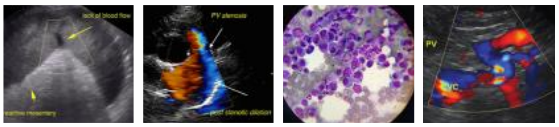


PATIENT

Ruby Leach

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

2y 9m

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside Animal Clinic

REFERRING VET

Dr. Cox

INVOICE

16358

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Concern for foreign body, pt first seen at EVH in January for vomiting, has continued to have intermittent bilious vomiting with specks of blood present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 5.6 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

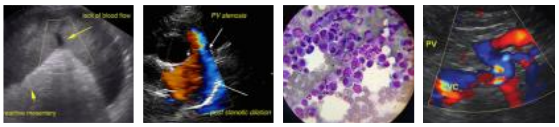
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.58 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 exhibited potential borderline to mild subnormal size, yet subjective adequate vascular volume which is likely a normal patient hepatic variant. 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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The generalized small intestine lumen was empty with no signs of mechanical / metabolic ileus pattern, 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

Primary Findings

- Sonographically unremarkable gastrointestinal tract

Secondary Findings

- Subjective potential borderline / mild subnormal liver size - nonspecific, likely patient variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a gastrointestinal obstructive pattern or mural pathology was noted. Dietary intolerance / food allergy, mild esophagitis / gastritis / gastroenteritis or other low-grade inflammatory gastroenteropathy, and occult Addison's Disease are all potentials.

A resting cortisol level to rule out occult Addison's Disease, despite normal adrenal appearance, is recommended. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. A full CBC/Chemistry panel and urinalysis are suggested to assess for other metabolic contributing factors to the patient's vomiting. Empirically, gastroprotectant protocol, bland novel protein, or hydrolyzed diet trial with possible late evening feeding, if bilious vomiting is primarily noted in the morning, with an assessment of clinical response would be reasonable.

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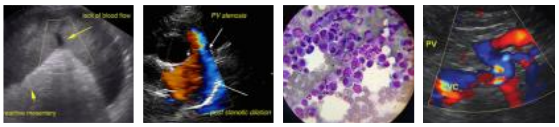

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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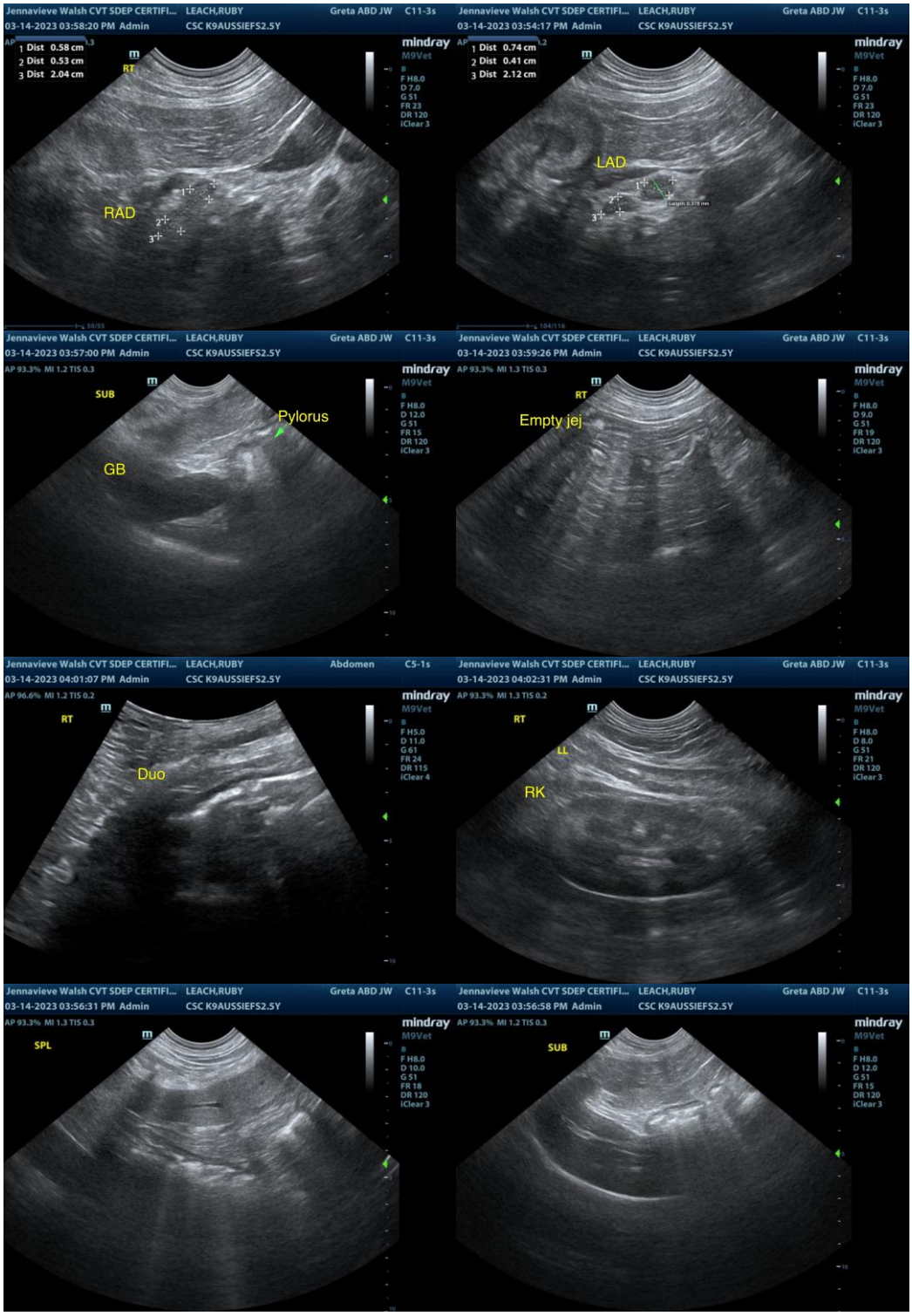

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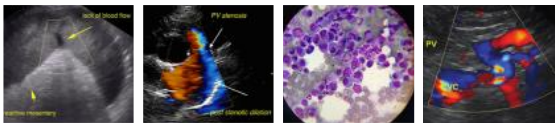

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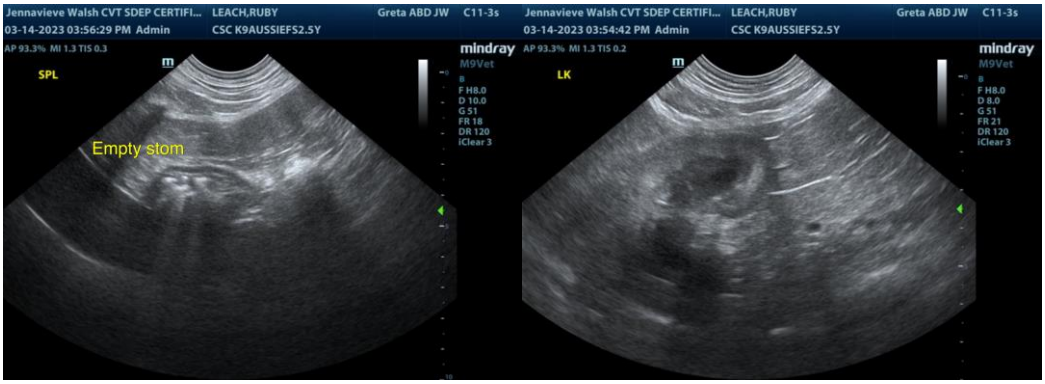

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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