



PATIENT

Solveig Pearson

SPECIES

Canine

BREED

German Short-Haired Pointer

SEX

FS

AGE

2 years

WEIGHT

28.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Sasa Karagic

INVOICE

13874

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Vomiting. Assess for FB / Gastritis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 5.7 cm in length. The right kidney measured 6.1 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 0.42 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was not definitively visualized. No overt pathology was noted in the area of the right adrenal gland.

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 yet subjective mild prominent wall layering. The stomach was primarily empty with mild luminal gas. The pylorus wall width measured 0.48 cm.

The small intestine presented intact wall layering maintained a 1:3 muscularis/mucosa ratio. Segmental intestinal luminal gas was present. No overt evidence of mechanical / metabolic Ileus or overt foreign material. Intermittent nonspecific mild jejunal mucosal speckling was present.



PATIENT

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

Solveig Pearson

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

German Short-Haired Pointer

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Mild gastritis / gastroenteritis pattern - no overt evidence of mechanical / metabolic gastrointestinal ileus or overt foreign material

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2 years

Overall, no overt evidence of significant abdominal visceral, specifically gastrointestinal, pathology. Dietary indiscretion / food intolerance, occult parasitism, structurally insignificant inflammatory bowel may be possible. Gastrointestinal support +/- dietary therapy should prove beneficial.

WEIGHT

28.6 kg

Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addison's Disease may be considered if recurrent or persistent gastrointestinal signs are noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

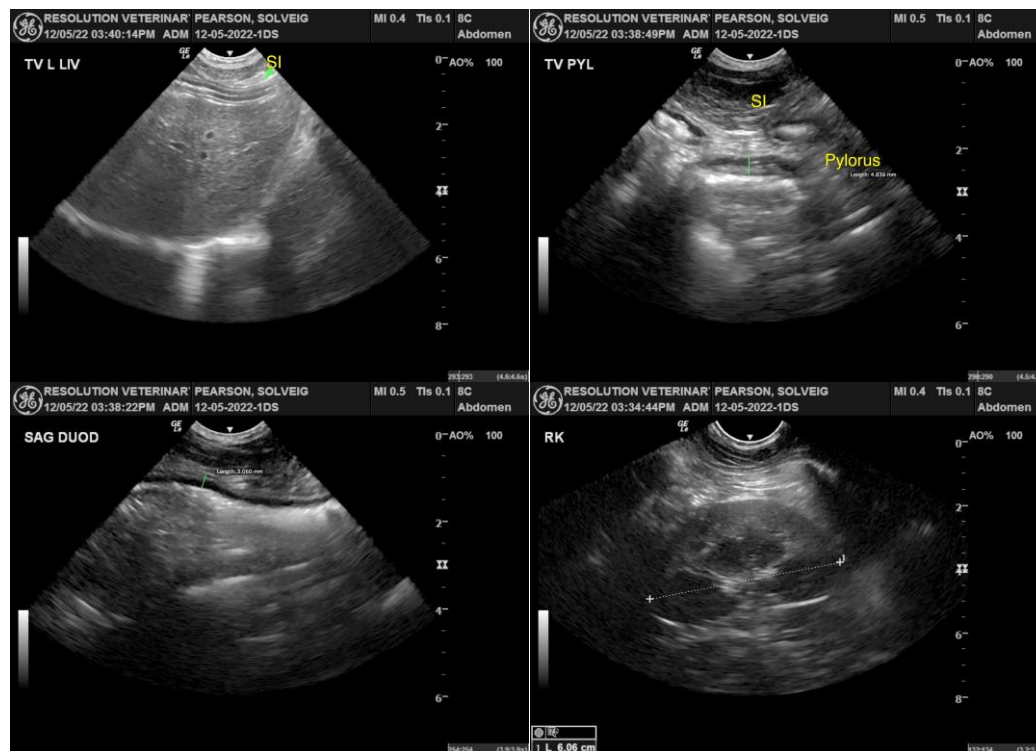
Dr. Sasa Karagic

INVOICE

13874

DATE

5/13/22





PATIENT

Solveig Pearson

SPECIES

Canine

BREED

German Short-Haired Pointer

SEX

FS

AGE

2 years

WEIGHT

28.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

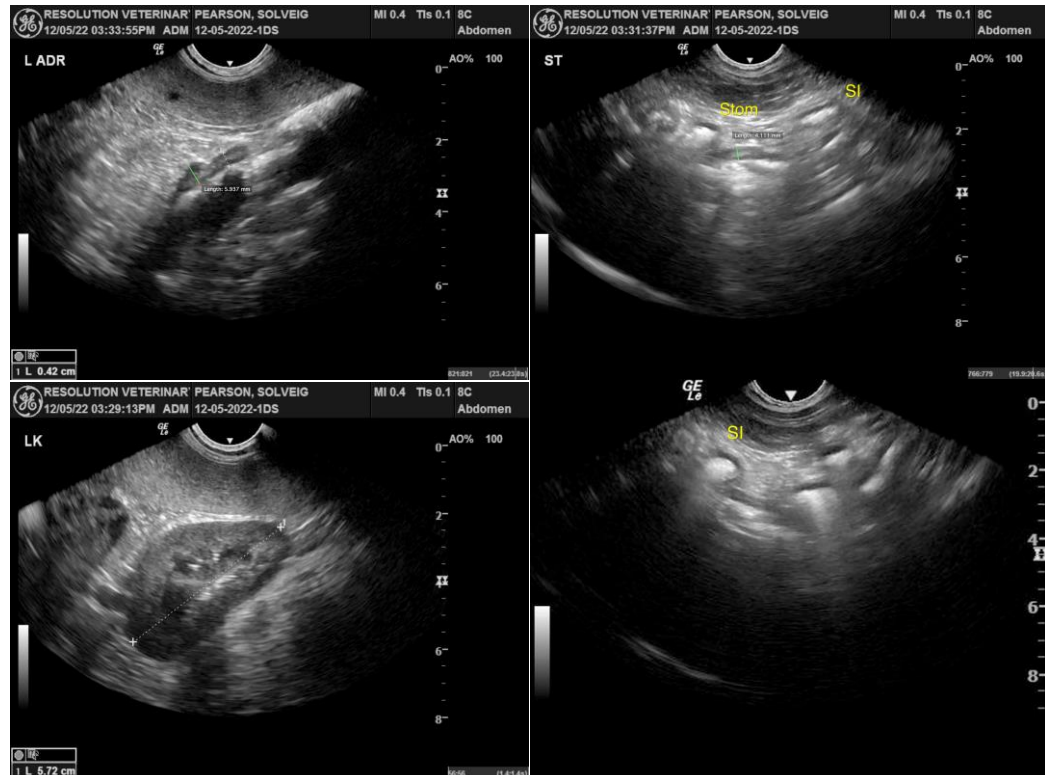
Dr. Sasa Karagic

INVOICE

13874

DATE

5/13/22



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