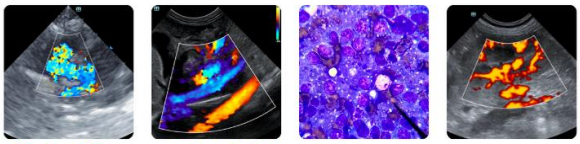

PATIENT

Jewel Dickinson

SPECIES

Canine

BREED

Great Pyrenees Mix

SEX

FS

AGE

6yr

WEIGHT

75lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr Lindsy S

INVOICE
24626

DATE
04-27-26

PRESENTING CLINICAL SIGNS

A: recurrent episodes of nausea- r/o GERD, gastritis/esophagitis, IBD, neoplasia, other.
***P is hard swallowing, licking carpet, eating large amounts of snow and trying to eat plants. Seems to be doing better after starting ID and fortiflora. Has episodes of hard swallowing and eating lots of snow Usually has episodes a few times a year, last one was a couple months ago. Typically does not vomit, just hard swallowing and tries to eat things, but last night she did vomit once vomits grass after eating it on a walk once a week restarted sucralfate last night but vomited it up ate small amount of stuffing from bed No diarrhea, stool is always normal
Intermittent hard swallowing, drooling - r/o chronic gastritis, IBD, food allergy (less likely as episodes are intermittent and not linked to new foods)
Abnormal PE/Chem/CBC/UA Results: CHem-ALT 145 CBC- EOS 14 (2-10)

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 6.7 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 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 0.60 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized, non-dependent debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact borderline prominent gastric body and pylorus wall. Empty lumen with mild lumen gas and no evidence of obstruction to pyloric outflow, retained ingesta/ fluid or foreign material. The ventral gastric body wall measured 0.58 cm in width. The pylorus wall measured 0.49 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.32 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach with intact borderline prominent gastric wall width
- Sonographically normal, empty small intestine
- Normal area of pancreas
- Sonographically normal liver with mild gallbladder debris (non-mucocele)
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral, specifically gastrointestinal or pancreatic pathology. the borderline prominent intact stomach wall suggests low-grade mild gastritis criteria with suspect concurrent esophagitis given clinical history. Smaller, more frequent feedings of a canned novel protein or hydrolyzed diet, as needed gastroprotectant omeprazole 1 mg/kg SID and consideration for empirical deworming with clinical monitoring should prove beneficial.

Although considered less likely, screening cortisol level to rule out occult disease is suggested. Recheck sonogram recommended if non-responsive or persistent clinical signs.

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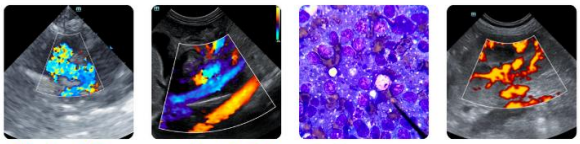

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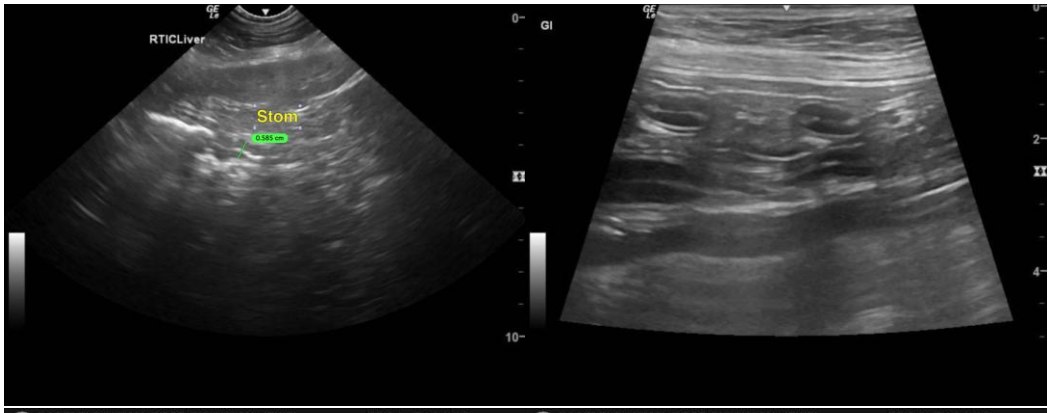

