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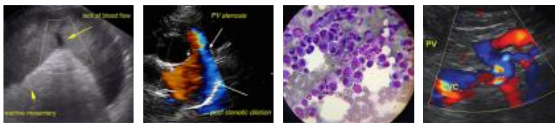

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Daisy Smith

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

8 yrs

WEIGHT

67 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

14886

DATE

9-15-22

PRESENTING CLINICAL SIGNS

Presenting with mild abdominal discomfort, possibly got into the trash 3 days ago. Has not eaten in about 24 hours. No vomiting/diarrhea, straining to defecate this morning. Previous history of bladder wall mass/inflammation.
Abnormal PE/Chem/CBC/UA Results: previous chemistry panel on 8/12/22 WNL, UA isosthenuria (USG = 1.012) Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 6.5 cm in length. The right kidney measured 7.1 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 2.5 cm length x 0.66 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 2.5 cm length x 0.89 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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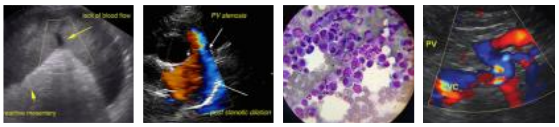

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Gastrointestinal

The stomach presented intact and sonographically unremarkable visualized wall layering. The stomach contained a moderate amount of potentially retained, progressive to strongly shadowing ingesta to luminal echoes. An example of a gastric luminal echo measured 1.7 cm in diameter. Progressive to strongly shadowing ingesta was present in the area of the pyloric outflow without overt evidence of pyloric outflow obstruction.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with small focally shadowing hyperechoic segmental luminal echo in the midabdominal intestinal segment, likely jejunal in location.

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 omental lymphadenopathy or evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Moderate potentially retained progressive to strongly shadowing gastric ingesta to echoes
- Sonographically unremarkable small bowel with focal small segmental nonobstructive shadowing luminal echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of retained progressive to strongly shadowing gastric ingesta to luminal echoes, as well as focal nonobstructive small intestinal luminal echo may indicate shadowing gastric and focal intestinal ingesta. However, given the patient's history in conjunction with reported NPO, primary concern for gastric and focal nonobstructive intestinal foreign material is warranted.

Given the timeframe between ultrasound study and interpretation, sonographic or radiograph reassessment of the stomach and intestine for evidence of persistent retained shadowing gastric and focal intestinal ingesta +/- progressive gastrointestinal ileus would be ideal. If persistent inappetence, GI signs, or radiographic/sonographic evidence of retained gastric ingesta, exploratory laparotomy should be considered in this patient.

No overt evidence of active pancreatitis, urinary bladder pathology, or distal colon / colorectal abnormalities were noted.

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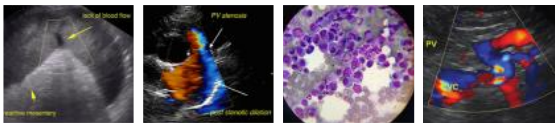

