



**PATIENT PRESENTING CLINICAL SIGNS**

Petey Petrillo History: 48 hr hx of vomiting post prandial

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

**BREED**

Retriever Mix

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

54 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

13529

**DATE**

1/21/22

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 4.1 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm in length x 0.61 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm in length x 0.85 cm width at the caudal pole.

**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.

**Liver**

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.

**Gastrointestinal**

The stomach presented prominent gastric walls secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid was present in the stomach. No evidence of ingesta or overt foreign material present. The gastric body wall measured 0.52 cm.

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. The duodenum wall measured 0.39 cm. The jejunum wall measured 0.32 cm.



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

Petey Petrillo **Pancreas**

**SPECIES** 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.

Canine

**Free Abdomen**

**BREED** No overt lymphadenopathy or peritoneal effusion was present.

Retriever Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Gastritis with mild gastric hypomotility
- Overtly normal small bowel

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No evidence of mechanical gastrointestinal obstruction or foreign material. Dietary intolerance/food hypersensitivity, occult parasitism or suspected mild upper to generalized gastrointestinal inflammation possible. If persistent evidence of vomiting, three-view chest radiographs to rule out occult thoracic or esophageal pathology as well as resting cortisol to assess for or rule out occult Addison's disease may be considered. Some or all of the following protocol would be appropriate empirically.

6 Years

**WEIGHT**

54 Lbs.

**Helicobacter/Gastritis protocol**

**INTERPRETED BY**

A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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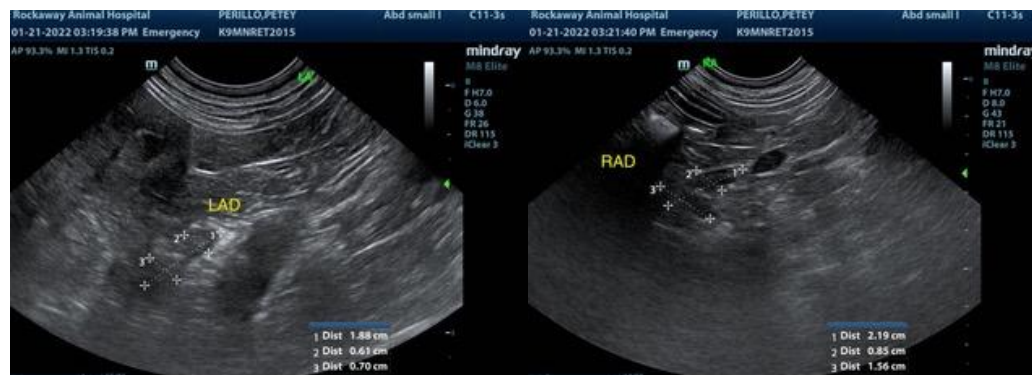
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Petey Petrillo

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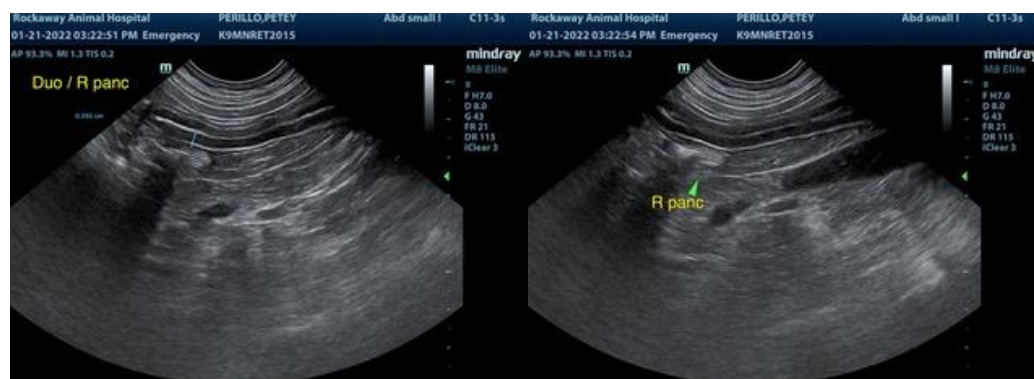
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
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