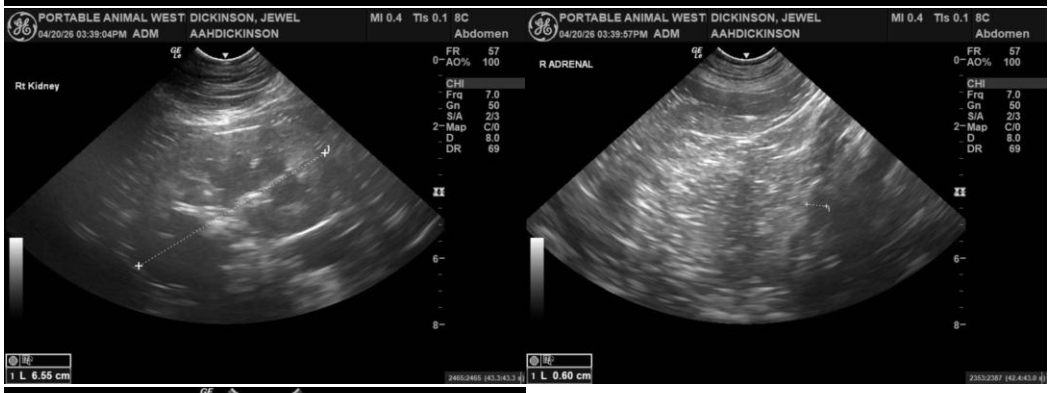

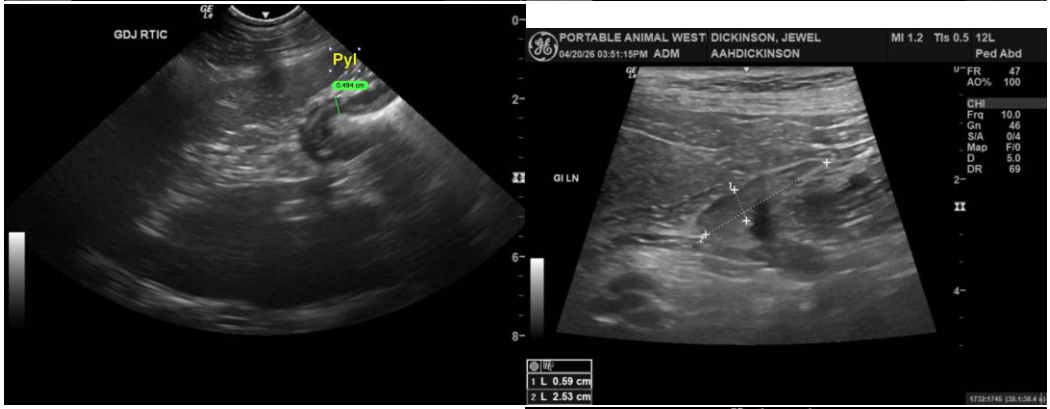

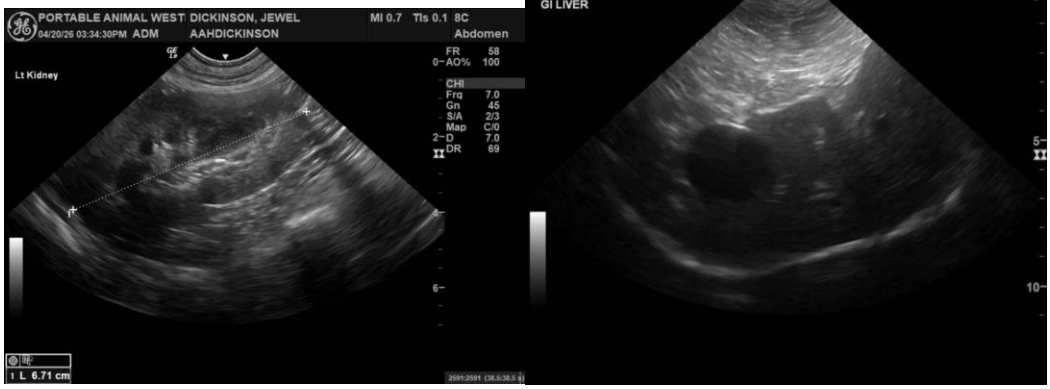

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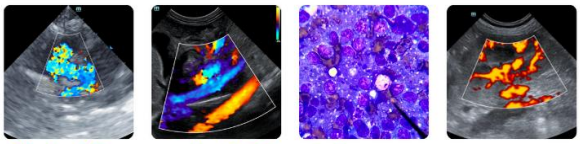

