



PATIENT

Kahlua Pineda

SPECIES

Canine

BREED

Bull Mastiff

SEX

Spayed Female

AGE

6 Years 5 Months

WEIGHT

104 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cameron Johnson
DVM

HOSPITAL NAME

Craog Road Animal
Hospital

REFERRING VET

James Quintana DVM

INVOICE

16006

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Patient was seen for allergies and otitis externa in February and the owners mentioned that she has been vomiting at nighttime only. Patient was treated for the ear infection and resolved but the vomiting is still occurring. Last week they started with Omeprazole and if this doesn't work then ultrasound would be recommended. Patient has tried Omeprazole for the past week and continues to vomit. Pet weight 119 lbs and now 104lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.8 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.55 cm and 0.56 cm in width. The right adrenal gland measured 0.57cm in width.

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 1.9 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

Full gallbladder 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 small amount of gas is present within the stomach.



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Pancreas

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

On this ultrasound, there is no obvious etiology for the chronic vomiting. Although the stomach appears ultrasonographically normal with the chronic vomiting and underlying gastropathy such as parasitic gastritis, chronic gastritis, helicobacter gastritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis and endoscopy of the upper GI tract with biopsies. Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of fenbendazole, and if there's not a satisfactory improvement, then triple therapy for helicobacter gastritis, and if there's still not a satisfactory improvement, a course of prednisolone would then be indicated.





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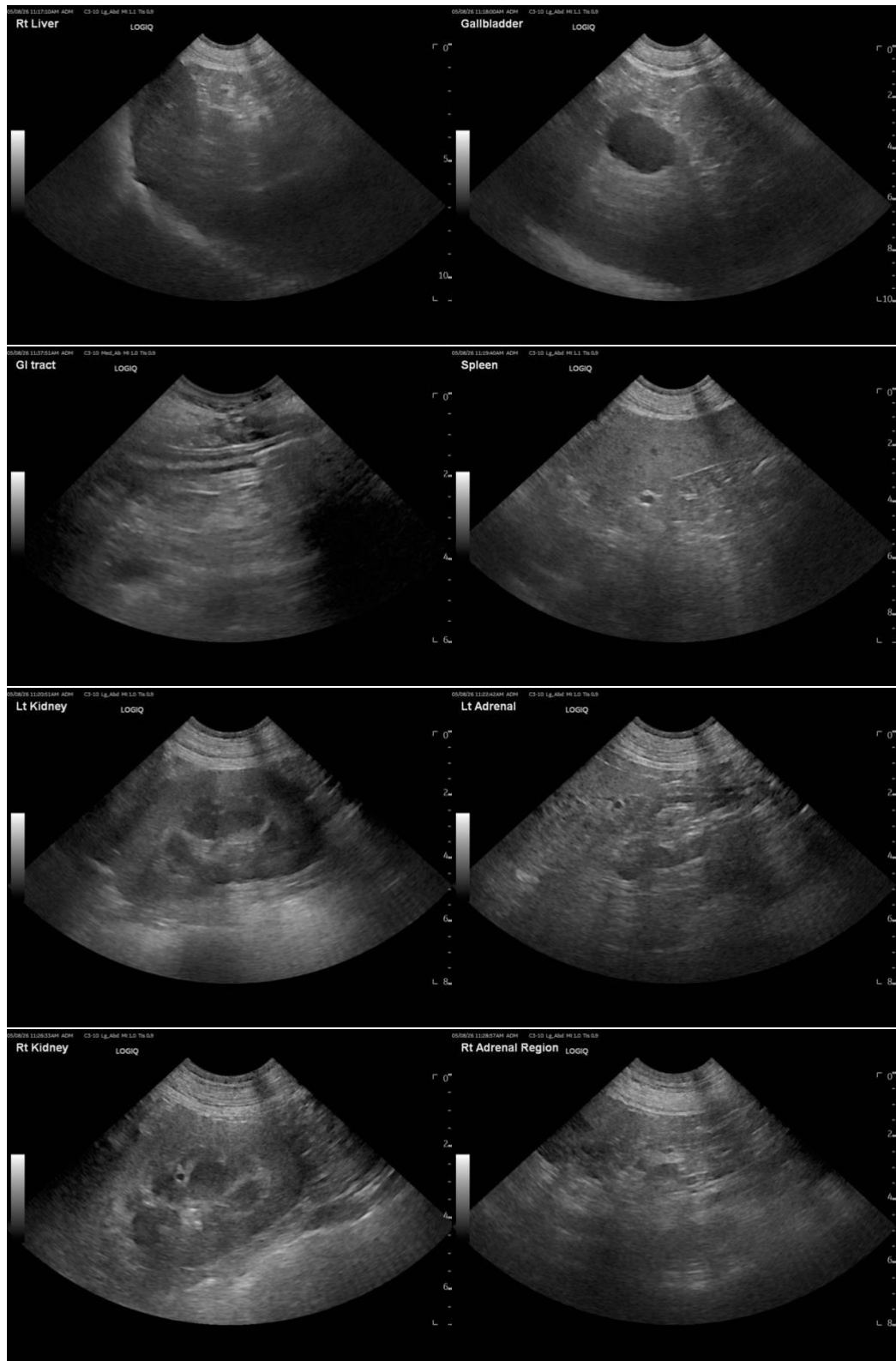
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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