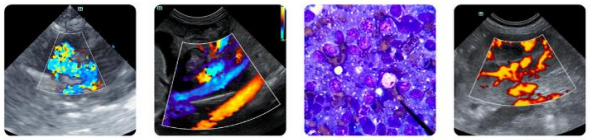


PATIENT

Lexi Tucker

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

8Y

WEIGHT

69

INTERPRETED BY

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

IMAGING PERFORMED BY

Allison Gomer

HOSPITAL NAME

Shohola Veterinary Hospital

REFERRING VET

Dr Livia Demeo

INVOICE

75314

DATE

6-4-26

PRESENTING CLINICAL SIGNS

The patient has hyporexia, eats quite a bit of grass, and is panting frequently.
Patient is on a frozen raw food diet.
Occasionally has mucoid stool.
History of ACTH stimulation test and cortisol, which were all within normal limits.
Radiographs
Abdominal radiographs taken. There appears to be some gastric wall calcification noted on both lateral and VD views. There also seems to be some kind of shadowing within the stomach giving a mass effect appearance that is also on the lateral and VD projections.
Abnormal PE/Chem/CBC/UA Results: General Labs Submitted. Superchem, CBC, T4 are within normal limits. Urinalysis: - USG: 1.037 - pH: 6.5 - High amount of squamous epithelial cells (4-10) within urine on a free catch sample. Patient has a history of vaginitis.

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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.5 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

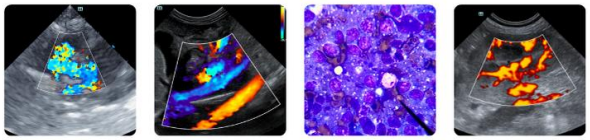
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 mild to moderate congealed yet nonorganized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented subjective intact borderline to mildly thickened wall. The lumen of the stomach was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material. The stomach wall measured 0.62 cm.

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.

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

Pancreas

The area of the pancreas was normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty borderline to mildly thickened stomach.
- Sonographically normal visible small intestine.
- Normal area of the pancreas.
- Congealed nonorganized gallbladder debris (nonmucocele).
- Sonographically normal urinary bladder visible proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visible evidence of significant gastric mural pathology i.e. mass, mural mineralization, or other. The borderline to mildly thickened stomach wall is nonspecific and may indicate mild gastritis given the patient's history, although a more generalized gastroenterocolonopathy is possible. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Upper gastrointestinal endoscopy in conjunction with radiographic interpretation, yet lack of sonographically evident upper gastrointestinal pathology, with potentials for biopsies may be considered. Empirically, dietary trial such as bland or hydrolyzed diet and as needed gastroprotectants may prove beneficial.

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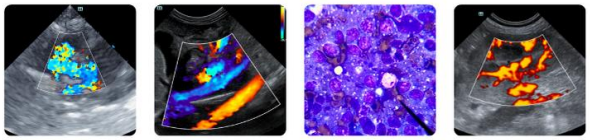

