



**PATIENT**

Tugg Sawyer

**SPECIES**

Canine

**BREED**

Newfoundland

**SEX**

MN

**AGE**

1 years

**WEIGHT**

80 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Karen Ebersole, DVM,  
DABVP (Canine/Feline  
Practice)

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Fortin

**INVOICE**

16706

**DATE**

4/26/23

**PRESENTING CLINICAL SIGNS**

History of bloating and excessive burping/gas. Limited improvement with HA diet, Visbiome, famotidine and gas-x. Sedated with Butorphanol IV.

Abnormal PE/Chem/CBC/UA Results: PE: WNL, BCS 3-4/9 1/18/23 Lymphocytes - 5.9 (1-4.95), Phosphorous - 7.8, ALT - 139, AST 63, Resting Cortisol 0.5 2/1/23 ACTH Stim - Pre 1.1, Post 8.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 free of pathology.

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 7.0 cm in length. The right kidney measured 7.0 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 2.9 cm length x 0.53 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 2.7 cm length x 0.71 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.

**Gastrointestinal**

The stomach presented sonographically normal visualized gastric walls with intact wall layering. The lumen of the stomach contained mild, non-shadowing ingesta without signs of obstruction or foreign



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material. No evidence of mechanical pyloric outflow obstruction or pyloric, pyloroduodenal junction or upper duodenal obstructive mural pathology was noted. The pylorus wall width measured 0.50 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.

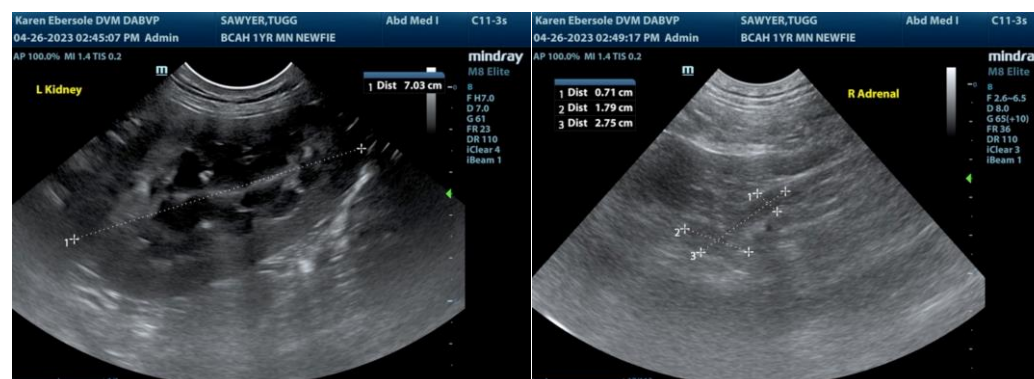
## ULTRASONOGRAPHIC FINDINGS

- Mild non-shadowing gastric ingesta
- Structurally unremarkable small bowel
- Normal pancreas
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral, specifically gastrointestinal, pathology. Assuming documented NPO, the presence of gastric ingesta sonographically with food may suggest some degree of metabolic or functional gastric stasis or nonobstructive delayed gastric emptying. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal disease or low-grade pancreatic inflammation as a contributing factor.

Empirically, smaller more frequent feedings of a novel protein or hydrolyzed diet with potential long-term dietary therapy, gastroprotectants i.e., Omeprazole 1.0 mg/kg PO SID over the next 3 weeks +/- empirical coverage for helicobacter may prove beneficial. A prokinetic medication trial may be considered if evidence of persistent gastric stasis or delayed gastric emptying.





