



PATIENT	PRESENTING CLINICAL SIGNS
Shea Capalbo	Mucousy stools, swollen anal glands , afraid to defecate
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
Mix	
SEX	The area of the aortic trifurcation was free of pathology.
FS	
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 6.4 cm in length. The right kidney measured 6.0 cm in length.
10 months	
WEIGHT	Adrenal Glands
49	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.41 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 1.9 cm length x 0.49 cm width at the caudal 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. 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
Rockaway AH	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
Rockaway AH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic yet non-shadowing ingesta without signs of obstruction or foreign material.
REFERRING VET	
Dr. Maniar	
INVOICE	
15952	
DATE	
1/26/23	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileocolic junction, which was free of pathology. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.



PATIENT

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Mix

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FS

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INTERPRETED BY

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(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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Normal visible colon wall layers were present to the level of the visualized distal colon to the colorectum. The colon appeared to contain formed to semi-formed fecal matter.

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

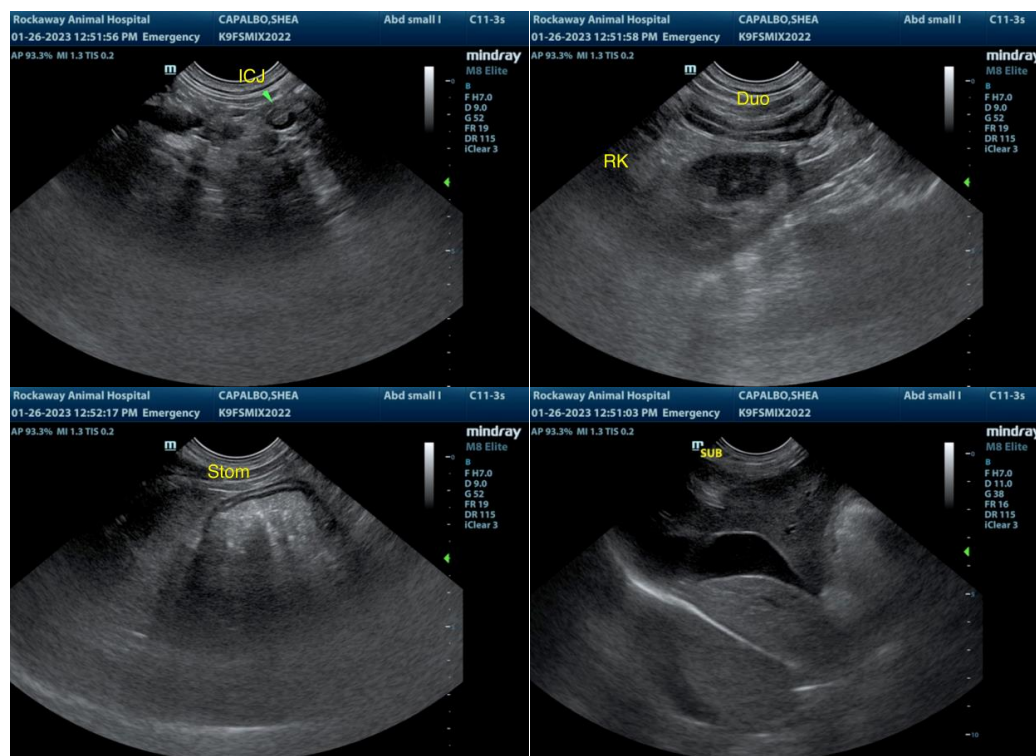
No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Mild gastric ingesta
- Potential mild colitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant intraabdominal visceral pathology. Some degree of metabolic gastric stasis could be possible if documented NPO. However, post prandial presentation is considered likely. Empirical therapy for colitis, assuming no evidence of distal colon or colorectal pathology, would be reasonable.





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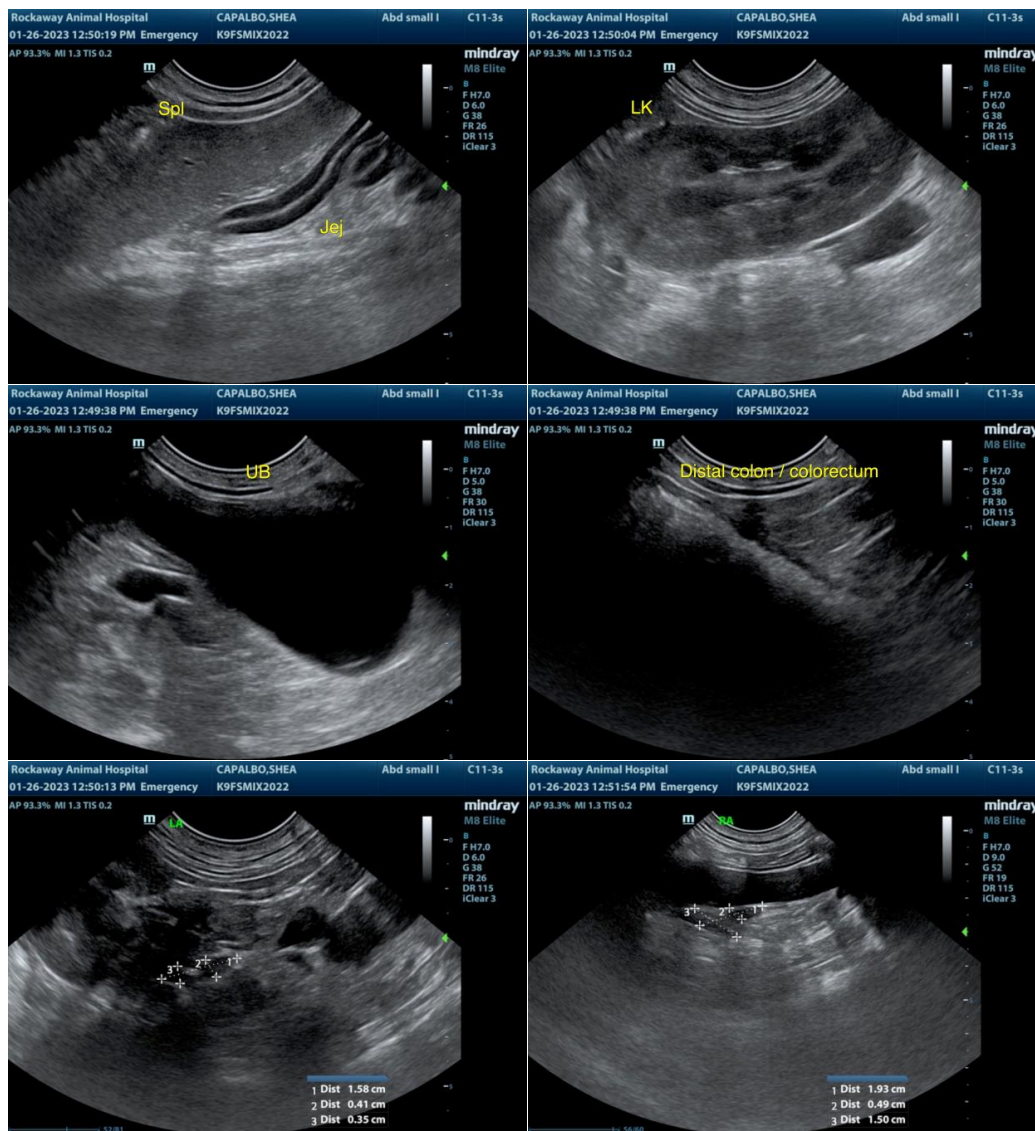
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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