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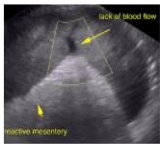

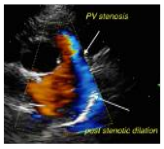

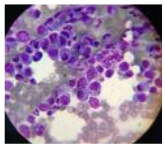
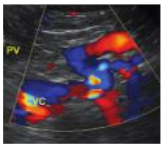

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1-800-838-4268 info@sonopath.com

PATIENT

Cher Lindaman

SPECIES

Canine

BREED

Golden Retriever

SEX

F/S

AGE

6y, 6m

WEIGHT

55.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fricke

INVOICE

16110

DATE

2/9/23

PRESENTING CLINICAL SIGNS

P presented for routine COHAT today, preoperative BW and preoperative monitor was WNL, while in kennel waiting for procedure P vomited multiple piles of frank blood. Deferred anesthesia/dental cleaning until diagnostic imaging is back. Before vomiting no medications/treatments/procedures has been done yet. P has no current concerns of V/D, E/D well, on supplements (Phycox MAX, Boswellia Complex 1 SID). History of some food sensitivity or mild GI upset, regulated well with diet change. Normal on physical exam, but was noted to be tense and mildly reactive when imaging stomach/sub-xiphoid area. IH PCV/TP 47/6.7

Abnormal PE/Chem/CBC/UA Results: Feb 8 '23 senior panel showed EOS 18, Lymp 37, Neu 42, PSL 211, otherwise WNL PT/PTT and UA pending

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 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 6.3 cm in length. The right kidney measured 6.3 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 0.55 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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.

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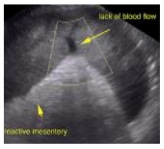

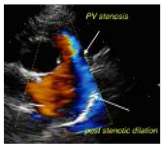

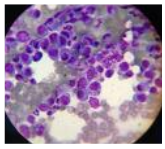
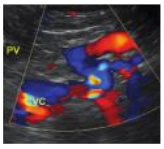

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Gastrointestinal

The stomach presented intact to mild to variably prominent gastric wall layering. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid and pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction, obstructive pyloric pathology, or gastric foreign material was noted. No definitive evidence of gastric ulceration, as well as no evidence of infiltrative mural pathology. The ventral gastric body wall width measured 0.41 cm. The pylorus wall width measured 0.83 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.

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

- Mild gastritis pattern with suspect mild gastric hypomotility, sonographically unremarkable small bowel
- Sonographically normal pancreas - no evidence of active inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As-needed gastroprotectant protocol +/- canned bland diet with possible avoidance of dry food over the next 3-4 days may be considered. Overall, no evidence of significant visceral, specifically gastrointestinal, pathology i.e., neoplastic criteria, foreign material, or definitive ulceration.

A resting cortisol level to rule out occult Addison's Disease may be considered. Sonographic reassessment of the stomach is recommended if evidence of persistent hematemesis, inappetence, or vomiting. No overt anesthetic contraindications are noted.

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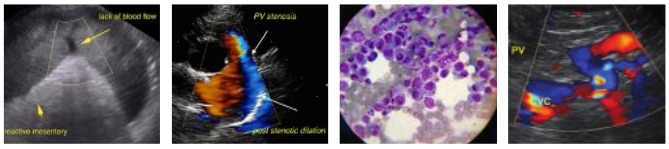

