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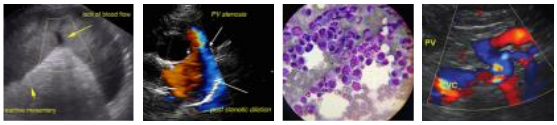

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Sebas Beach

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

4yr

WEIGHT

20lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette Veterinary Clinic

REFERRING VET

Dr. Olson

INVOICE

13765ag

DATE

05/10/2023

PRESENTING CLINICAL SIGNS

2 day Hx, D+ and V+ V+ is undigested food after eating followed by blood-tinged bile. D+ has blood in it as well. Mild cranial abdo discomfort Material in stomach on rads - small treat fed on exam, last meal was the night before Longer Hx of vomiting bile in the am if feeding is late. No Hx of dietary indiscretion or access to toxins

Abnormal PE/Chem/CBC/UA Results: Normal CBC, Chem17, and snap cPL Current Medications Cerenia 24mg PO, Tramadol 50mg PO Radiographic Findings Material & gas in the stomach

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 mild dependent hyperechoic to shadowing sand/mineral as well as non-dependent particulate sediment. The sediment may indicate concurrent cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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. Minor areas of bilateral medullary mineral were present. The left kidney measured 4.4 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 0.44 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 1.6 cm length.

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.

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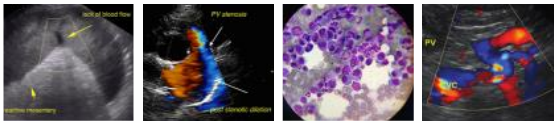

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild potentially retained mildly hyperechoic progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor jejunal ingesta/chyme with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi formed to soft 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sand/mineral and particulate non-dependent sediment.
- Bilateral mild renal medullary mineral.
- Non-distended stomach containing mild retained ingesta.
- Sonographically unremarkable small bowel/colon with mild segmental jejunal ingesta and semi formed/soft fecal matter-no evidence of small intestinal obstructive pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S is suggested.

No overt indication for immediate surgical intervention given lack of obstructive GI pattern. Technically the possibility of a small amount of non-obstructive GI foreign material cannot be excluded yet sonographically the appearance of the GI ingesta is suggestive of food or chyme. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis.

24 hour hospitalization with IVF, monitoring for evidence of persistent retained gastric ingesta and as needed GI support with potential therapy for hemorrhagic gastroenteritis would be reasonable.

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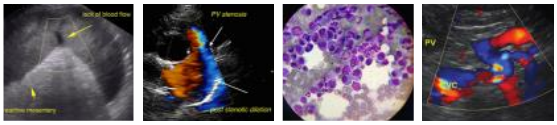

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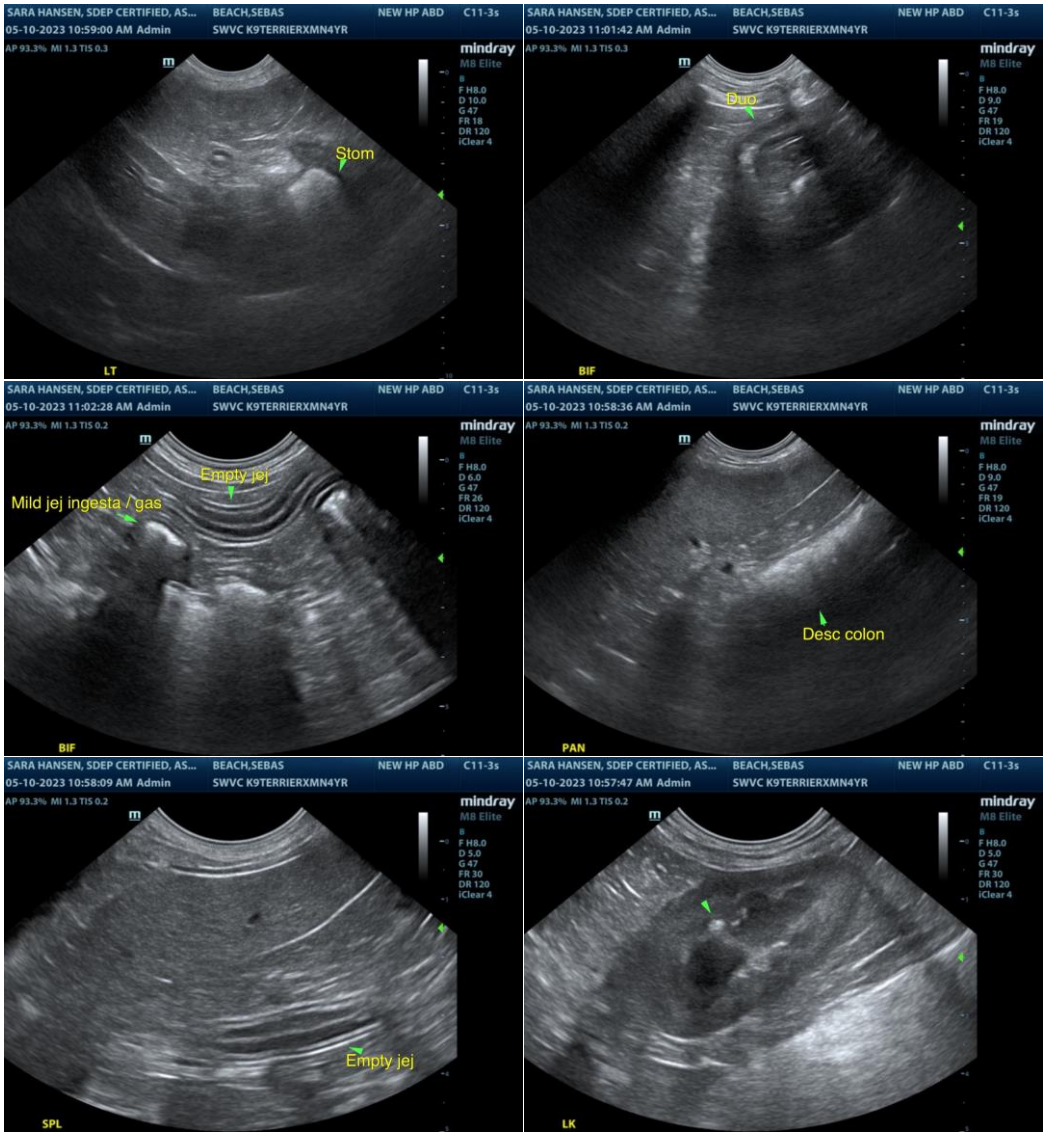

