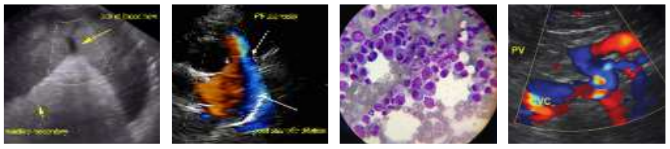
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ginger Lewis

SPECIES

Canine

BREED

Lab/Beagle Mix

SEX

FS

AGE

3

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Ray Caughman

INVOICE

13370

DATE

2/16/22

PRESENTING CLINICAL SIGNS

Patient presented for vomiting intermittently on 2-11-22. Treated with Cerenia and vomiting stopped until 2/15. Only vomits bile (not food) at night. Eating normally

Unremarkable CBC/Chemistry Panel, Na/K ratio 33, Urine specific gravity 1.030

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 6.0 cm in length. The right kidney measured 6.7 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 0.35 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 0.35 cm width at the caudal pole.

Spleen

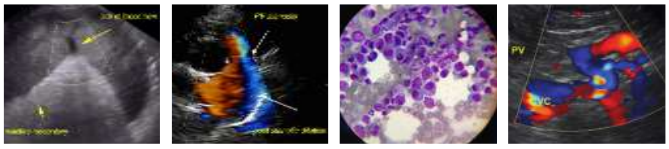
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild nonorganized nonmineralized gallbladder debris primarily in the caudal lumen and gallbladder neck. 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.45 cm. The pylorus wall width measured 0.44 cm.



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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 width measured 0.45 cm. The jejunum wall width measured 0.39 cm.

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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

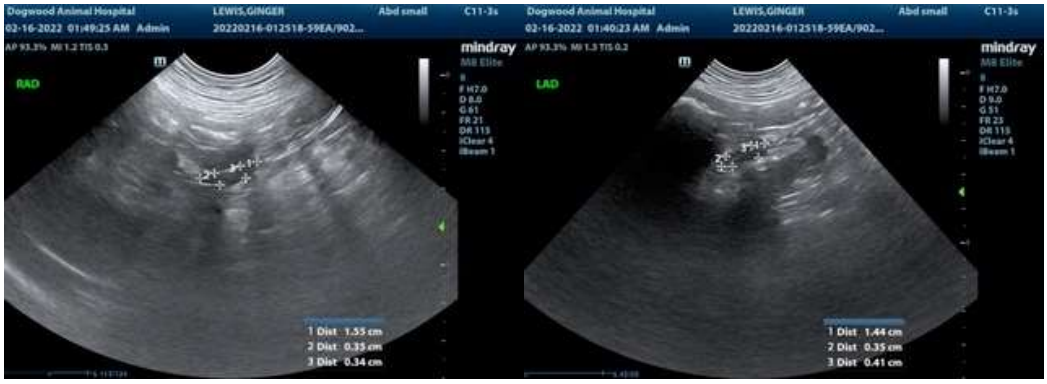
- Sonographically unremarkable abdomen
- Mild gallbladder debris - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

No evidence of structural gastrointestinal pathology or active pancreatic inflammation as an obvious cause of the patient's vomiting was evident. Bilious vomiting secondary to nighttime empty stomach, dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant gastritis, or gastroenteritis is possible. Nighttime feeding prior to initiation of bilious vomiting may prove beneficial. As-needed gastroprotectants with an assessment of clinical response are recommended.

Adrenal screening with resting cortisol may be considered to rule out occult Addison's Disease if vomiting persists / progresses.



