



PATIENT

Java DeSantis

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

8

WEIGHT

81

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

15946

DATE

1/26/23

PRESENTING CLINICAL SIGNS

picking at his food , loose stool

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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 7.0 cm in length. The right kidney was indistinctly visualized owing to patient size / conformation and overlaying colonic gas. No overt evidence of right kidney pathology was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.85 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 3.2 cm length x 0.71 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/ 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.

Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The stomach was non-distended containing a mild to moderate amount of variably echogenic to focally shadowing ingesta extending into the pyloric outflow without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-shadowing intestinal ingesta / chyme was present with no obstructive pattern or intestinal foreign material.

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Normal visible colon wall layers were present with subjective semi-formed fecal matter, consistent with patient history.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Overtly normal gastrointestinal tract with focally shadowing gastric ingesta, mild non-shadowing segmental intestinal ingesta / chyme, and semi-formed fecal matter
- Otherwise, sonographically normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal ingesta is nonspecific and may indicated known or unknown post prandial presentation. Some degree of metabolic gastrointestinal hypomotility could be possible, assuming the patient is documented NPO. Mild inflammatory bowel process, low-grade chronic pancreatitis, and less likely occult Addison's Disease are all potentials. The potential for a mild amount of nonobstructive gastric foreign material cannot be definitively excluded. However, no evidence of gastrointestinal obstructive criteria.

IMAGING PERFORMED BY

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Hospitalization with 24/hour IV fluids and gastrointestinal support, 12/hour documented NPO, and sonographic reassessment of the stomach for evidence of gastric emptying is recommended. A resting cortisol level and Spec cPL could be considered to assess for occult disease as a contributing factor.

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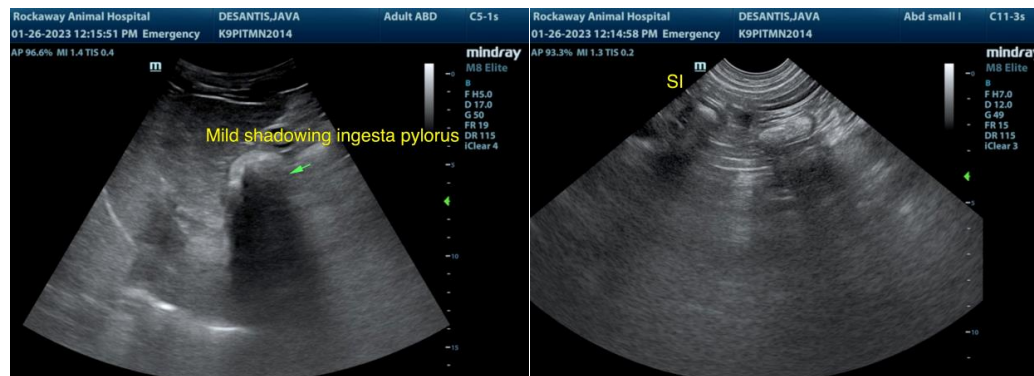
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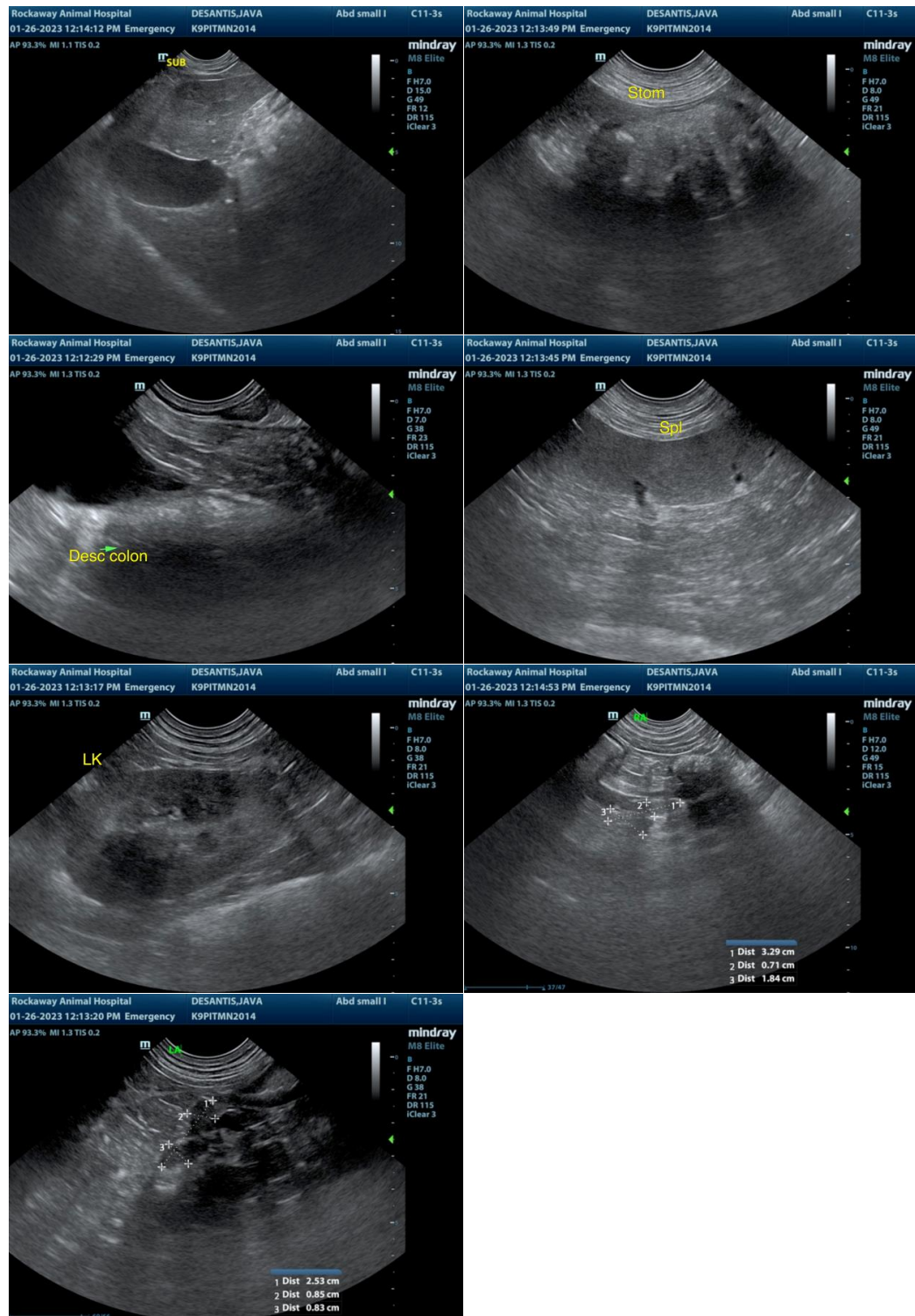
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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