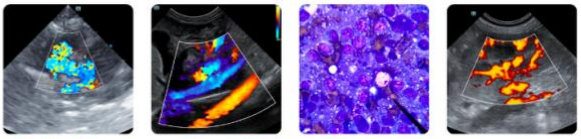


PATIENT

Bella Fritchman

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

34.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

13889

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- has hx of GI ulceration with NSAID administration.
- Last GI illness occurred 4 years ago
- Started vomiting after eating this past Sunday. Has not been able to hold food down since
- Vomit is darker in appearance, but food is also darker in appearance.
- Last had pumpkin and rice this morning with a small amount of kibble, patient vomited it up again 3-4 hours later.

Abnormal PE/Chem/CBC/UA Results: Mild increase in temperature Seemed uncomfortable on cranial abdominal palpation Mild elevation in ALT. Remainder of CBC, chem, U/A, and pancreatic lipase were wnl

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

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland measured 0.57 cm width at the caudal pole.

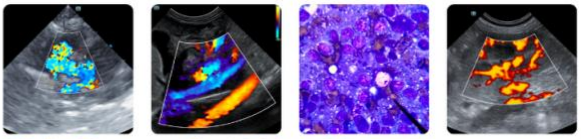
Spleen

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 minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented overall intact wall layering exhibiting regional mildly thickened stomach wall primarily visualized in the cranial gastric body measuring 1.0 cm wall width. The stomach lumen was empty with mild lumen gas, No evidence of retained ingesta, fluid or foreign material. No evidence of mechanical pyloric outflow obstruction. The pylorus wall subjectively measured 0.70 cm wall 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 0.58 cm wall width. The jejunum wall measured 0.45 cm wall width.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened empty stomach.
- Sonographically normal empty small intestine.
- Normal area of pancreas.
- Subjective normal bilateral adrenal glands.
- Sonographically normal liver with mild gallbladder debris- consistent with low-grade benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the stomach is most suggestive of gastritis criteria with considerations including inflammatory gastritis, infectious disease, i.e. helicobacter or other. Definitive evidence of gastric macro ulceration was not obvious, although micro ulceration may present sonographically normal. Emerging gastric neoplasia is thought less likely. No evidence of obstruction to pyloric outflow or overall gastrointestinal mechanical/metabolic ileus. Mild pancreatitis at times may present sonographically normal.

Empirical therapy for gastritis including dietary therapy and gastroprotectants +/- coverage for helicobacter with clinical and as-needed sonographic monitoring is recommended. Gastric endoscopy with potential for biopsies may be indicated if continued gastrointestinal signs. Although thought less likely, screening cortisol levels to rule out occult Addison's disease is recommended.

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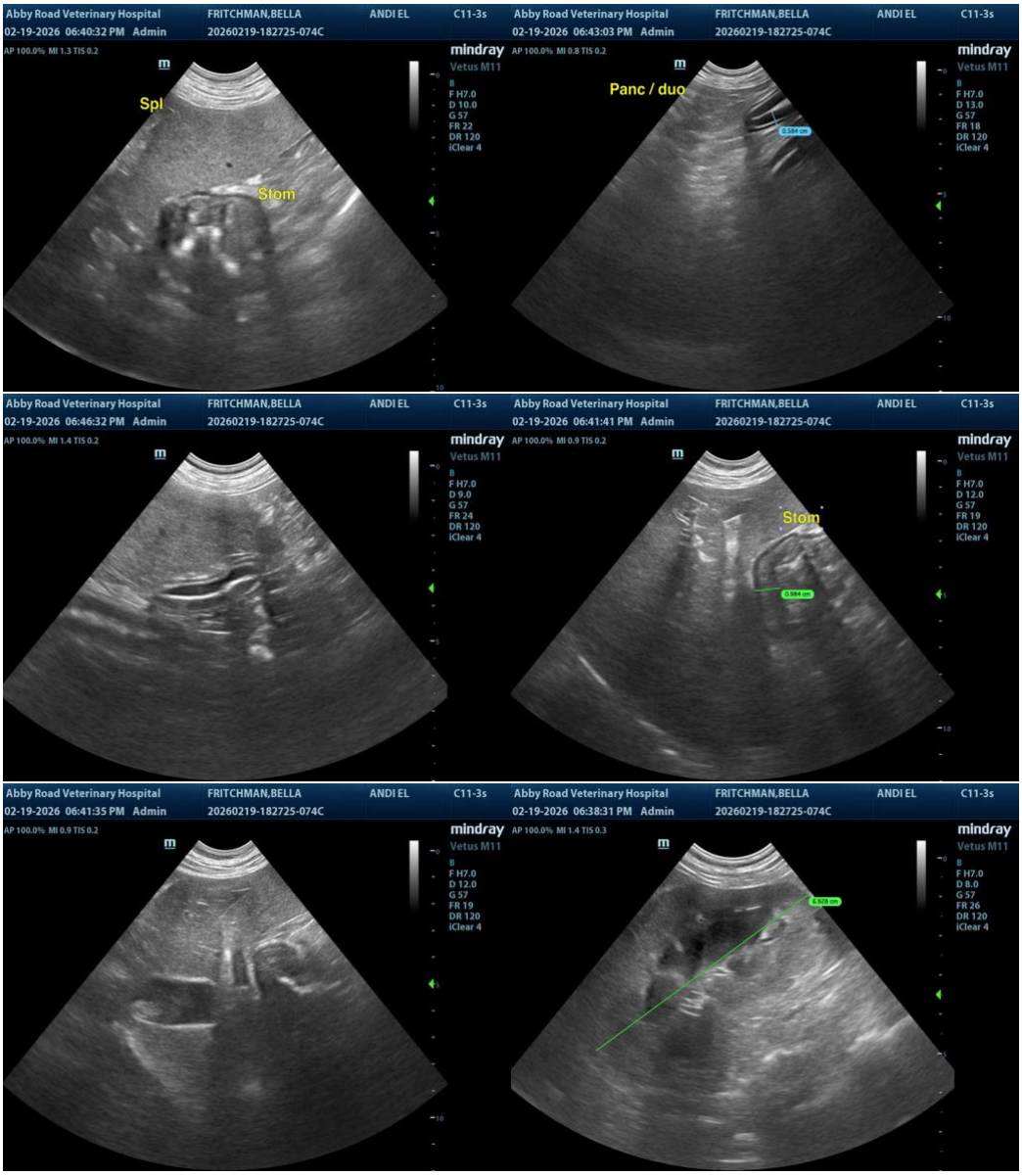

