia Veterinary  
Clinic

**REFERRING VET**

Dr. Radcliffe

**INVOICE**

12971ag

**DATE**

02/14/2023

**PRESENTING CLINICAL SIGNS**

Chronic intermittent vomiting since December. Will vomit weekly, usually 5-6 hours after a meal, partially digested food. No he dietary indiscretion. No diarrhea. Has been dewormed. Recently started hydrolyzed diet. Vomiting not responsive to probiotics or omeperazole.

Abnormal PE/Chem/CBC/UA Results: Normal labs

**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 changes were noted.

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 6.0 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal gland were overtly normal in size position and shape. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.37 cm width at the cranial pole. The right adrenal gland measured 0.50 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 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 continued mild to moderate non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.46 cm in width.

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 measured 0.31 cm width. The jejunum wall measured 0.31 cm width.

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



**PATIENT**

**Pancreas**

Olive Sarian

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.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Hound Mix

**ULTRASONOGRAPHIC FINDINGS**

- Normal stomach with non-shadowing gastric ingesta
- Sonographically normal small bowel/pancreas
- Gallbladder debris-not consistent with mucocele criteria

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral specifically GI/pancreatic pathology as a definitive cause of the patient's clinical signs. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. No evidence of obstructive pyloric mural pathology.

**AGE**

7 years`

**WEIGHT**

22.7kg

Assessment of clinical response to recently initiated hydrolyzed diet is recommended. As needed gastroprotectants +/- empirical coverage for helicobacter may prove beneficial. Smaller more frequent feedings of canned hydrolyzed with avoidance of dry food over the next 4 weeks with assessment of clinical response may prove beneficial.