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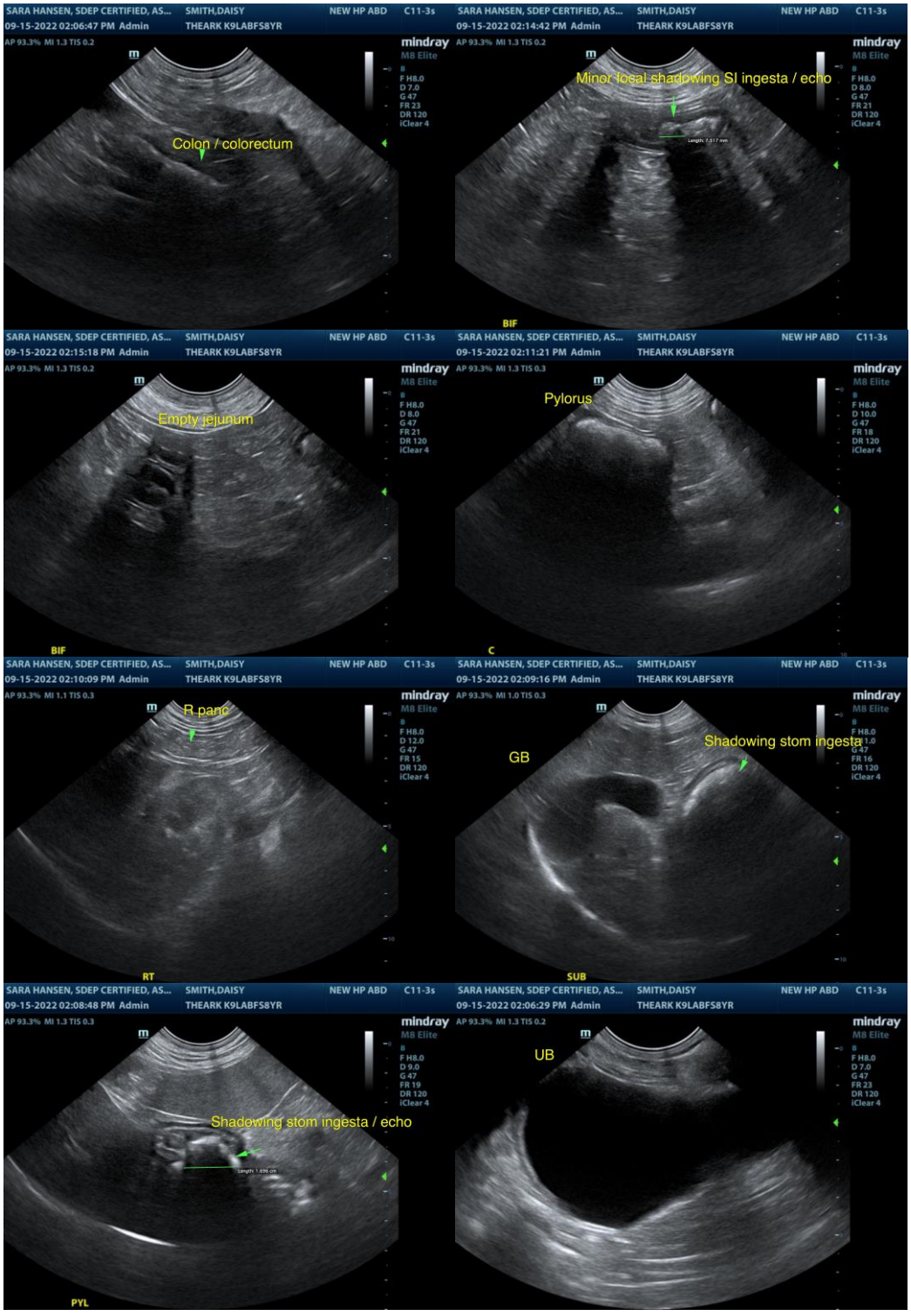

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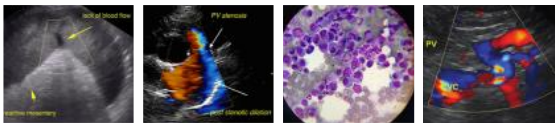

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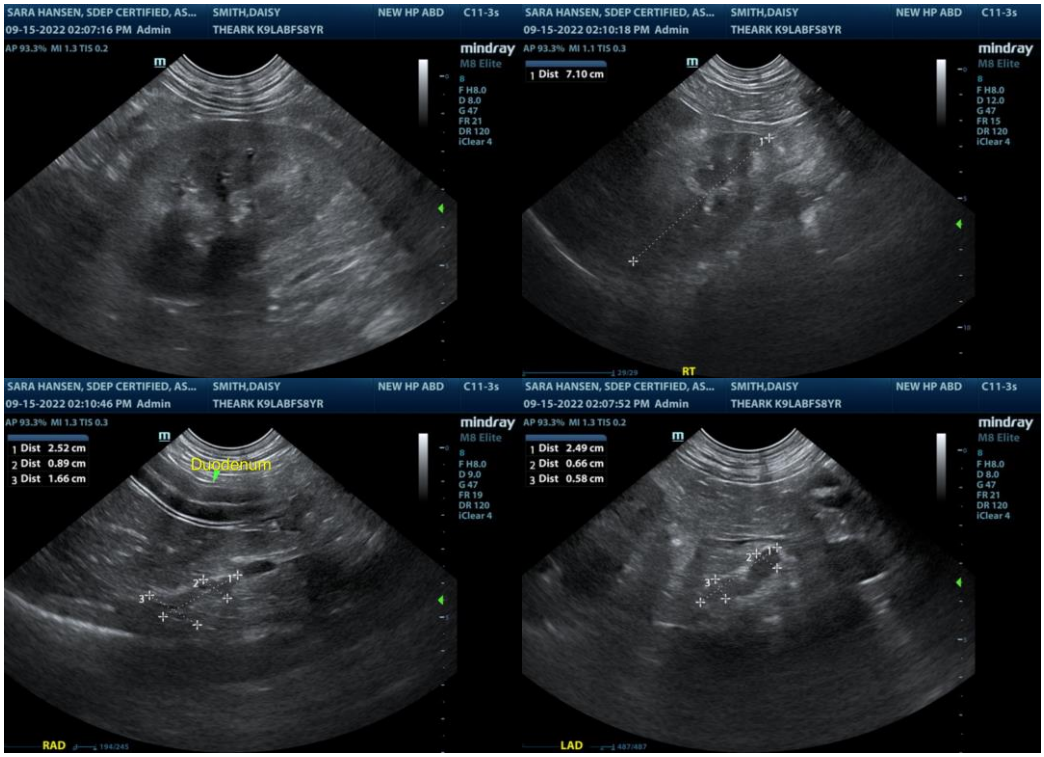

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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