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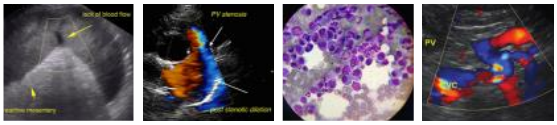

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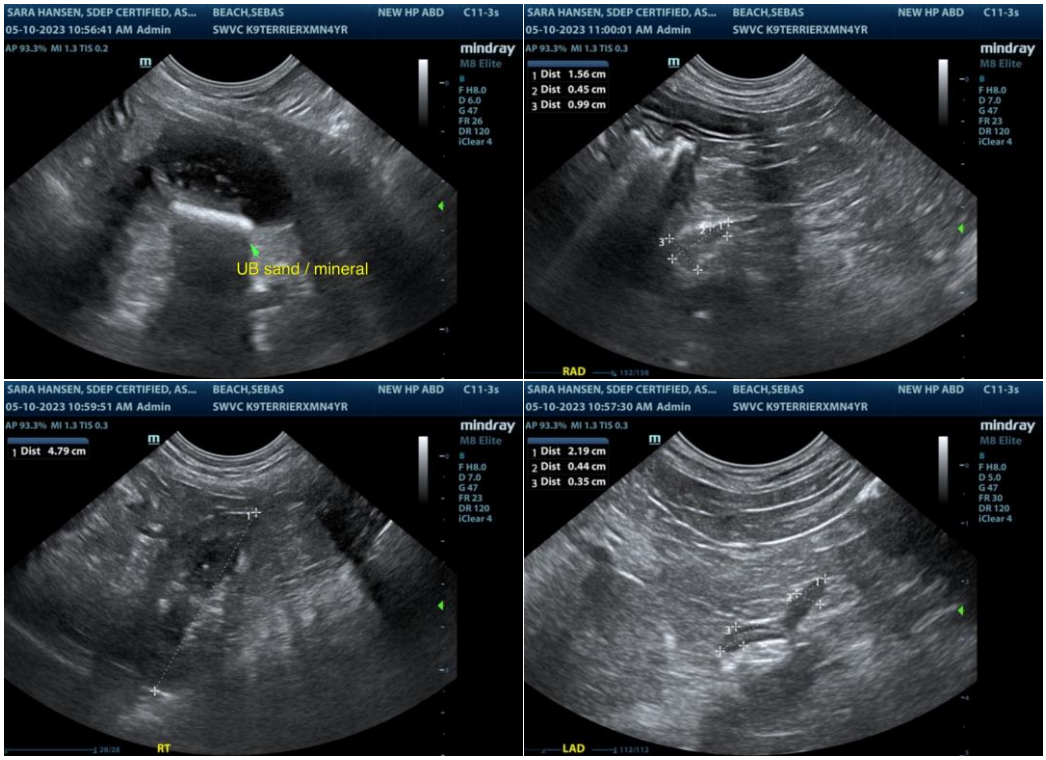

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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