



PATIENT	PRESENTING CLINICAL SIGNS
Lilo Gonzalez	pet seen at rdvm for vomiting.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.
Pitbull X	
SEX	The area of the aortic trifurcation was free of pathology.
SF	
AGE	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.
8 years	
WEIGHT	<i>Adrenal Glands</i>
49.9 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.51 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.
INTERPRETED BY	<i>Spleen</i>
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. 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	<i>Liver/ Gallbladder</i>
Michaleen	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 containing primarily anechoic content with mild, echogenic, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	<i>Gastrointestinal</i>
DPC VH	The stomach was moderately distended with retained nonshadowing ingesta / chyme. The visualized gastric walls were sonographically unremarkable exhibiting intact wall layering. The ventral gastric body wall width measured 0.30 cm. The area of the pyloric outflow was not definitively visualized.
REFERRING VET	
Dr. Marks	
INVOICE	
15930	
DATE	
1/25/23	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 mechanical / metabolic ileus, obstruction, or foreign material.



PATIENT

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

Lilo Gonzalez

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 were evident.

Canine

BREED

Free Abdomen

Pitbull X

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

SF

- Moderately distended stomach with retained ingesta/chyme
- Overtly normal visualized small bowel
- Mild gallbladder debris (non-mucocele)

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

49.9 lbs.

The moderately distended with retained ingesta / chyme is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion is recommended. Sonographically, the appearance of the ingesta/chyme is consistent with food without overt evidence of foreign material. Potential for metabolic gastric stasis if documented NPO is possible. Likewise, the potential for visualized mechanical pyloric or upper intestinal obstruction cannot be definitively excluded.

INTERPRETED BY

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

Ideally, sonographic reassessment of the stomach in 18-24 hours following documented 12-hour NPO with specific attention in the area of the pyloric outflow and upper duodenum is recommended. Alternatively, gastroprotectant protocol, a canned hydrolyzed diet with small more frequent feedings, +/- coverage for helicobacter, and an assessment of clinical response could be considered. If evidence of persistent retained gastric ingesta / chyme despite NPO, gastric evacuation with upper gastrointestinal endoscopy is also indicated. Resting cortisol level to rule out occult Addison's Disease in conjunction with full CBC/Chemistry panel/Urinalysis to rule out underlying metabolic component to metabolic gastric stasis is suggested.

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

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PATIENT

Lilo Gonzalez

SPECIES

Canine

BREED

Pitbull X

SEX

SF

AGE

8 years

WEIGHT

49.9 lbs.

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IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

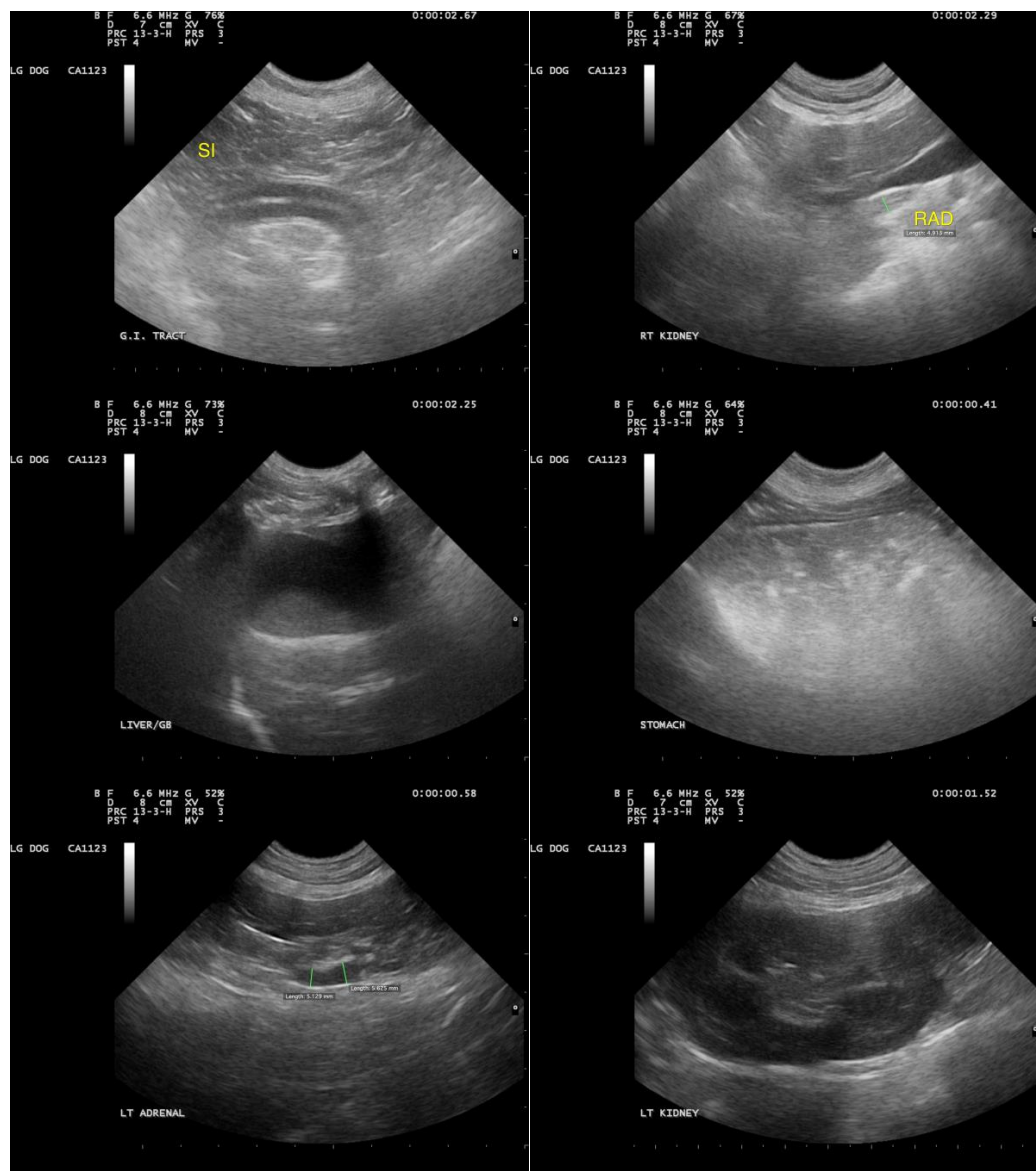
Dr. Marks

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com