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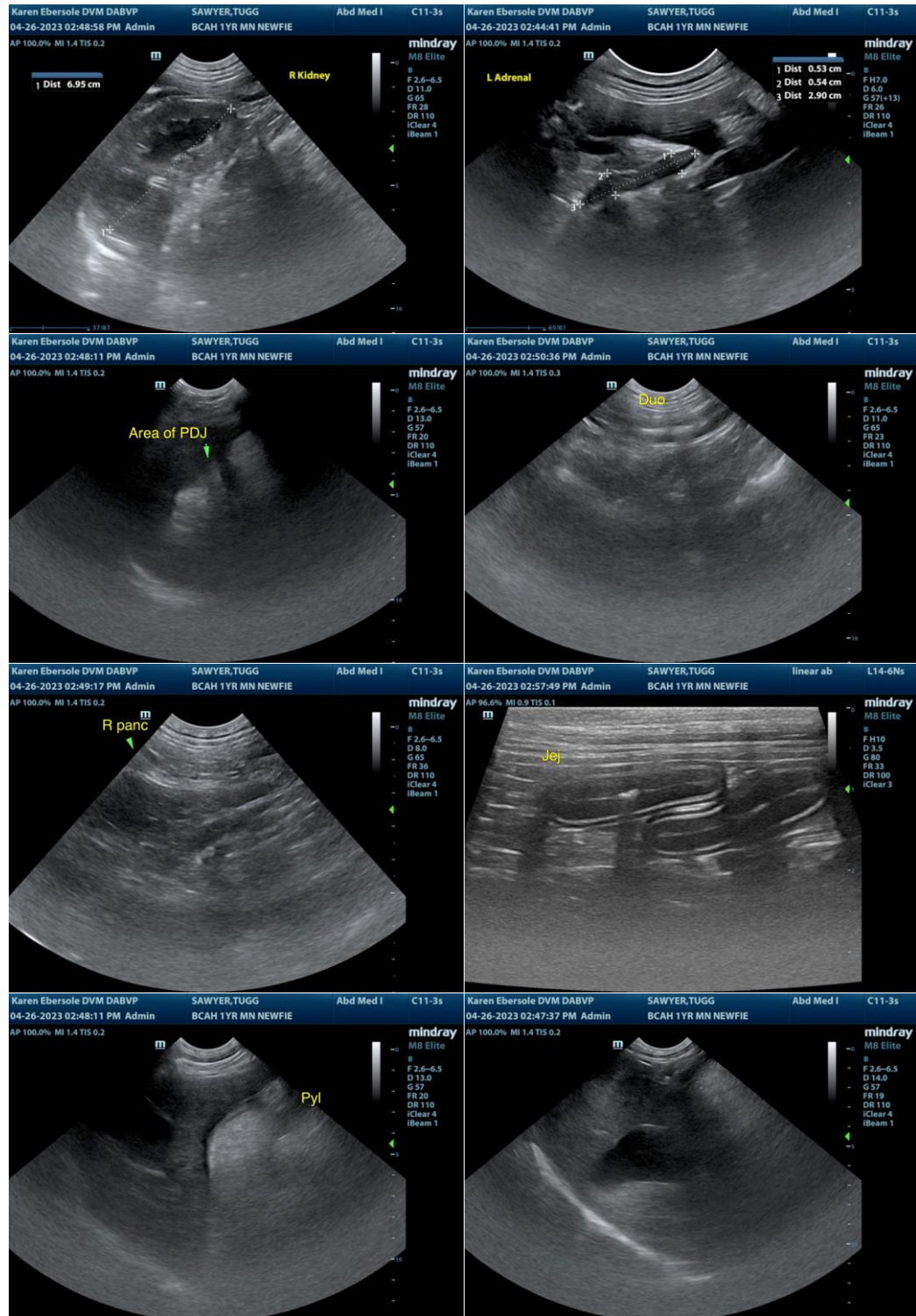
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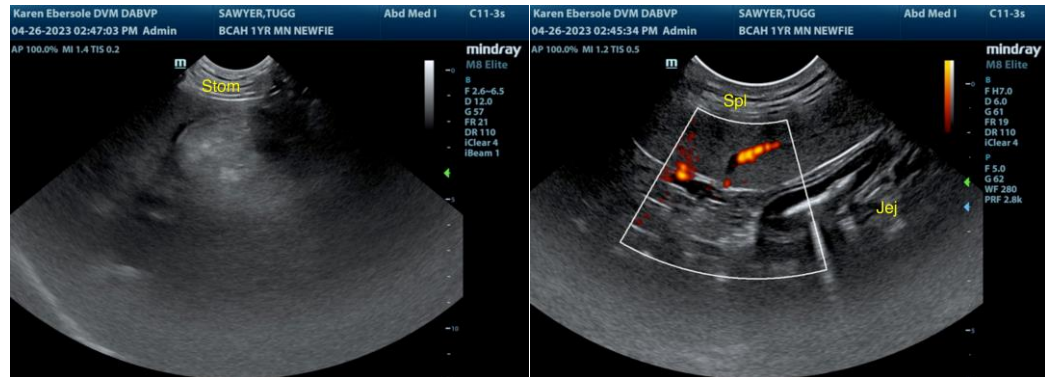
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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