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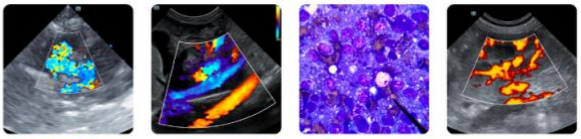

Clinical Sonography & Telecytology
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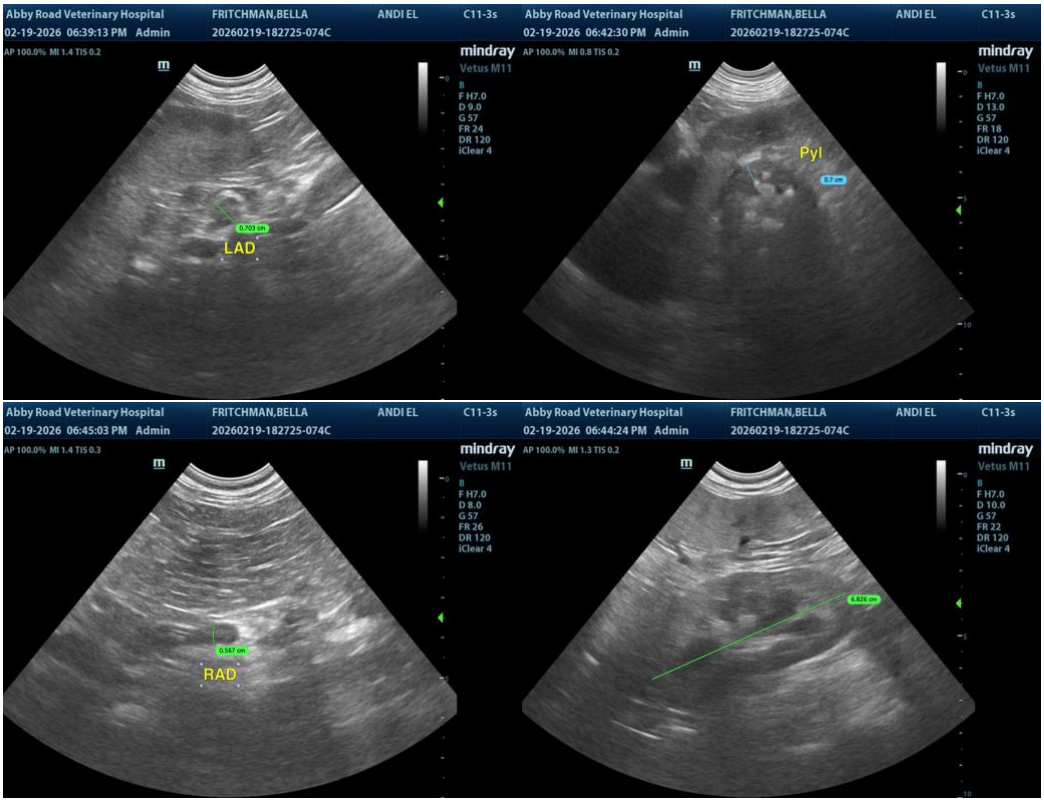

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com