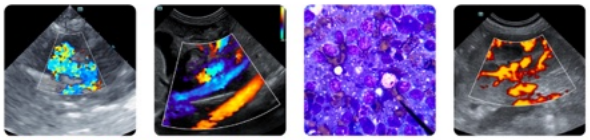


PATIENT

Malia Rose

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Spayed female

AGE

10 years

WEIGHT

98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hill VH

REFERRING VET

Dr. Garvin

INVOICE

77799

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Malia, a 10-year-old canine, presents for vomiting and vocalizing. The owner came home this morning to find she had vomited between 7:30 AM and 9:30 AM. She vomited a second time in the car on the way to the clinic. The vomitus is described as thick, brown, and containing unchewed dog food. The owner reports that Riley is whining and howling, which is unusual behavior for her when she is in pain. She has not had any diarrhea. She ate her breakfast this morning, but her drinking habits are unknown. There is no known foreign body ingestion, but the owner cannot rule it out. The owner's main concern is potential toxicity from a pool chemical that was added two days ago, as Malia frequently drinks from the pool. Malia has a history of arthritis and is due for her Librela injection.
Abnormal PE/Chem/CBC/UA Results: GASTROINTESTINAL: Painful on abdominal palpation. Radiographs: markedly distended stomach initially with food and small amount of gas but also a large soft tissue appearance within entirety if stomach. Induce emesis in pt, vomited partially digested food contents. Repeat rads and still stomach was abnormal appearing with large, soft tissue homogenous appearance

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.

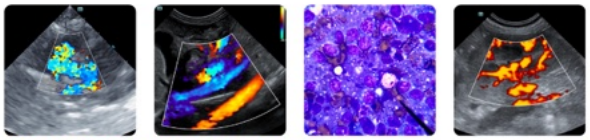
Normal renal size (left measured 6.9 cm, right measured 7.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

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 2.37 cm in length x 0.42 cm and 0.56 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.5 cm in width.



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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

Normal appearance of the stomach, 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. A moderate amount of ingesta is present in the stomach. This is most likely compatible with a recent meal. No obvious pyloric obstruction evident.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs, the most likely diagnosis would be non-specific gastritis such as dietary indiscretion, toxins and viral.

Although the visible section of the pancreas appears ultrasonographically normal, pancreatitis would be a possible differential diagnosis.

Further assessment would be CPL/PSL assay.

Symptomatic management would be fluid therapy and correction of any electrolyte anomalies (if needed), antiemetics, analgesics and feeding small frequent meals of an intestinal type diet.

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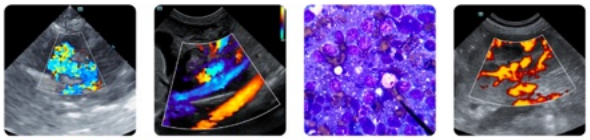

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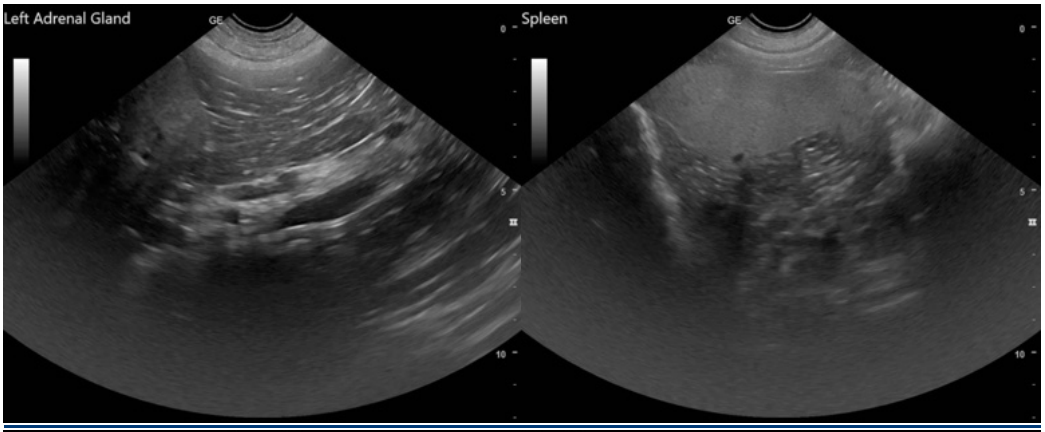

