



**PATIENT**

Leo Frida

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

90.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ashley Fatzer

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Hummel

**INVOICE**

13151

**DATE**

1/26/22

**PRESENTING CLINICAL SIGNS**

Ingested parts of plastic bag 36 hours ago, vomiting food and water  
Abnormal PE/Chem/CBC/UA Results: PE: dehydrated >5 %, radiograph poor abdominal detail  
dorsal mid abdomen CBC/CHEM/UA: n/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 7.4 cm in length. The right kidney measured 6.8 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 0.80 cm width at the caudal pole and 0.80 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 0.67 cm width at the caudal pole and 0.54 cm width at the cranial 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/ 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.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas. No overt evidence of retained ingesta, fluid, or foreign material was noted in the stomach.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of mechanical / metabolic small intestinal ileus or overt foreign material was noted.

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

***Pancreas***

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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Sonographically unremarkable abdomen, suspect gastroenteritis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No indication for immediate surgical intervention without evidence of mechanical / metabolic gastrointestinal ileus, obstruction, or overt foreign material. Gastroenteritis potentially owing to dietary indiscretion, given the patient's history, may be considered.

Monitoring of fecal output for evidence of foreign material is recommended. Hospitalization with 24/hour IV fluid and gastrointestinal supportive protocol, given the dehydration, will likely prove beneficial. Recheck sonogram may be considered if persistent vomiting or inappetence despite conservative therapy or if persistent gastrointestinal signs are noted.

Likewise, adrenal screening to assess for or rule out occult Addison's Disease may be considered if persistent gastrointestinal signs, although thought less likely based on adrenal presentation.



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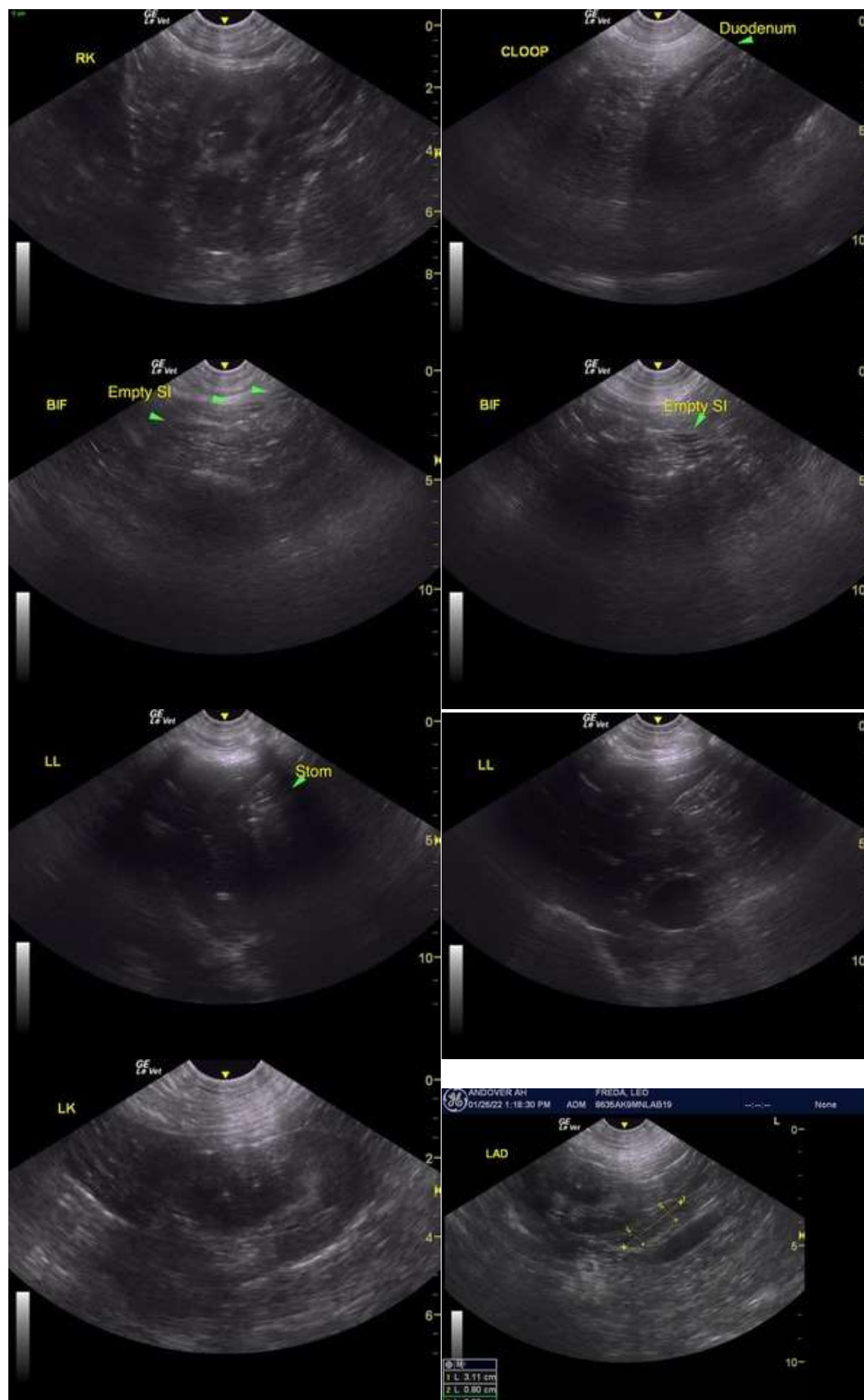
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

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