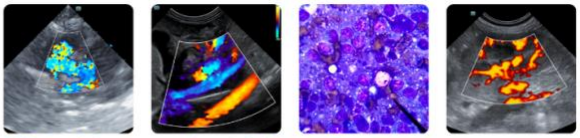

PATIENT

Maia Sammarco

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

3 Years

WEIGHT

30.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

Bond Vet Edgwater

REFERRING VET

Dr. Ordonez

INVOICE

14913

DATE

04/07/26

PRESENTING CLINICAL SIGNS

Hx of v+ intermittently, strong suspicious FB material in pylorus. R/O FB- sx vs endoscopy

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 change were noted.

Normal size and margination was 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 6.6 cm in length. The right kidney measured 6.4 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 0.53 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 0.55 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 intact wall layering with empty gastric lumen with mild lumen gas. No evidence of gastropyloric foreign material or obstruction to pyloric outflow. Equivocal thickened pylorus wall without evidence obstructive pyloric mural pathology measuring 0.64 centimeters wall 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 ileus, obstruction or foreign material.

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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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable empty gastrointestinal tract with equivocal yet nonobstructive thickened pylorus wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or specifically pyloric foreign material. The equivocally thickened pylorus wall is nonspecific, yet possible patient variant given breed and body weight. Mild pyloric gastritis without evidence of obstruction in conjunction with patient history is possible. No indication for surgical intervention. Novel protein or hydrolyzed diet trial with potential more frequent to smaller feedings, as needed gastroprotectant omeprazole 1.0 mg/kg PO SID with clinical monitoring may prove beneficial. Although thought less likely, screening cortisol level to rule out occult Addison's disease is suggested. Upper gastrointestinal endoscopy may be considered if persistent or progressive vomiting.

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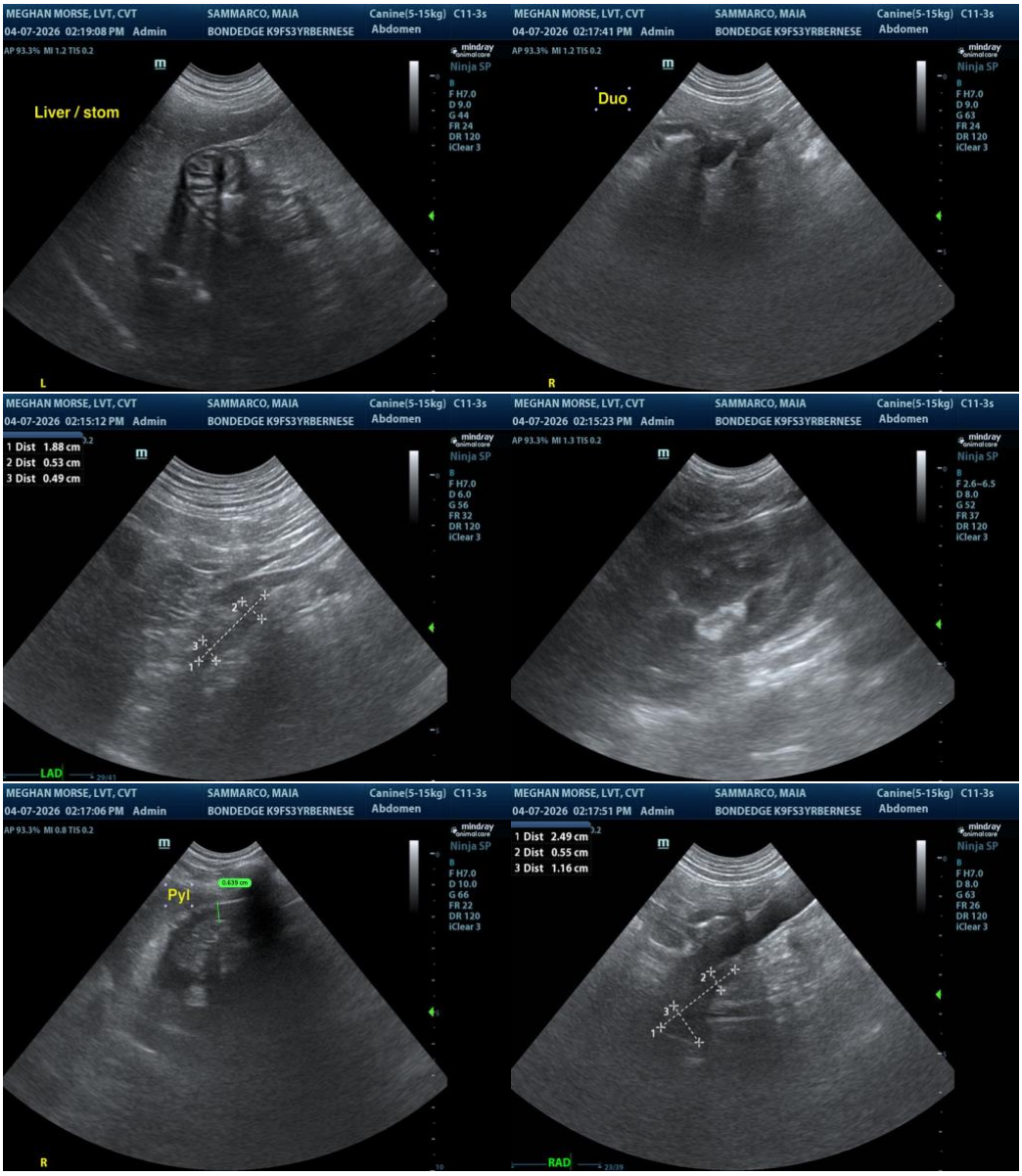