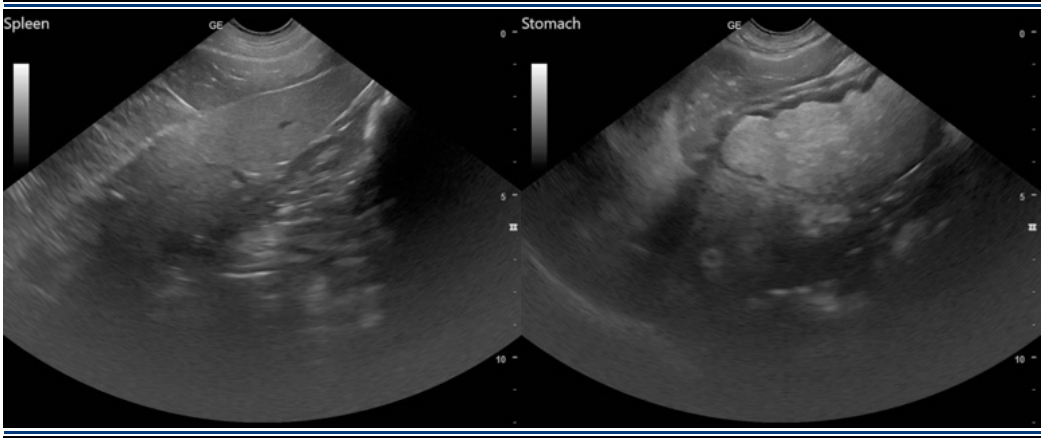

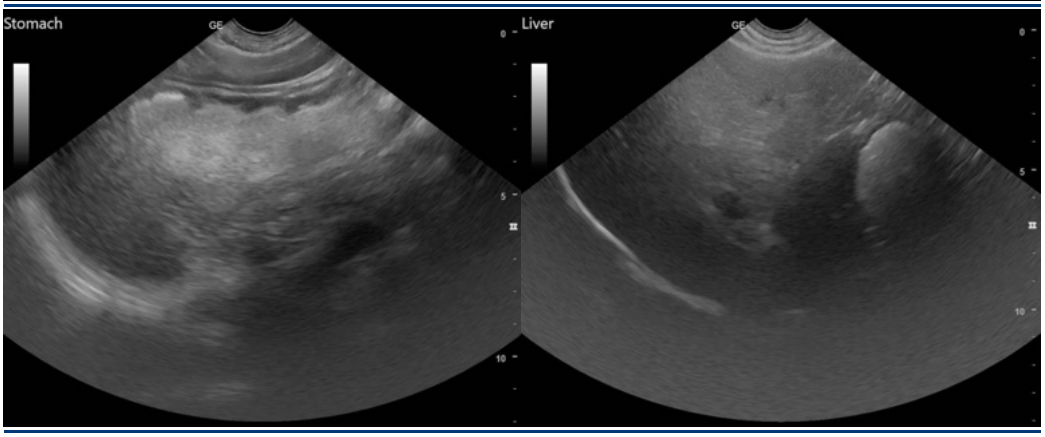

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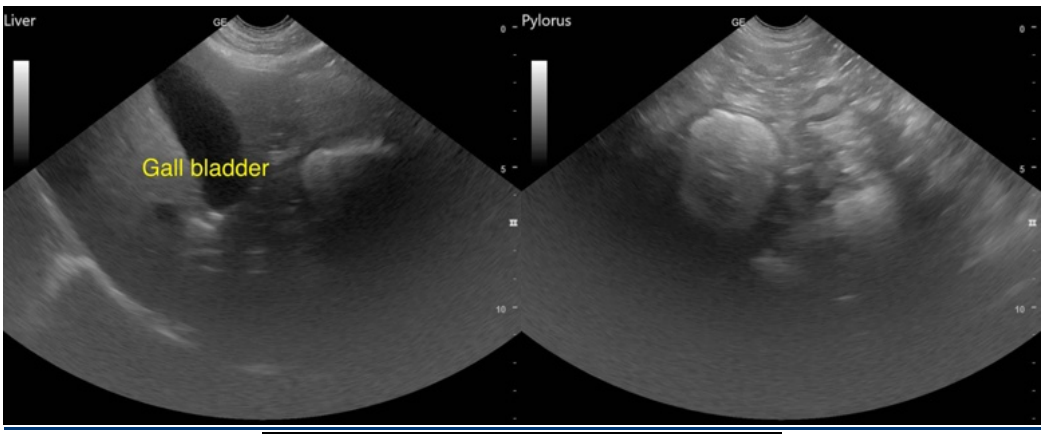

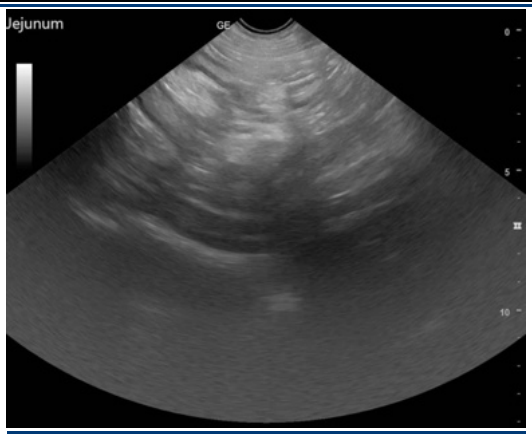

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com