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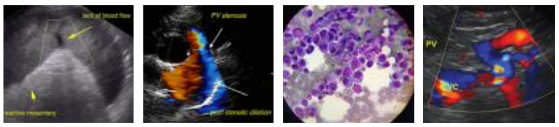

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Chewbacca Westing

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

MN

**AGE**

12 yrs

**WEIGHT**

76 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Ark VC

**REFERRING VET**

Dr. Hilberg

**INVOICE**

14882

**DATE**

9-15-22

## PRESENTING CLINICAL SIGNS

suspect gastritis causing vomiting
Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia = 0.63 k/uL, likely stress-related. mildly elevated AST = 54 U/L. TT4 low normal = 1.4 ug/dL, recommend monitoring. Current Medications None

## 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 residual prostate was free of pathology.

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 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 7.0 cm in length. The right kidney measured 8.2 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 2.3 cm length x 0.67 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.95 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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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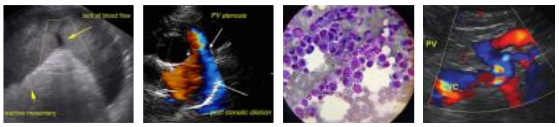

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### *Gastrointestinal*

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, nonshadowing ingesta/chyme without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall width measured 0.30 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. The duodenum wall measured 0.59 cm width. The jejunum wall measured 0.45 cm width.

Normal visible colon wall layers were present with apparent formed 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 were evident.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

### ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with gastric ingesta
- Mild age-related renal changes
- Minor hepatic parenchymal remodeling - benign

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral pathology.

The presence of gastric ingesta may indicate recent meal ingestion. If documented NPO prior to the ultrasound, some degree of metabolic gastric hypomotility or stasis could be considered. Sonographically, no evidence of overt gastric mural or generalized gastrointestinal mural pathology was present. Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant gastrointestinal inflammatory process, and low-grade to chronic pancreatitis which may present as sonographically normal are all potentials.

Canned novel protein or hydrolyzed diet trial with potential smaller more frequent feedings, gastroprotectant protocol, empirical deworming if clinically indicated, and assessment of clinical response would be reasonable. If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

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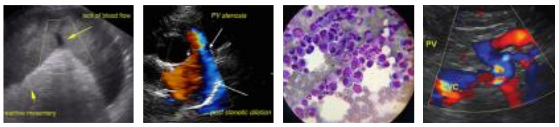

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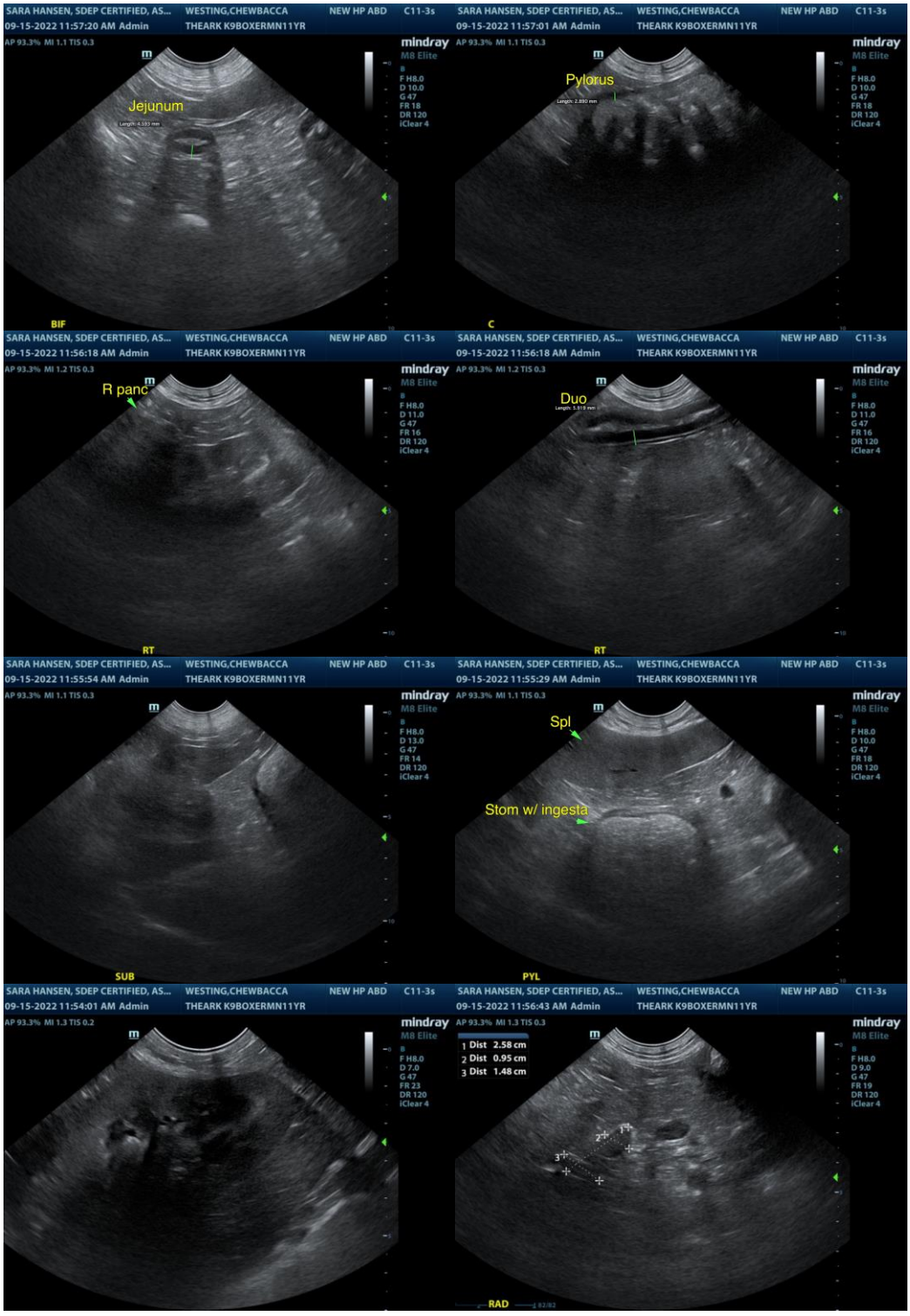

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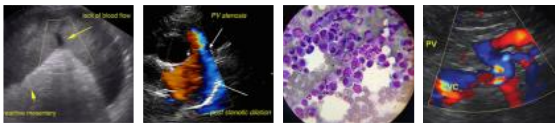

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
**info@SonoPath.com**