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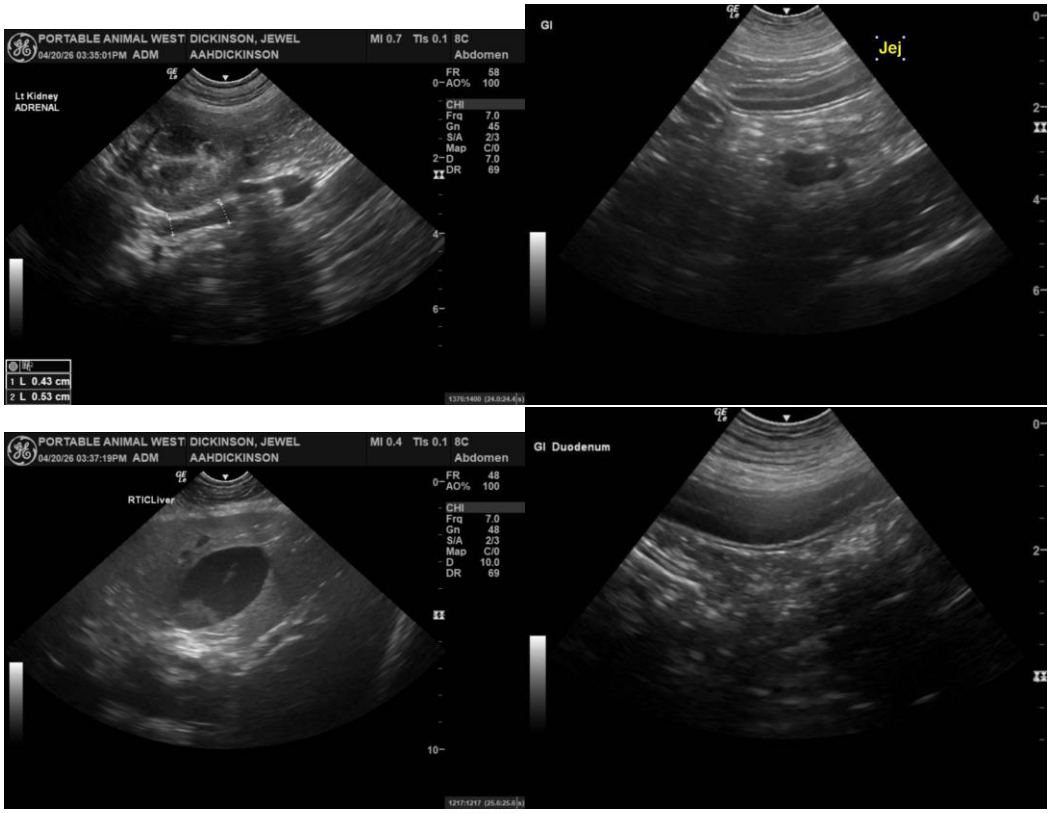

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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