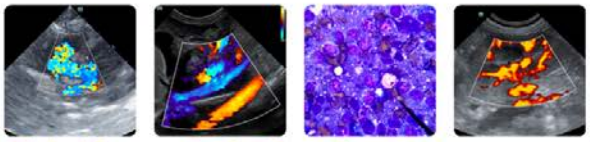


PATIENT

Anja Hayes

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

4 Years

WEIGHT

46.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency Animal Hospital of Crystal Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

75194

DATE

5/17/26

PRESENTING CLINICAL SIGNS

Anja, a 4YO FS Husky mix, presents for ongoing care of recent regurgitation, dehydration, and tarry stool. Anja started regurgitating on 5/13. She has done this ~twice daily since except for today when it occurred every time she drank water. O describes these events as passively expulsing clear liquid with no preceding nausea. O also notes during this time pt has had dark tarry stools with softer consistency. Finally during this time she has been anorexic since 5/14. Anja was taken to her rDVM today for this and AXR and bloodwork were performed. AXR showed ileus, no obstructive pattern. Bloodwork showed signs of dehydration but otherwise unremarkable. She was given cerenia and IVF and transferred here for continued care. Of note month ago she had an episode of hematochezia which resolved to metronidazole, proviable, and a bland diet. A fecal and bloodwork was done at this time and was unremarkable. O reports no recent diet changes, that Anja is not one to chew up toys/get into things, and did great since her visit mid April. Of note her weight has decreased by 6lbs and on 5/11 credelio was administered for the first time. No other major medical hx of note and no other current medications.

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, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 6.7 cm. Right kidney measures 7.0 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.2 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

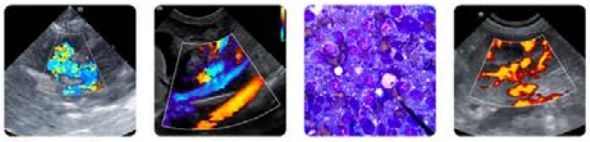
Spleen

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 moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is mildly distended with ingesta and fluid. The stomach wall measures 3.6 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.

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 (1.7 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 free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Mild peri-gastric steatitis, suggestive of gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is evidence of mild inflammation in the region of the stomach, consistent with a non-specific gastritis, thought this alone may not be sufficient to explain the patient's symptoms, particularly the rapid weight loss. Suggested next steps might include:

- Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotidine, and gastroprotectants such as sucralfate.
- Dietary therapy with either a highly digestible, low fat diet, or, if this has been tried unsuccessfully, a hydrolyzed or novel protein diet trial is recommended. Feeding frequent small meals is preferred if feasible.
- Probiotic therapy
- 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.
- A resting cortisol level and a GI panel could be considered.
- 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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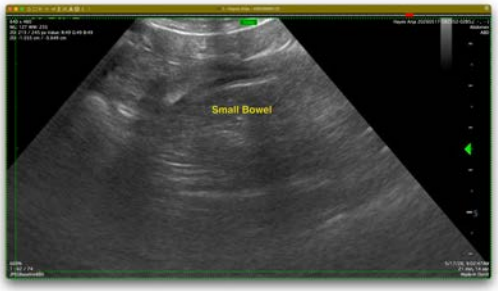

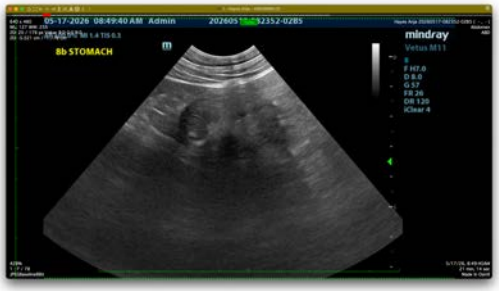

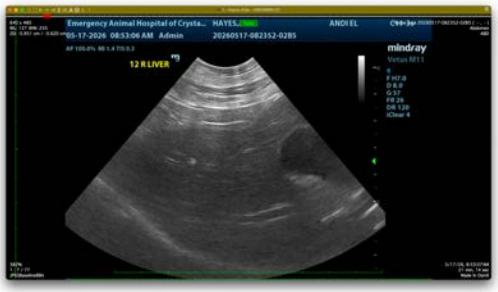

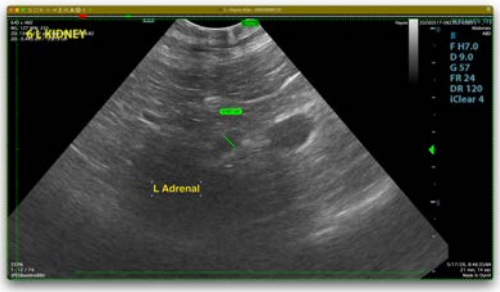

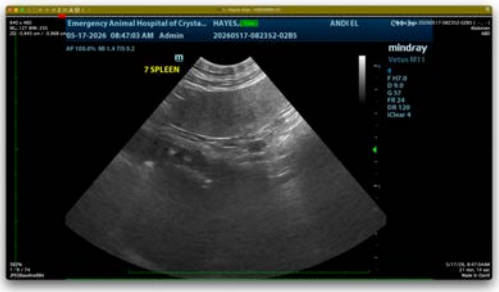

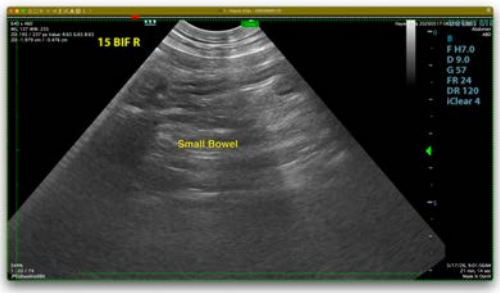

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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