



PATIENT	PRESENTING CLINICAL SIGNS
Charlie Evans	Vomiting and wrenching today painful cranial abdomen. Abdominal x rays defined shadow seen in stomach. Owner suspects possibly ate toys or grass
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
Shepherd Mix	
SEX	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 6.5 cm in length. The right kidney measured 5.8 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
2	The area of the residual prostate appeared normal and free of pathology.
WEIGHT	Adrenal Glands
23kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.46 cm width at the cranial pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Potential for mild medial folding of the caudal spleen. 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.
IMAGING PERFORMED BY	Liver/Gallbladder
Dr. Belan	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.
HOSPITAL NAME	Gastrointestinal
Britannia Kingsland VC	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained ingesta exhibiting mild near field hyperechogenicity with progressive to regionally strong distal acoustic shadowing extending into the area of the pyloric outflow.
REFERRING VET	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild hyperechoic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.
Dr. Radcliffe	
INVOICE	
12787ag	
DATE	
01/24/2023	



PATIENT

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

Charlie Evans

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

Shepherd Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild to moderate retained gastric ingesta exhibiting mild progressive to regionally strong distal acoustic shadowing
- Sonographically unremarkable small intestine-no evidence of mechanical/metabolic ileus
- Normal pancreas-no sign of active pancreatitis

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2

Concern for retained gastric foreign material such as fabric/stuffing or possible hairball type density is warranted although not definitive. Some degree of gastric stasis with retained ingesta owing to mild gastritis and metabolic stasis is possible. Given the time frame between ultrasound and interpretation, sonographic or radiographic reassessment for evidence of persistent retained ingesta ideally following documented NPO is recommended.

WEIGHT

23kg

If evidence of persistent retained ingesta and/or continued clinical signs, hospitalization with IVF and GI support with continued monitoring for evidence of gastric emptying may be considered. However, endoscopy if available for further clarification could be considered. Exploratory laparotomy with gastrotomy and gross inspection of the generalized GI tract may be indicated. If surgery is elected GI biopsies would be recommended despite exploratory findings.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Britannia Kingsland
VC

REFERRING VET

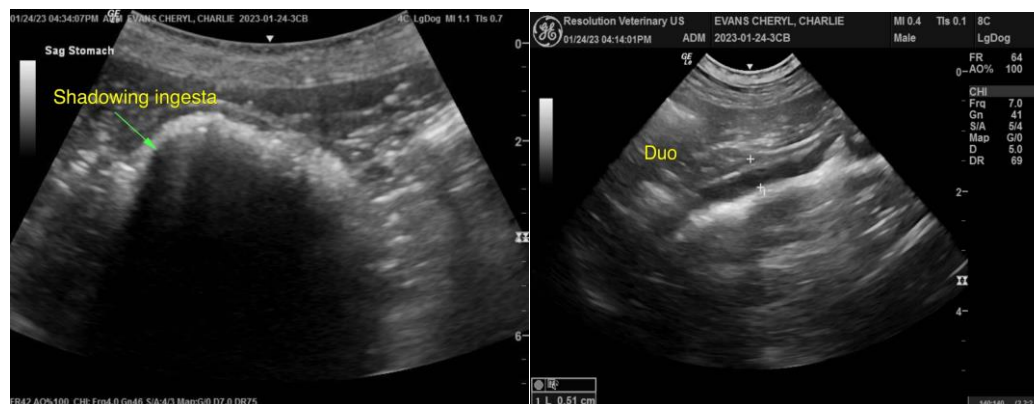
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PATIENT

Charlie Evans

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

2

WEIGHT

23kg

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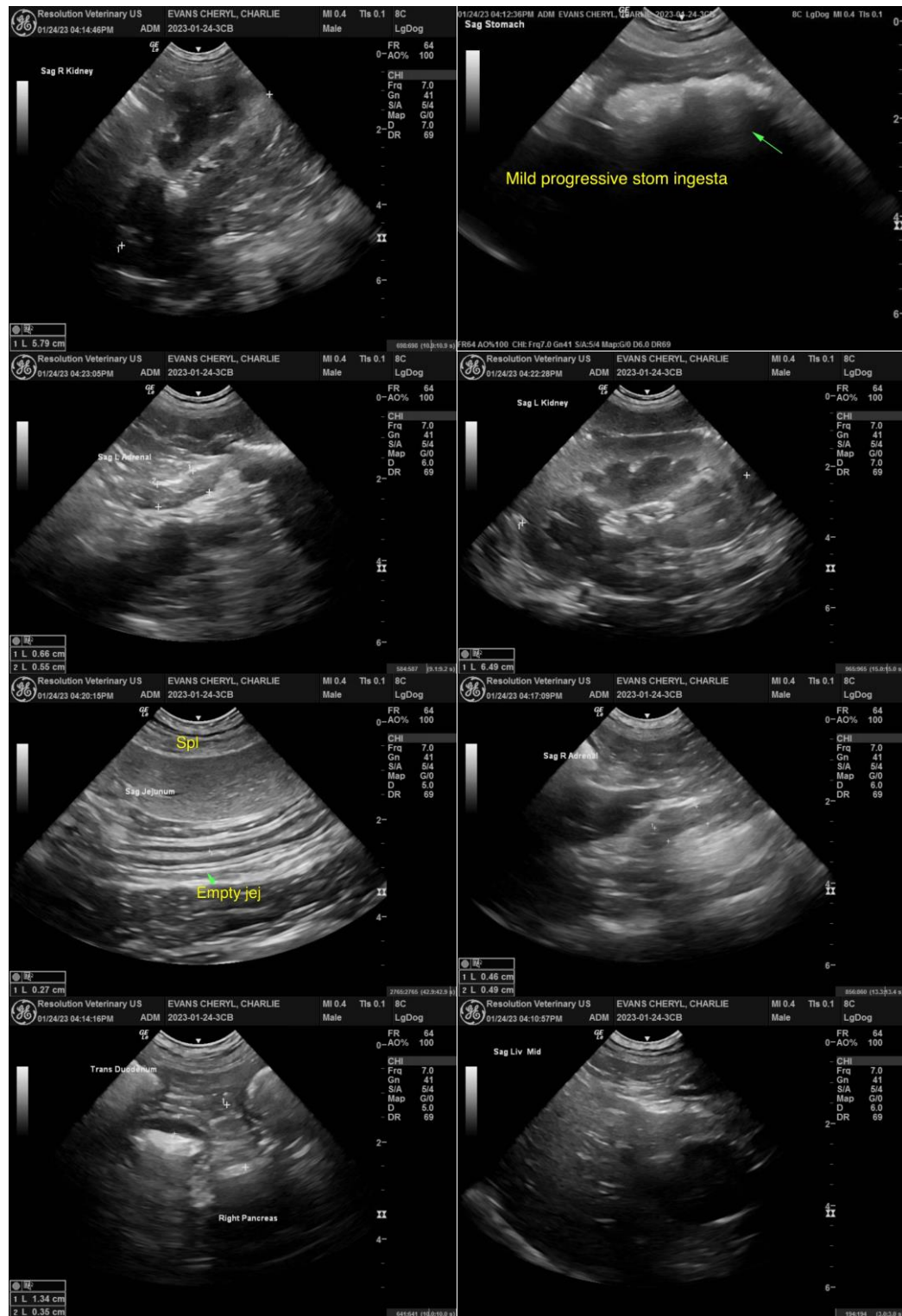
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Charlie Evans

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

BREED

Shepherd Mix

SEX

MN

AGE

2

WEIGHT

23kg

INTERPRETED BY

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(Canine and Feline)

**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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