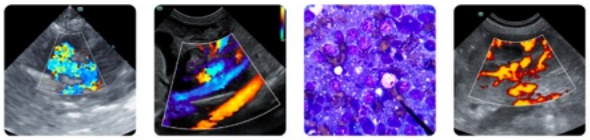


PATIENT

Charlie Lemay

SPECIES

Canine

BREED

ShihTzu

SEX

Spayed female

AGE

11 years

WEIGHT

9 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

73890

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Presented Mar 25 for vomiting and low energy
- CBC: mild neutrophilia, mild monocytosis, mild thrombocytosis
- CHEM/LYTES: WNL
- SNAP 4DX: negative
- Pancreatic lipase: WNL
- Rads sent to IDexx for interpretation (below). Started on Cerenia and Omeprazole in interim. Clavaseptin started for suspected aspiration pneumonia noted on radiographs.
- Mild diarrhea since being home but doing well until yesterday - yesterday decreased energy and lip licking, restlessness. Started on Metronidazole while awaiting u/s.
- Radiograph report from IDEXX Radiologist Mar 26: 1. There is moderate gastric distention compared with the remainder of the intestinal tract. This could be secondary to a functional etiology (in particular gastroduodenitis, pylorospasm) or transient aerophagia, however, a partially obstructive process localized to the pylorus or orad small intestinal tract (e.g. pyloric hypertrophy, occult foreign material) remains a consideration. A cause of obstruction is not visualized radiographically. The dependent mineral foci could support the hypothesis of a partially obstructive process, but they can also be incidental and associated with the patient's diet or dietary indiscretion. The abdomen is otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

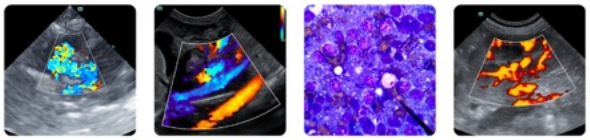
Normal renal size (left measured 4.2 cm, right measured 4.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Mild, segmental thickening of the gastric wall (up to 0.9 cm) with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. A small amount of gas is present in the lumen. Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric thickening would be non-specific gastritis such as dietary indiscretion, parasites, toxins and viral.

Ulcerative disease, Helicobacter gastritis would be less likely differential diagnosis and emerging neoplasia an unlikely differential diagnosis.

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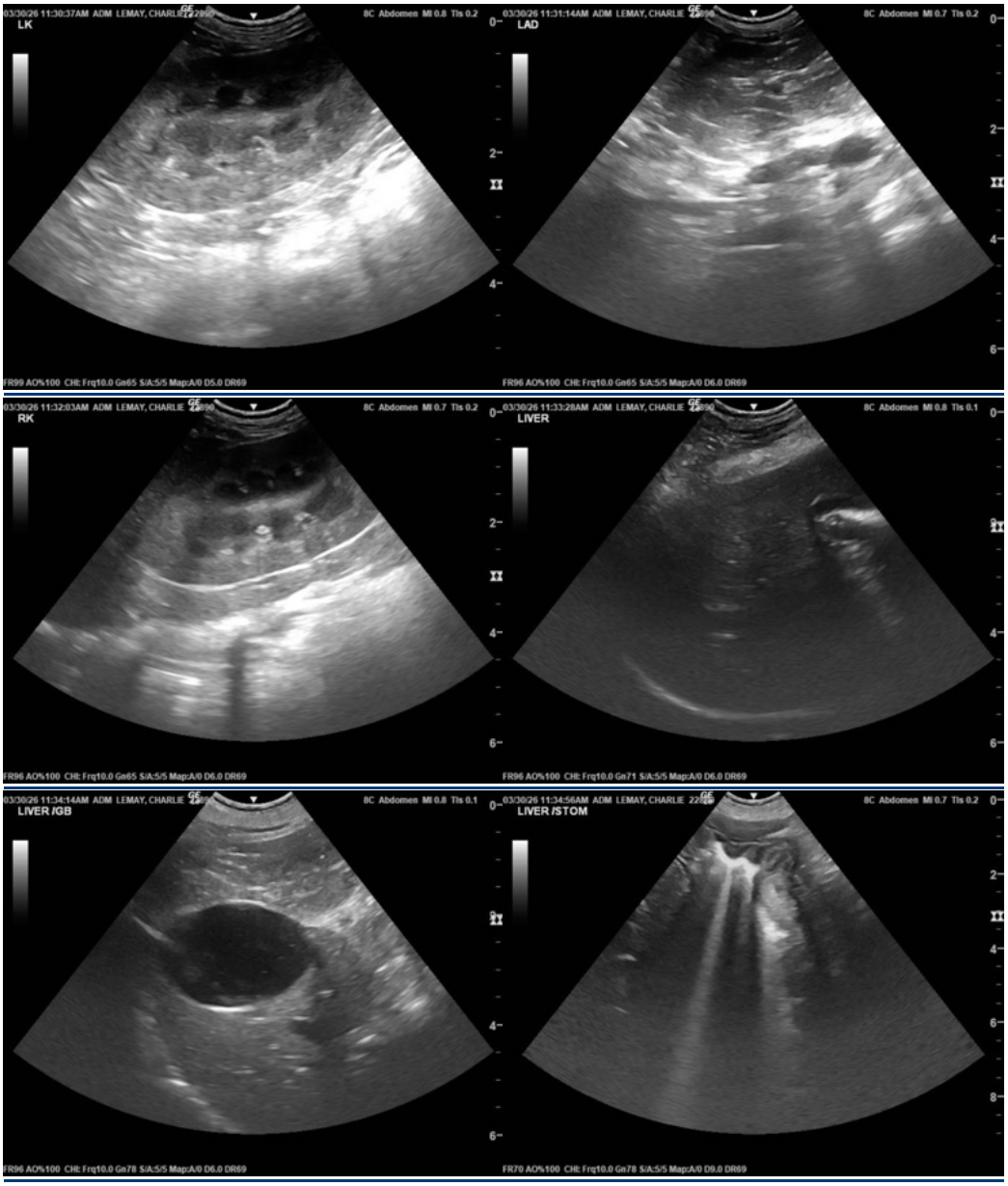
Further assessment would be fecal analysis and possibly gastroscopy with biopsies. Management would be to continue with the Omeprazole and Cerenia, but to discontinue the Metronidazole as it may be causing the patient's diarrhea.

