



PATIENT	PRESENTING CLINICAL SIGNS
Dakota Rivera	re check u/s yesterday showed presence of ingesta within the gastric lumen
SPECIES	RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.
Pit Mix	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 6.9 cm in length. The right kidney measured 6.7 cm in length.
SEX	The area of the aortic trifurcation was free of pathology.
FS	Adrenal Glands
AGE	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was not definitively visualized. No obvious pathology was present in the area of the right adrenal gland.
6	Spleen
WEIGHT	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Previously noted discrete non-disruptive splenic nodule present in the mid lateral spleen measuring 0.95 cm in diameter. 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.
47	Liver/Gallbladder
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic primarily non-shadowing ingesta extending into the pyloric outflow with no overt signs of ileus, obstruction or foreign material.
Jenn	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
Rockaway Animal Hospital	Pancreas
REFERRING VET	
Dr. Maniar	
INVOICE	
12673ag	
DATE	
01/12/2023	



PATIENT

Dakota Rivera

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

Pit Mix

- Sonographically unremarkable GI tract with moderate variably echogenic non-shadowing gastric ingesta
- Static previously noted splenic nodule-subjectively benign

SEX

FS

The presence of gastric ingesta is nonspecific and may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. A definitive area of upper intestinal or pyloric obstructive pattern was not noted yet cannot be definitively excluded especially if recurrent episodes of inappetence, vomiting or similar. Ideally sonographic reassessment of the stomach following 12-24 hour NPO is suggested. If definitive NPO and/or clinical signs such as vomiting/inappetence are present or progressive, endoscopy or exploratory laparotomy with gross inspection of the upper GI tract may be indicated. Conservatively, smaller more frequent meals of a canned novel protein/hydrolyzed diet and as need gastric protectants if clinically indicated would be reasonable.

AGE

6

WEIGHT

47

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

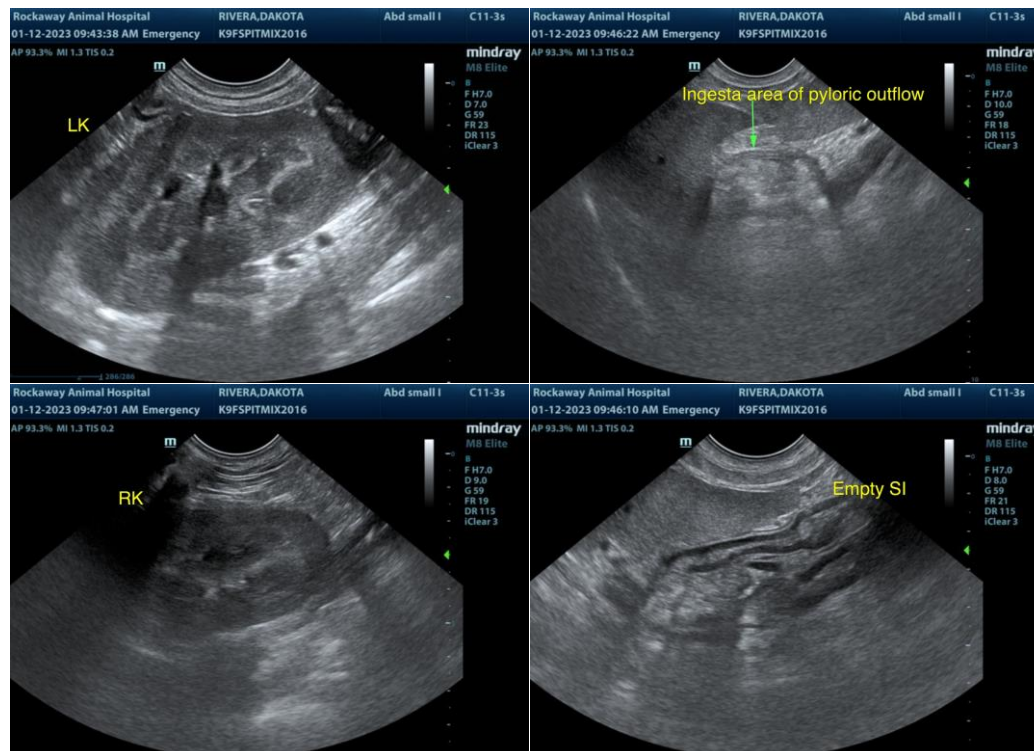
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SPECIES

Canine

BREED

Pit Mix

SEX

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IMAGING PERFORMED BY

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HOSPITAL NAME

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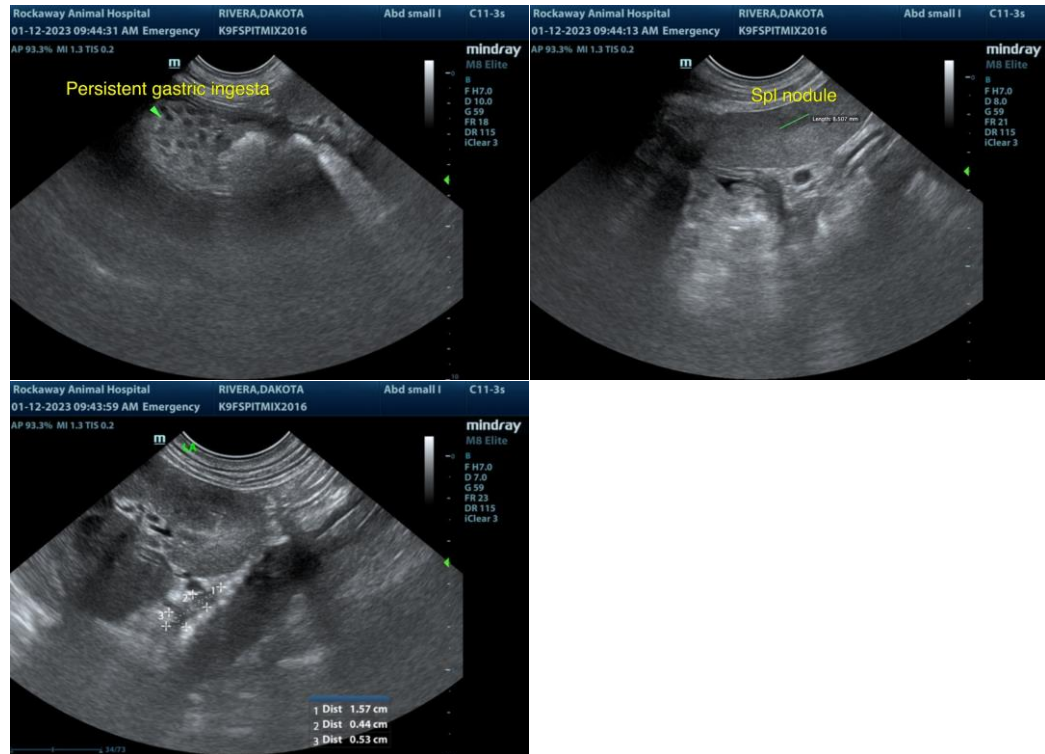
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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