**INTERPRETED BY**

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

Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

**IMAGING PERFORMED BY**

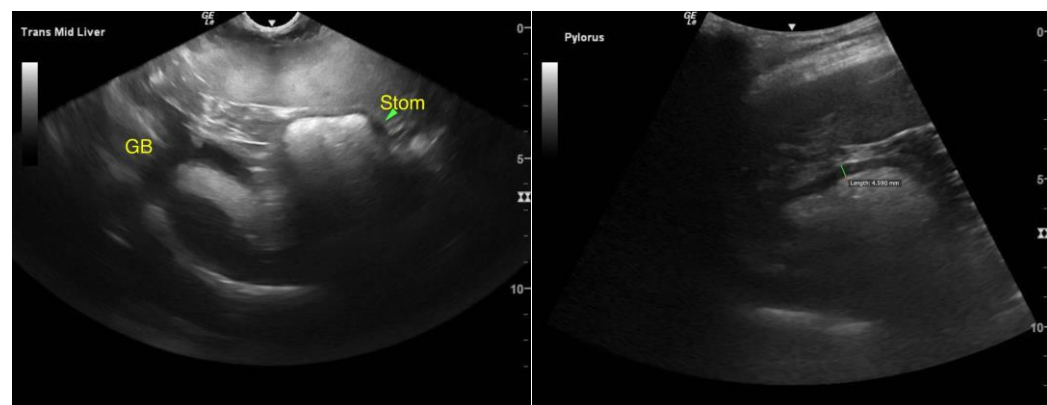
Dr. Bathelemy

**HOSPITAL NAME**

Britannia Veterinary  
Clinic

**REFERRING VET**

Dr. Radcliffe



**INVOICE**

12971ag

**DATE**

02/14/2023



**PATIENT**

Olive Sarian

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

FS

**AGE**

7 years`

**WEIGHT**

22.7kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Bathelemy

**HOSPITAL NAME**

Britannia Veterinary  
Clinic

**REFERRING VET**

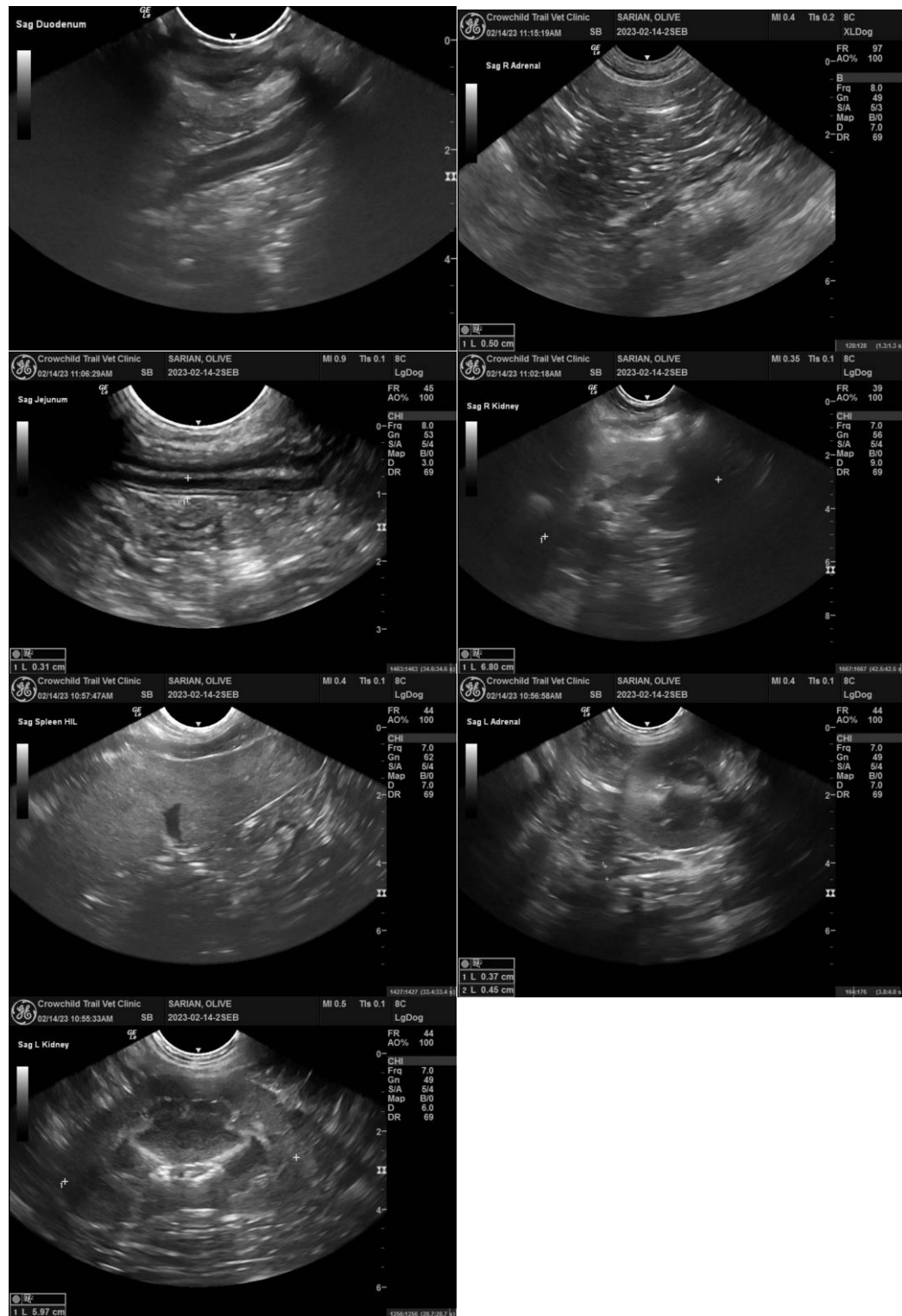
Dr. Radcliffe

**INVOICE**

12971ag

**DATE**

02/14/2023



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.



**PATIENT**

Olive Sarian

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.

**SPECIES**

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**BREED**

Hound Mix

**SEX**

FS

**AGE**

7 years`

**WEIGHT**

22.7kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Bathelemy

**HOSPITAL NAME**

Britannia Veterinary  
Clinic

**REFERRING VET**

Dr. Radcliffe

**INVOICE**

12971ag

**DATE**

02/14/2023