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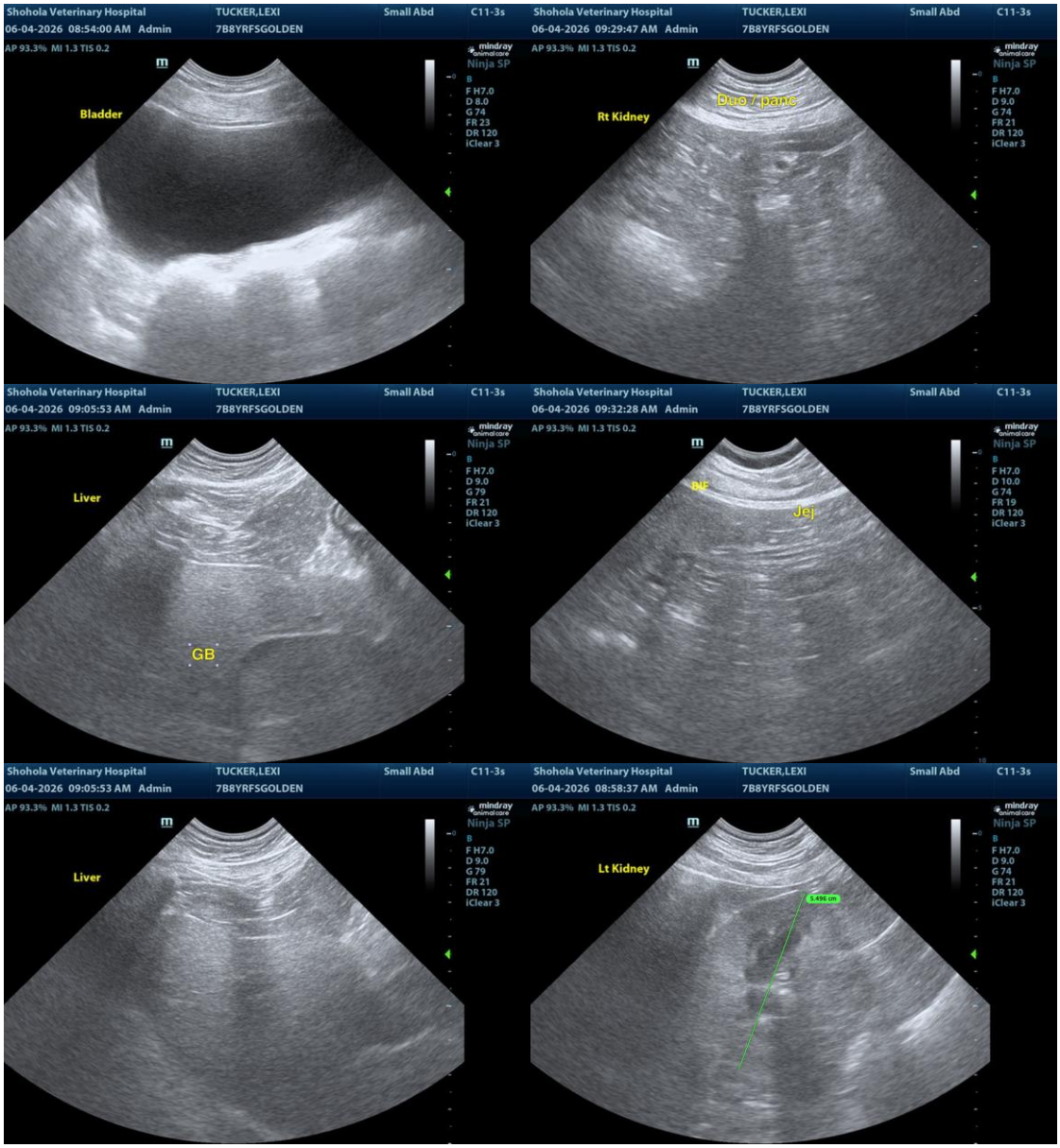

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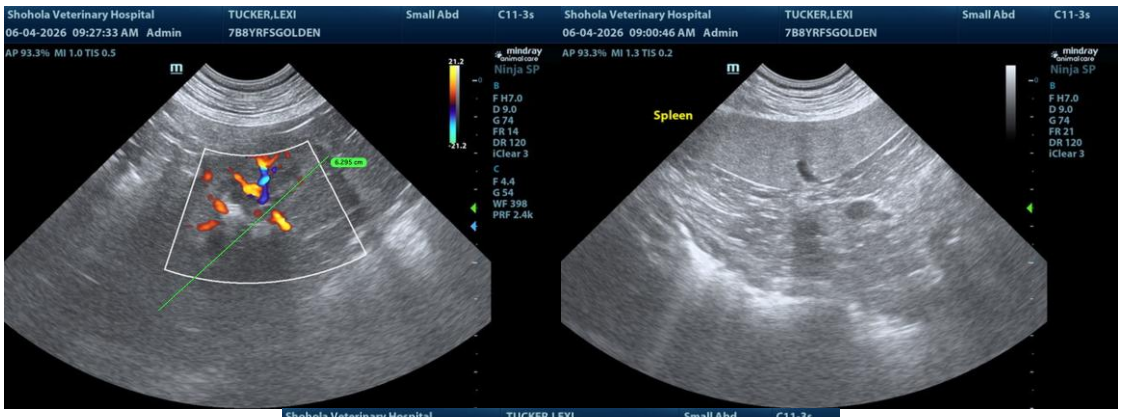

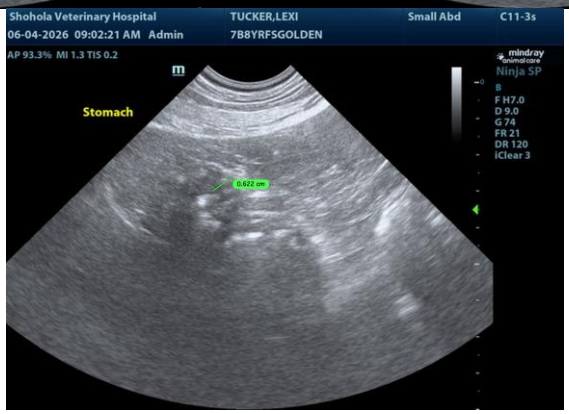

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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