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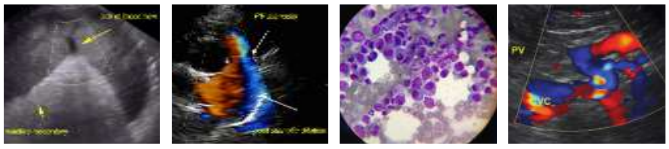

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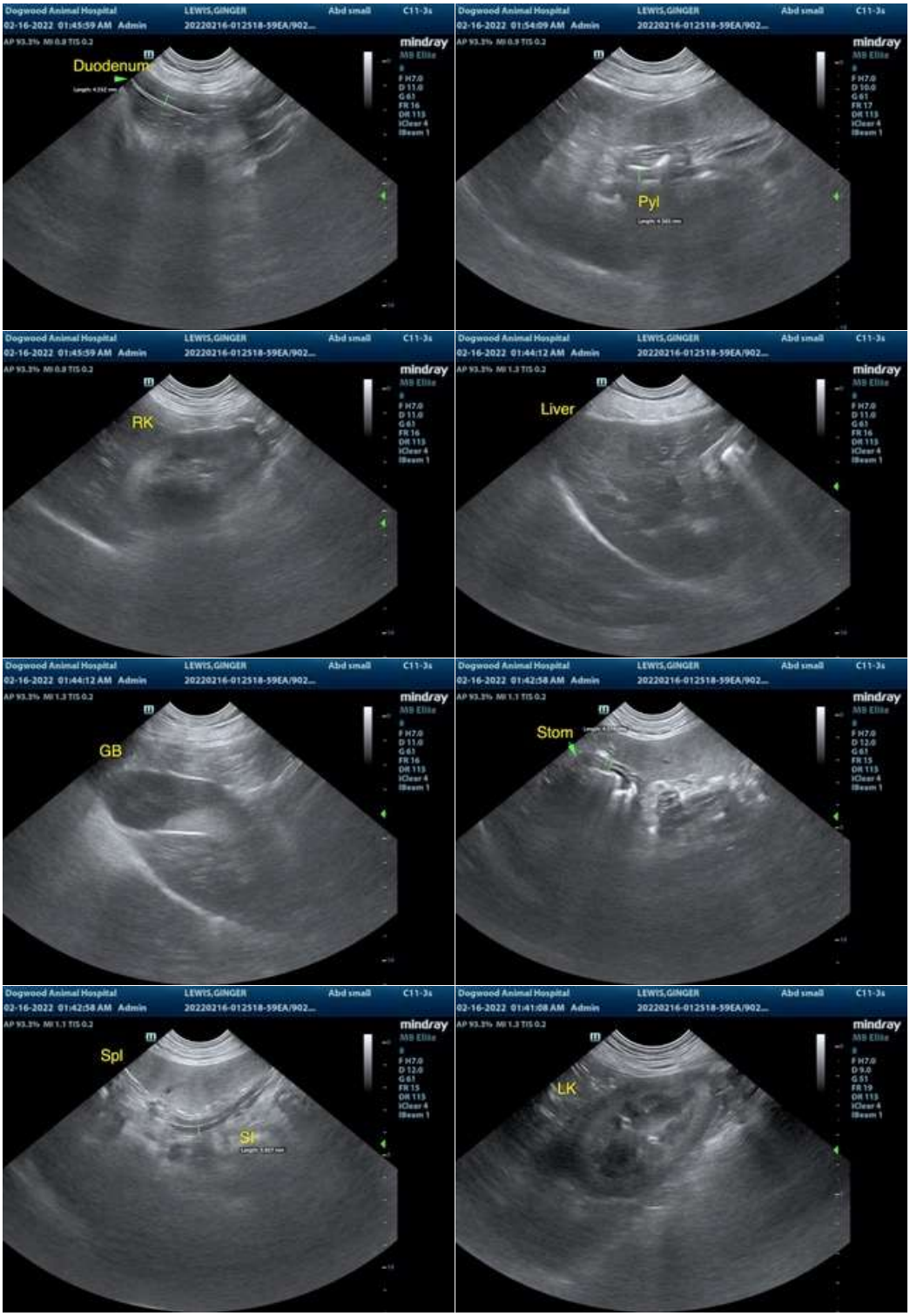

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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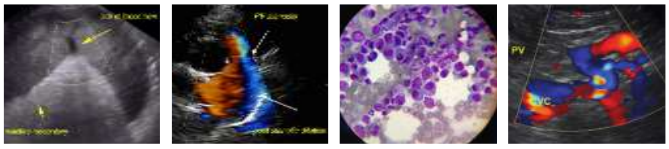

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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