



**PATIENT**

Capone Sengle

**PRESENTING CLINICAL SIGNS**

re check u/s yesterday showed gastric foreign material, dog has been NPO last night and this am

**SPECIES**

Canine

**RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

Pitbull

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.1 cm in length.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

8

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 3.0 cm length.

**WEIGHT**

65

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained persistent retained variably echogenic ingesta and a solitary strongly shadowing echo measuring ~ 3-3.5 cm in diameter. No signs of ileus or mechanical outflow obstruction.

**REFERRING VET**

Dr. Maniar

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**INVOICE**

12670ag

Normal visible colon wall layers were present with apparent formed feces in lumen.

**DATE**

1/12/2023

**Pancreas**



**PATIENT**

Capone Sengle

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Pitbull

**ULTRASONOGRAPHIC FINDINGS**

- Persistent retained ingesta and strongly shadowing gastric luminal echo
- Sonographically unremarkable small bowel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

MN

In conjunction with previous study and despite documented NPO, persistent retained gastric ingesta along with strongly shadowing echo is strongly suggestive of previously noted persisted gastric foreign material or body. Endoscopy or gastrotomy is recommended especially if persistent GI signs i.e. vomiting.

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**REFERRING VET**

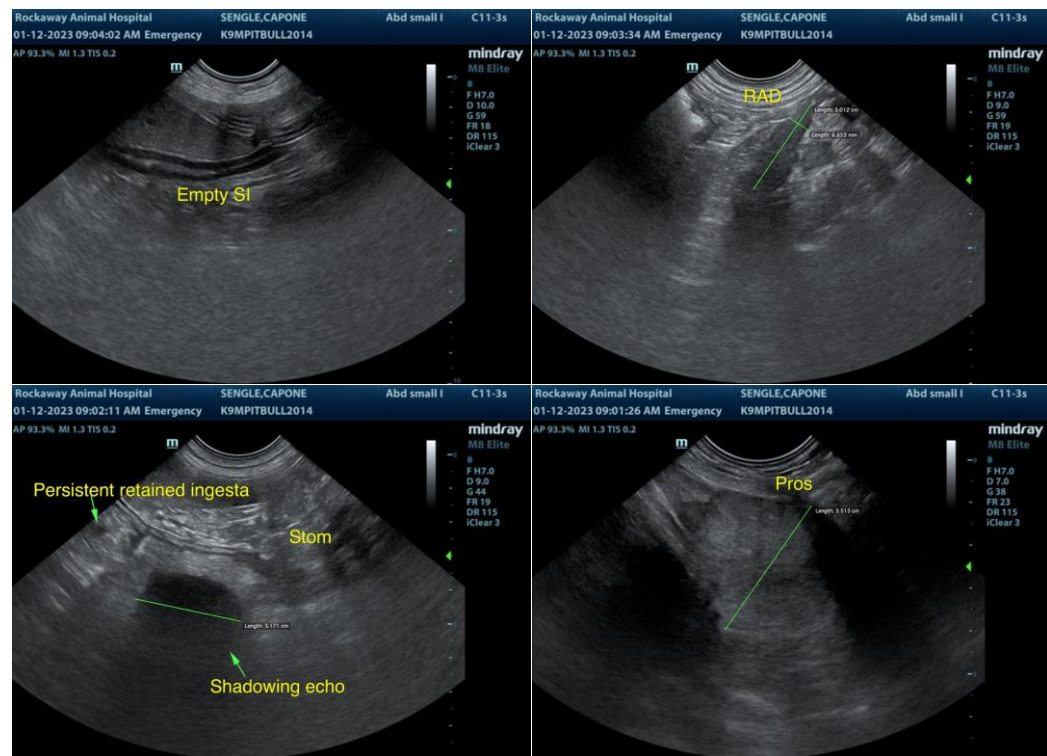
Dr. Maniar

**INVOICE**

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**DATE**

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Capone Sengle

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

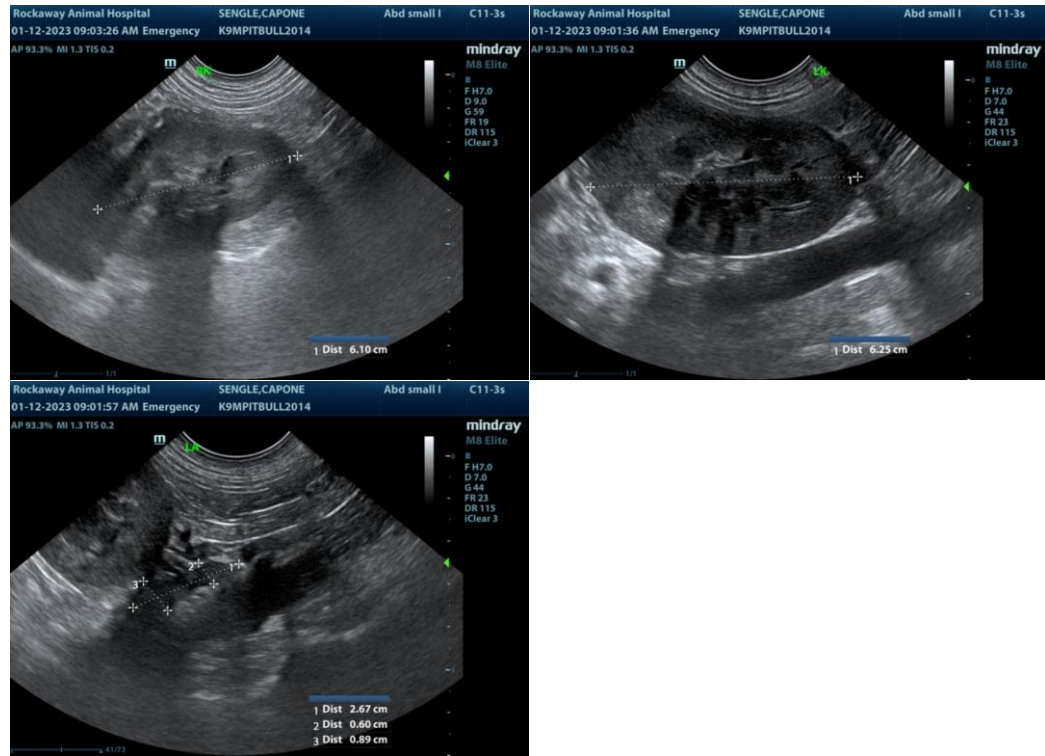
MN

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**DATE**

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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.

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