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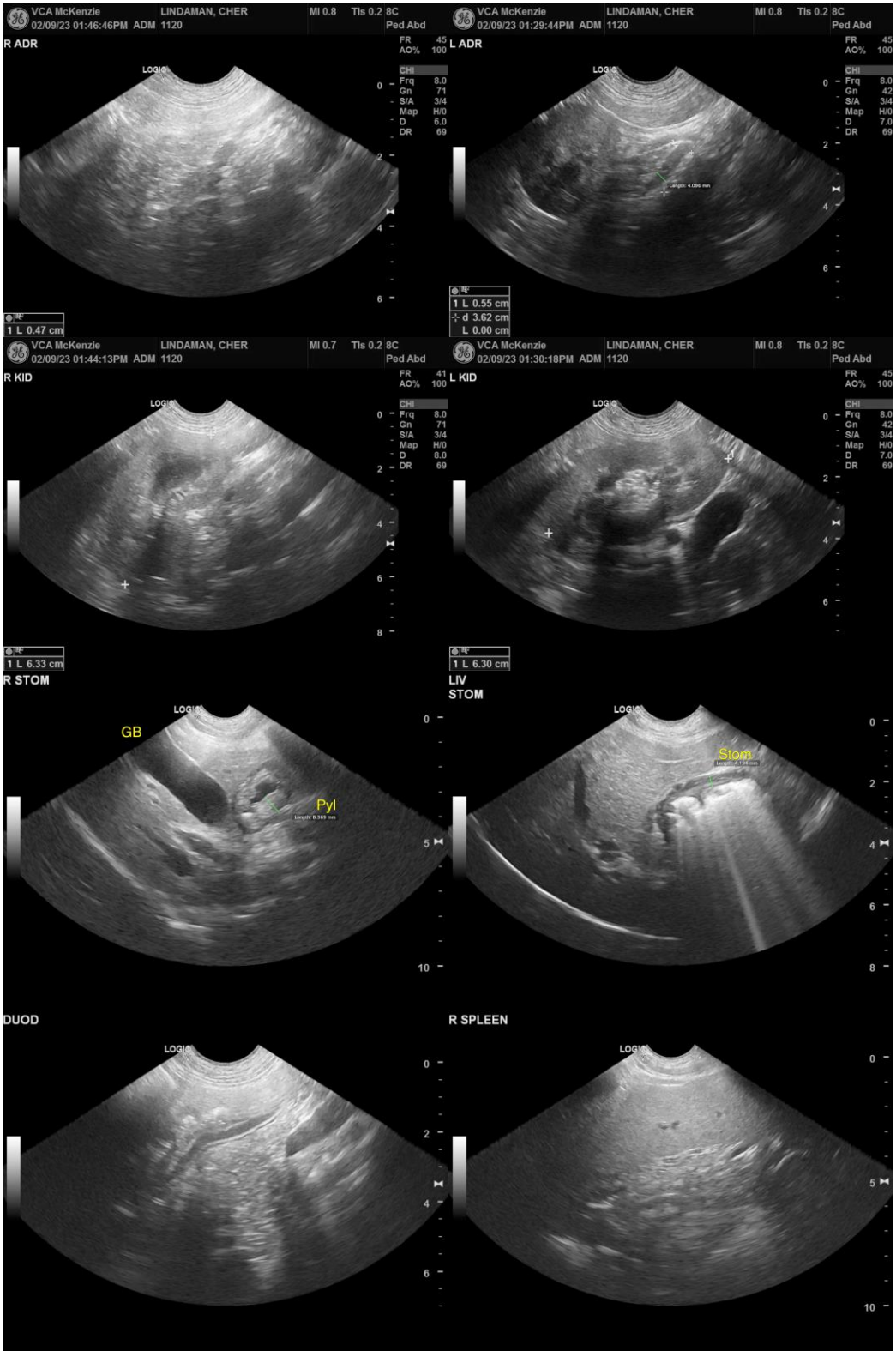

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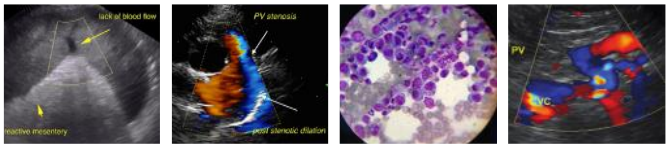

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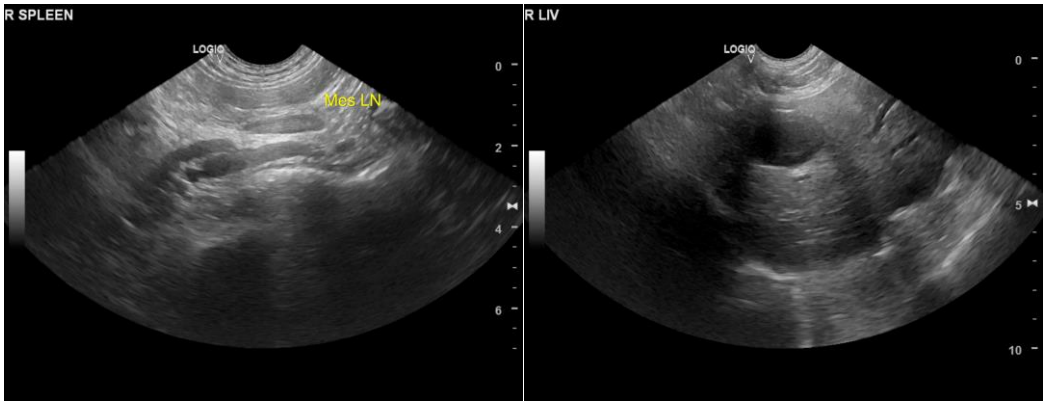

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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