



**PATIENT**

Rommy Pyette

**SPECIES**

Canine

**BREED**

Norwegian Buhund

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

14.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystall Hill

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

Dr. Albright

**INVOICE**

13392

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

History: History: Rommy has been vomiting on and off for the last couple of months. Vomit typically occurs overnight or in the early hours of the morning. Her appetite has remained normal. On a mature dog diet. Urinary incontinence- on Propalin 0.15 ml BID. PE: Moderate periodontal disease, small subcutaneous ventral abdominal mass. Remainder of physical exam all within normal clinical limits. On Propalin

Abnormal PE/Chem/CBC/UA Results: CBC: All within normal limits Chemistry: ALB: globulin 1.6 (0.7-1.5), remainder within normal limits

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 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 2.0 cm length x 0.48 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 0.57 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.


**PATIENT**
***Gastrointestinal***

Rommy Pyette

The visualized gastric walls were sonographically normal without evidence of mural pathology or mechanical pyloric outflow obstruction. The lumen of the stomach contained moderate, nonshadowing ingesta / chyme. No evidence of gastric foreign material was noted. The gastric body wall width measured 0.40 cm. The pylorus wall width measured 0.50 cm.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing digesta and chyme were present in the small intestine. The jejunum wall width measured 0.36 cm.

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

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***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.

**AGE**

13 Years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

14.4 kg

**ULTRASONOGRAPHIC FINDINGS**
***Primary Findings***

- Sonographically unremarkable stomach with moderate retained nonshadowing ingesta / chyme
- Overtly normal small bowel with minor segmental chyme

**INTERPRETED BY**
***Secondary Findings***

- Mild age-related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant visceral, specifically gastrointestinal, pathology was noted. The presence of gastric ingesta and chyme is nonspecific but may indicate post prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, the presence of gastric ingesta and chyme may indicate some degree of gastric hypomotility, nonobstructive delayed gastric emptying, or metabolic stasis. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction, as well as no evidence of small intestinal mechanical / metabolic ileus, was noted.

Ideally, sonographic reassessment of an empty gastrointestinal tract is recommended if possible. If the patient is exhibiting bilious vomiting overnight or in the early morning hours, a late afternoon or early evening feeding or feeding prior to bedtime with as-needed gastroprotectants may prove beneficial. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology. Small more frequent meals with a bland or novel protein diet could also be considered with an assessment of clinical response. Although considered unlikely, resting cortisol to rule out occult Addison's Disease could be considered.

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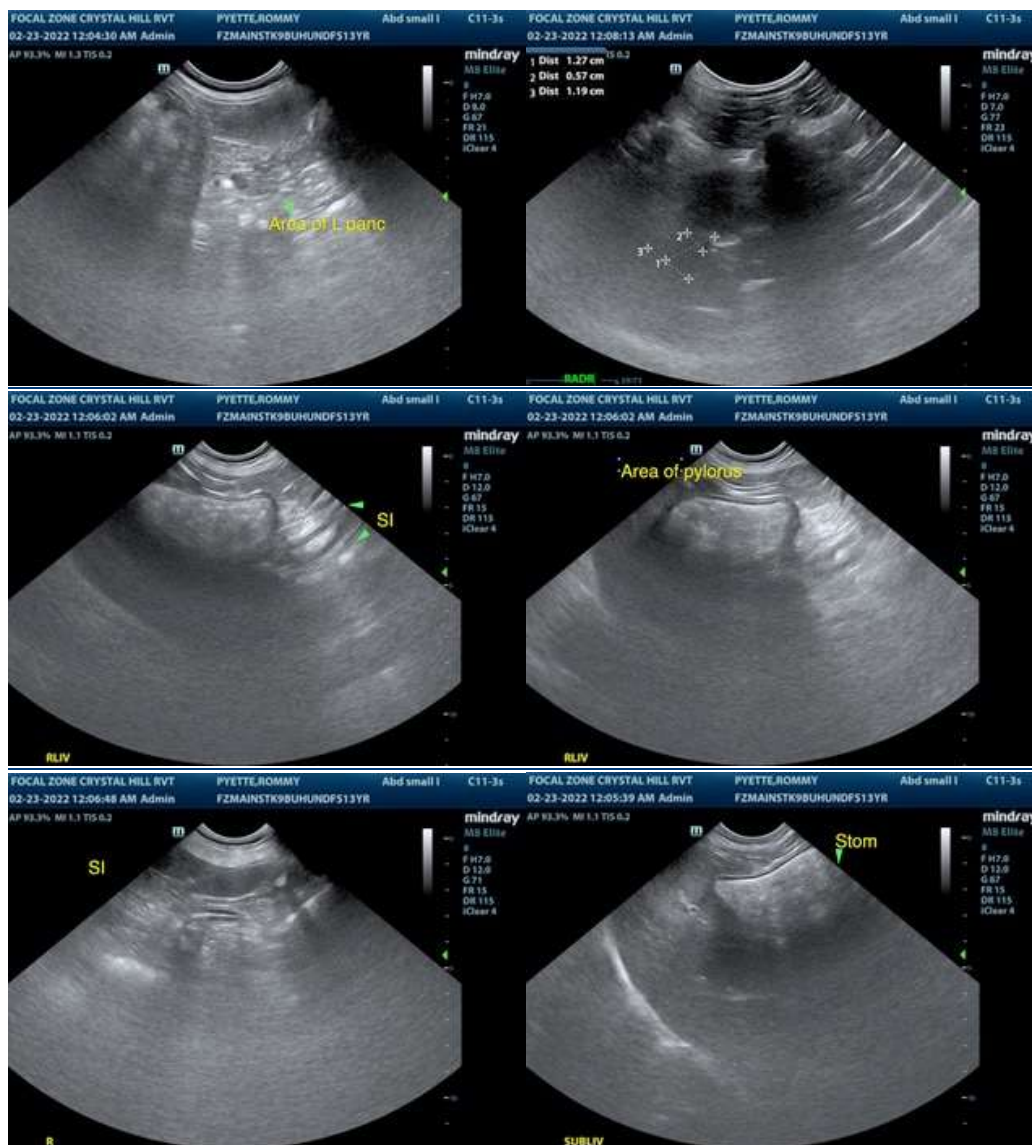
Dr. Albright

