

**PATIENT**

Airy Northcutt

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

9 years

WEIGHT

64 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan**REFERRING VET**

Family Pet Practice

INVOICE

10234ag

DATE

03/25/2022

PRESENTING CLINICAL SIGNS

History: Monday evening began lip smacking and drooling excessively. Tuesday vomited bile with specks of blood. Past February had a similar episode. Still eating normally and having no diarrhea.

Abnormal PE/Chem/CBC/UA Results: See attached BW for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some mildly 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 6.5 cm in length. The right kidney measured 6.5 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 0.43 cm width at the caudal pole and 0.53 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 0.59 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

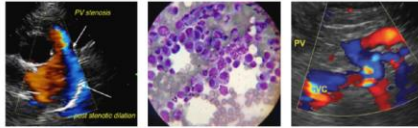
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and nondependent yet nonorganized nonmineralized gallbladder debris. No evidence of peripheral gallbladder inflammation. 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 contained moderate progressive echogenic ingesta exhibiting progressive distal acoustic shadowing. The visualized gastric walls appeared overtly normal. No overt evidence of mechanical pyloric outflow obstruction.

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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.

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Moderate progressively shadowing gastric ingesta.
- Overtly normal small bowel.
- Mild hepatic parenchymal remodeling.
- Mild gallbladder debris (non mucocele).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion prior to the ultrasound is recommended. If documented NPO some degree of delayed gastric emptying or gastric stasis could be present. The possibility of gastric foreign material cannot be excluded. Monitoring of gastric emptying vs persistent retained ingesta is recommended. Given lack of additional gastrointestinal signs potential for unspecified inflammatory gastroenteropathy is considered less likely yet possible if gastrointestinal signs or weight loss are noted. Mild gastritis/esophagitis is also possible. Gastric protectant protocol may prove beneficial. Three view chest radiographs are suggested to rule out concurrent thoracic pathology. Although considered unlikely, given the patient's vague clinical signs, a resting cortisol level to rule out occult Addison's disease could be considered.

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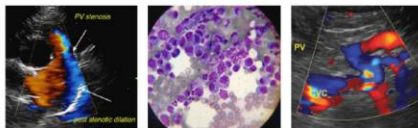
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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