



PATIENT

Pig Garg

SPECIES

Canine

BREED

Min Pin Mix

SEX

Neutered Male

AGE

13 Years 8 Months

WEIGHT

14.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Samantha Hudgins, DVM

HOSPITAL NAME

Petvacx AH

REFERRING VET

Samantha Hudgins, DVM

INVOICE

15237

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: Has been vomiting for about 1 week - mostly in the AM. Wanting to eat lots of grass. Ate last at 5 pm (held this meal down - owner reports that it was a small meal) - U/S performed following day ~10:30 am. Some improvement with cerenia. History of sensitive GI track.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

No overt pathology in the area of the residual prostate.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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 0.43 cm width at the caudal pole and 0.42 cm width at the cranial pole.

The right adrenal gland was not definitively visualized. No overt pathology 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

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 mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild to moderate retained non-shadowing ingesta/chyme. The ventral gastric body wall measured 0.35 cm. The pylorus wall measured 0.37 cm.



PATIENT 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. The jejunum wall measured 0.38 cm. The duodenum wall measured 0.41 cm.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract with mild retained gastric ingesta/chyme
- Subtle heterogeneous pancreas

Secondary Findings

- Mild chronic renal changes
- Mild gallbladder debris- incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant abdominal visceral, specifically gastrointestinal or pancreatic pathology. At times the sonographic presentation of the gastrointestinal tract does not always correlate with chronicity or recurrence of gastrointestinal signs exhibited. In patients with recurrent to persistent gastrointestinal signs, potential considerations may include dietary intolerance/food hypersensitivity, occult parasitism, dysbiosis, structurally insignificant inflammatory bowel or low-grade to mild pancreatitis, which may present sonographically normal.

The presence of retained gastric ingesta/chyme, despite reported adequate fasting may suggest some degree of metabolic stasis or nonobstructive delayed gastric emptying. In addition to current GI support, hydrolyzed diet and gastric protectant protocol, if only vomiting is present, may prove beneficial. Likewise, late evening feeding may prove beneficial with smaller more frequent feeding amounts, especially if first morning AM bilious vomiting.

Three-view chest radiographs suggested to rule out occult thoracic or esophageal pathology, if not done.

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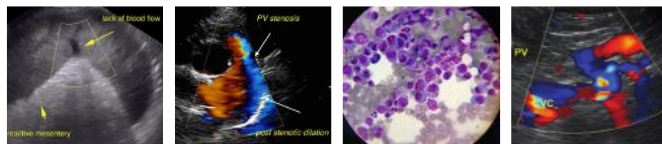
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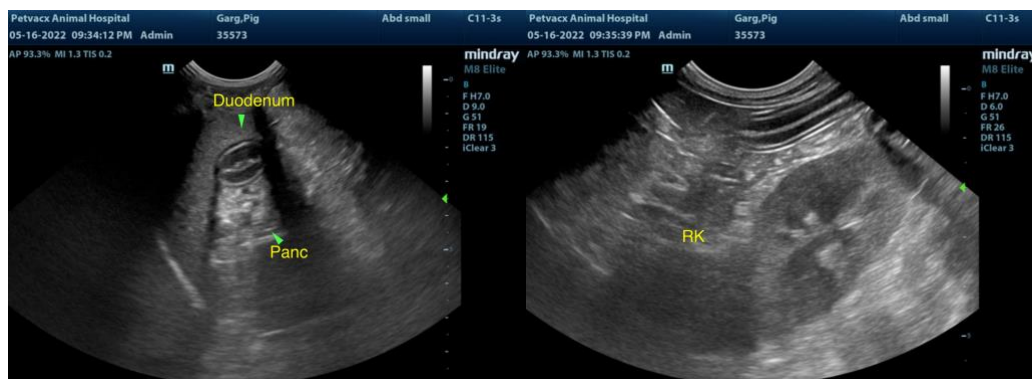
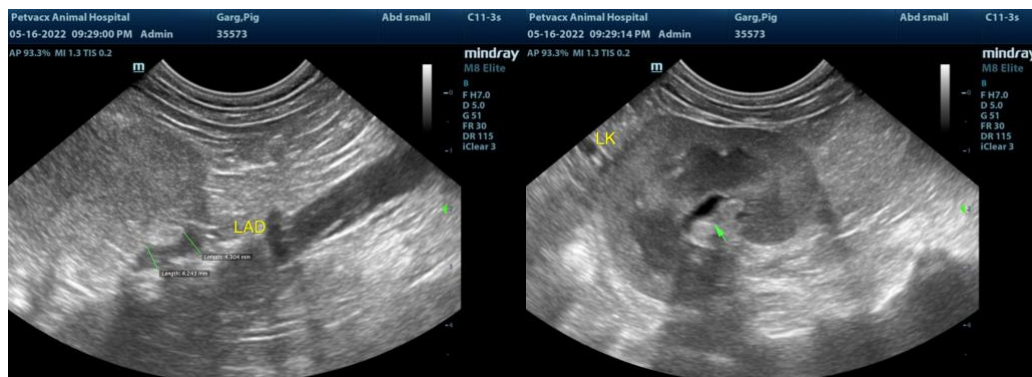
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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