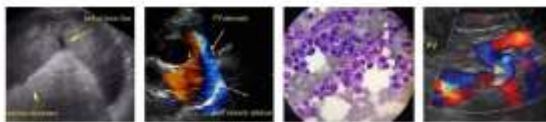
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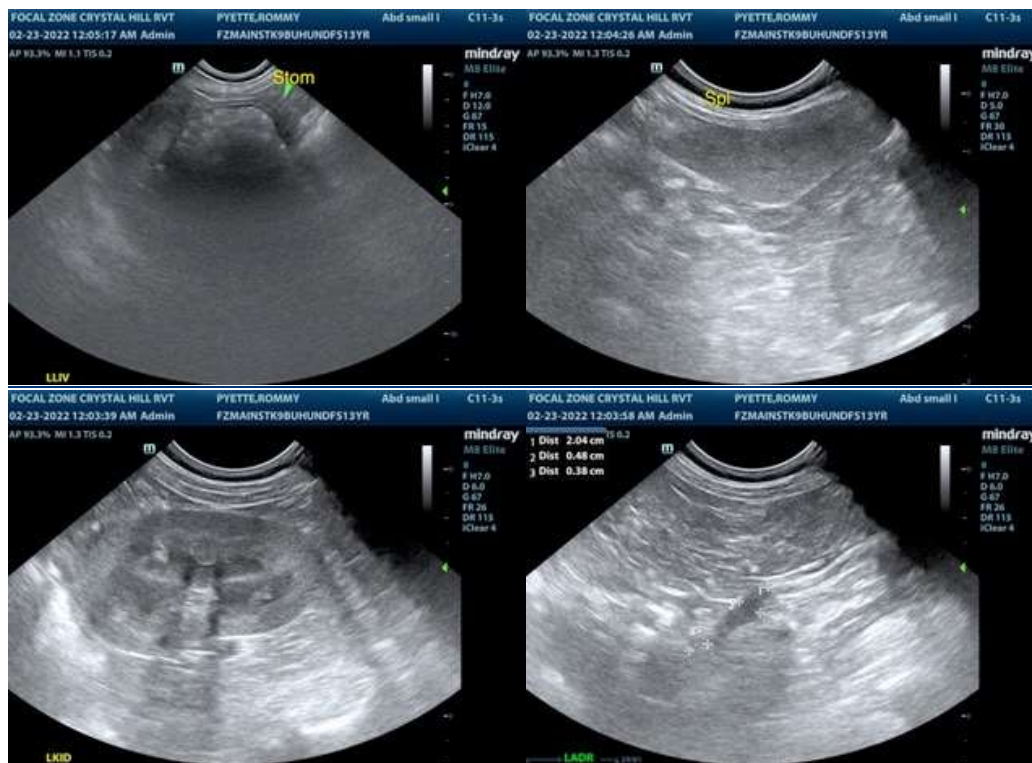
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**