



PATIENT

Cheyenne Randall

SPECIES

Canine

BREED

Catahoula Mix

SEX

FS

AGE

8 years

WEIGHT

53.6 lbs.

PRESENTING CLINICAL SIGNS

Hyporexia x 5 days. Regurgitation/ soft stool. Hypersalivation. Poorly responsive to antiemetics.

Whold body rads: WNL, full lab work WNL, except elevated spec cPL 229 (sl. H). Normal temperature and blood pressure. Oral exam unremarkable, but intend to repeat.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 6.3 cm in length. The right kidney measured 6.7 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 0.50 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 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 containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact variably prominent gastric wall layering. The stomach contained a moderate amount of retained anechoic fluid, nonshadowing chyme, and mucus with a nonspecific

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 DABVP (Canine and Feline)

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

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 Hospital

REFERRING VET

Lilan Hauser, DVM

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linear-like hyperechoic lumen echo. The hyperechoic, linear-like, lumen echo appeared to extend into the area of the pylorus. There was no overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall width measured 0.42 cm. The gastric body wall width measured 0.63 cm.

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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 mechanical / metabolic ileus, obstructive pattern, or foreign material. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.36 cm width.

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Normal visible colon wall layers were present with formed to semi-formed fecal matter.

Pancreas

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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.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

53.6 lbs.

- Hypomotile gastritis pattern with moderate retained fluid, nonshadowing chyme / mucus, and linear-like lumen echo
- Sonographically unremarkable small bowel - no evidence of small bowel obstructive pattern
- Normal pancreas
- Normal colon containing formed to semi-formed fecal matter
- Mild gallbladder sediment - suspect secondary to fasting / anorexia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic linear-like gastric lumen echo is nonspecific and may indicate retained gastric mucus or chyme, which at times may present in a linear-like appearance. However, concern for linear-like gastric foreign body is warranted. Repeat thorough oral exam, potentially under sedation, is recommended. Gastric endoscopy, if available, is likely ideal for further assessment of the gastric interior and potential for biopsies. Hospitalization with 24/hour IV fluid support, gastroprotectants, documented NPO, and sonographic reassessment of the stomach would be reasonable.

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If persistent clinical signs or persistent / progressive gastric hypomotility with retained mucus and persistent linear-like echo, exploratory laparotomy with gastrotomy and gastric biopsies, despite exploratory findings, should be considered.

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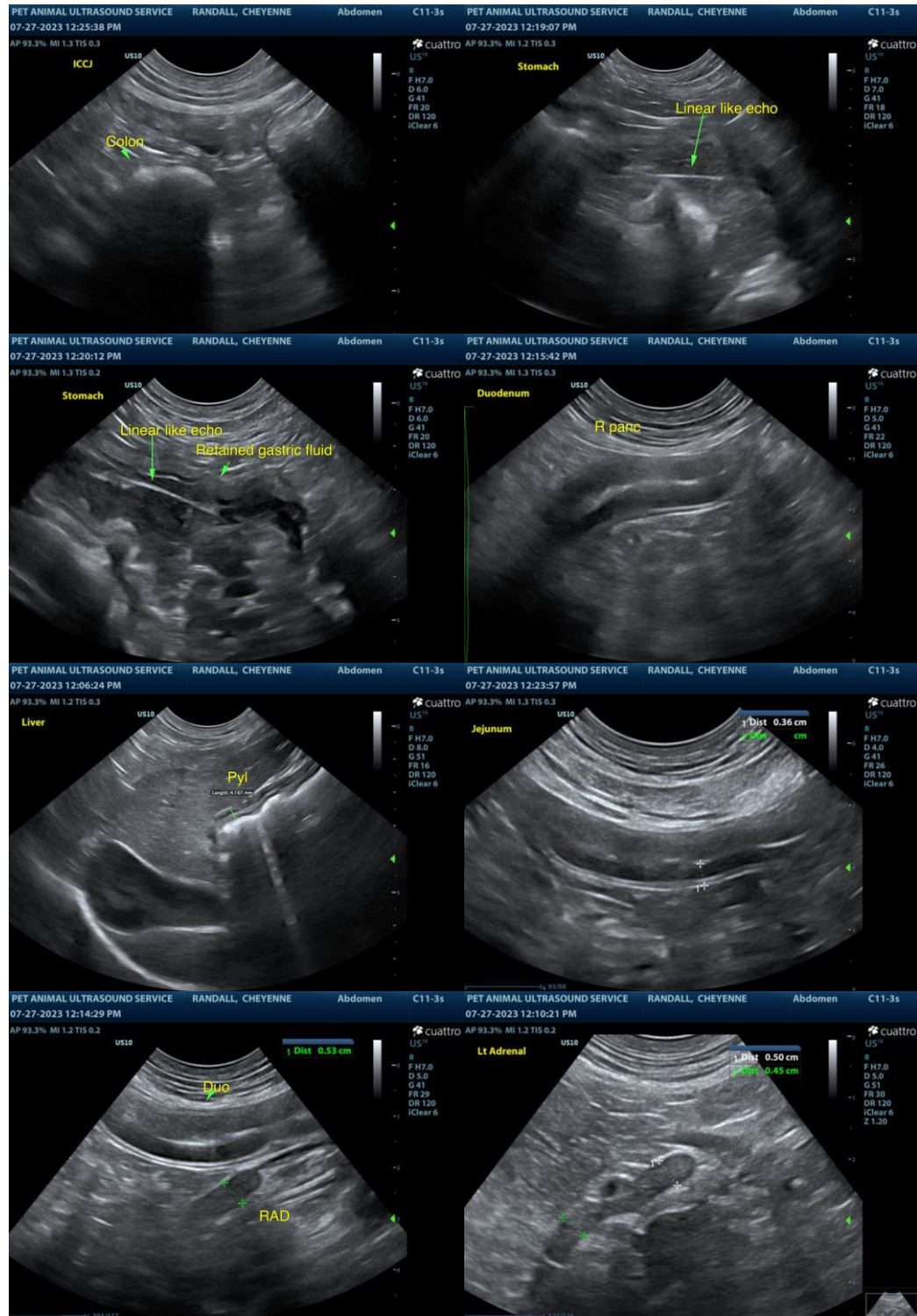
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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