Feeding small frequent meals of a low fat intestinal diet would also be indicated.



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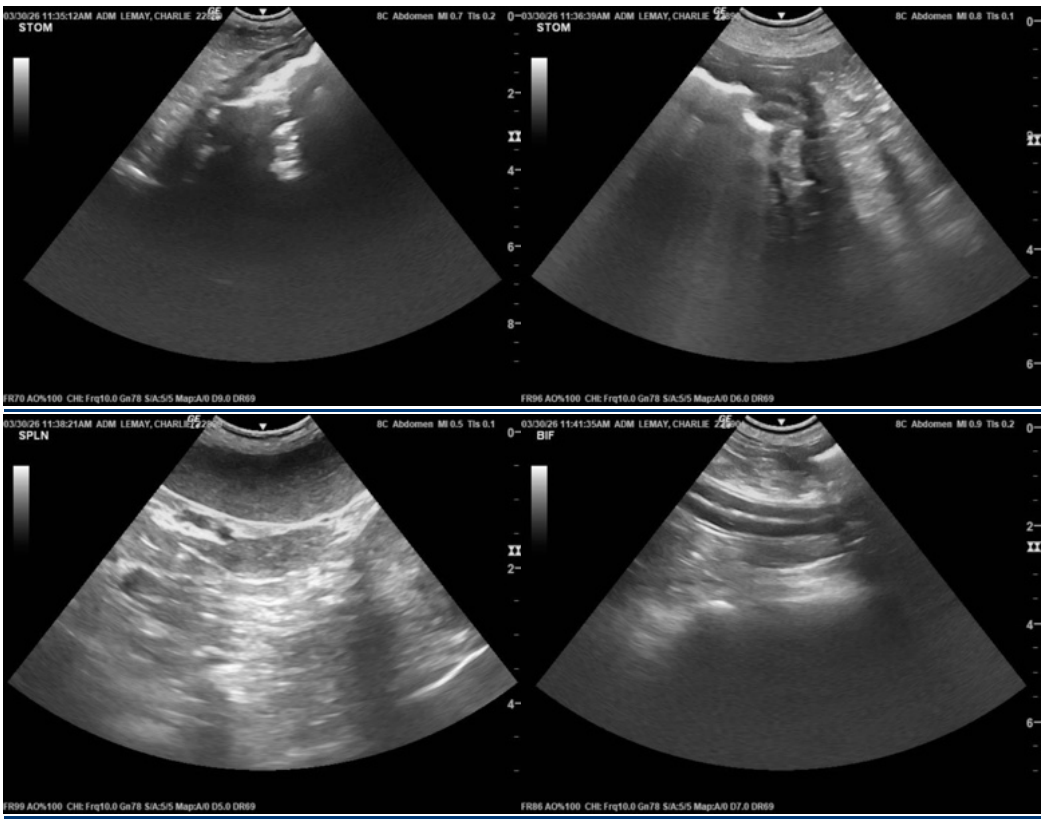

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com