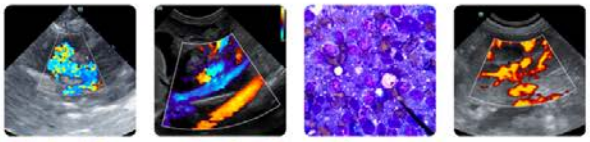


PATIENT

Bayra Davis

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

24 Months

WEIGHT

37.1

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Karen Hemmerich

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Monteith

INVOICE

72109

DATE

1/10/26

PRESENTING CLINICAL SIGNS

Normal appetite and energy, vomiting bile 4x in last 36 hours but keeping down food. started coughing yesterday AM. On high fat diet. Does eat items that she should not and tore up stuffy toys from Christmas, did not see missing stuffing. o did withhold food this AM, last ate last night. 'Blow-out diarrhea' started yesterday. Malodorous.

Abnormal PE/Chem/CBC/UA Results: Tacky MM Resp rate 36, dry cough - suspect aspiration pattern on rads middle right lung lobe?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. The urethra is not visualized, presumably due to its intrapelvic location.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 4.6 cm. Right kidney measures 5.0 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.5 mm at the cranial pole and 5.2 mm at the caudal pole. Right measures 7.4 mm at the cranial pole and 5.0 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

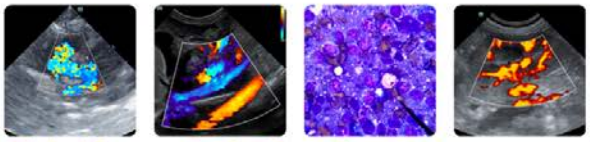
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is markedly distended with fluid and ingested. The wall measures 2.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Markedly distended stomach (fluid and ingesta) without evidence of outflow obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the stomach is very full, the pyloric outflow tract is clearly visualized, and there is normal chyme moving into the duodenum and throughout the small bowel. Thus, the presence of gastric contents should be correlated with fasting history.

There is no apparent cause for the reported gastrointestinal signs on today's ultrasound. Additional recommendations, if not already performed, would include:

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy and bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated, as well as appropriate antibiotic therapy for the suspected pneumonia.
- while the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- if signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered. Additionally, it is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.

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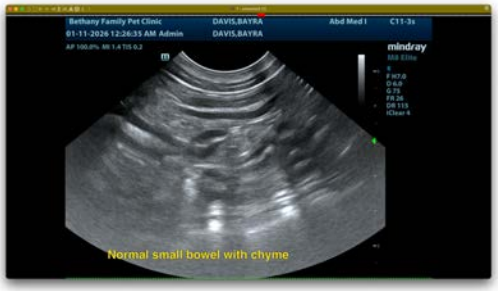

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com