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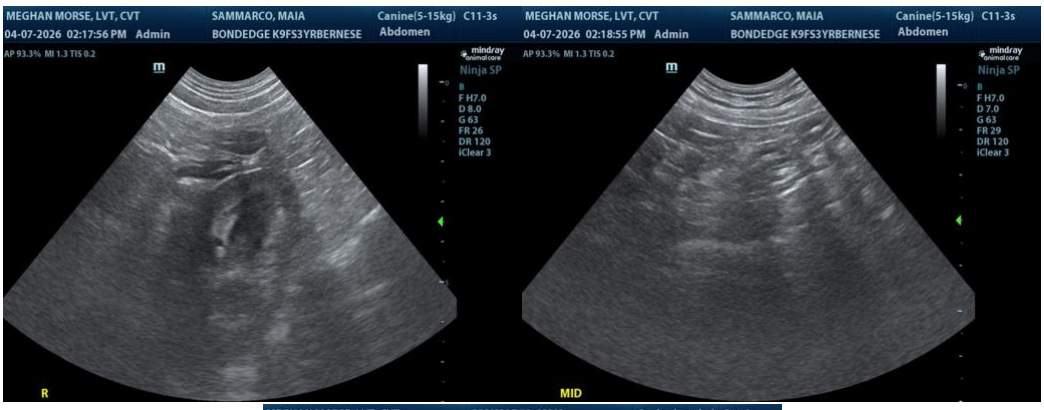

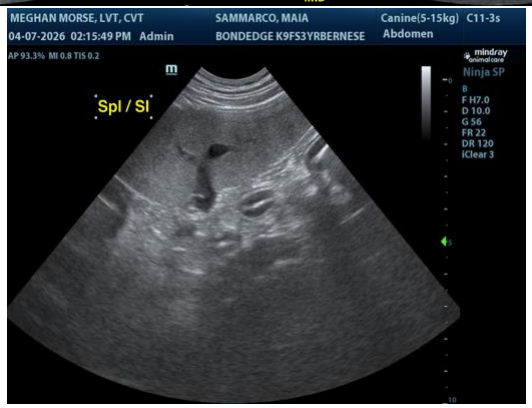

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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