



**PATIENT**

Paco Saez

**SPECIES**

Canine

**BREED**

American Staffie

**SEX**

M/N

**AGE**

2

**WEIGHT**

67

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

15974

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

decreased appetite since Dec, food found in stomach yesterday on xrays even though pet has not eaten or drank since Wed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology.

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 6.5 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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 mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid with no overt evidence of gastric ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The ventral gastric body wall width measured 0.50 cm. The pylorus wall width measured 0.70 cm.

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.

Paco Saez **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**

American Staffie No overt lymphadenopathy or peritoneal effusion was present.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

M/N 

- Mild hypomotile gastritis pattern, sonographically unremarkable small intestine

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2 No evidence of gastric or gastrointestinal foreign body or gastrointestinal mechanical obstructive pattern was noted. The gastric presentation is suggestive of gastritis or possible chronic gastritis with secondary stasis.

**WEIGHT**

67 No indication for immediate surgical intervention, although gastric endoscopy could be considered given the history of this patient. Empirically, therapy for gastritis with possible empirical coverage for helicobacter could be considered. A resting cortisol level to rule out occult Addison's Disease is recommended.

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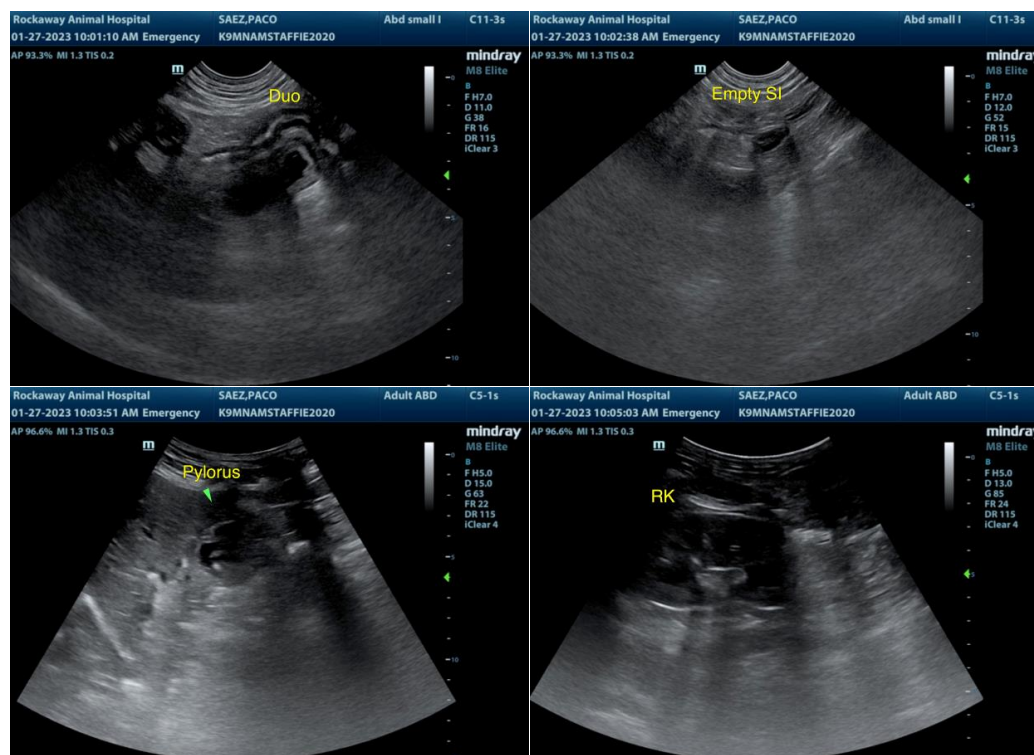
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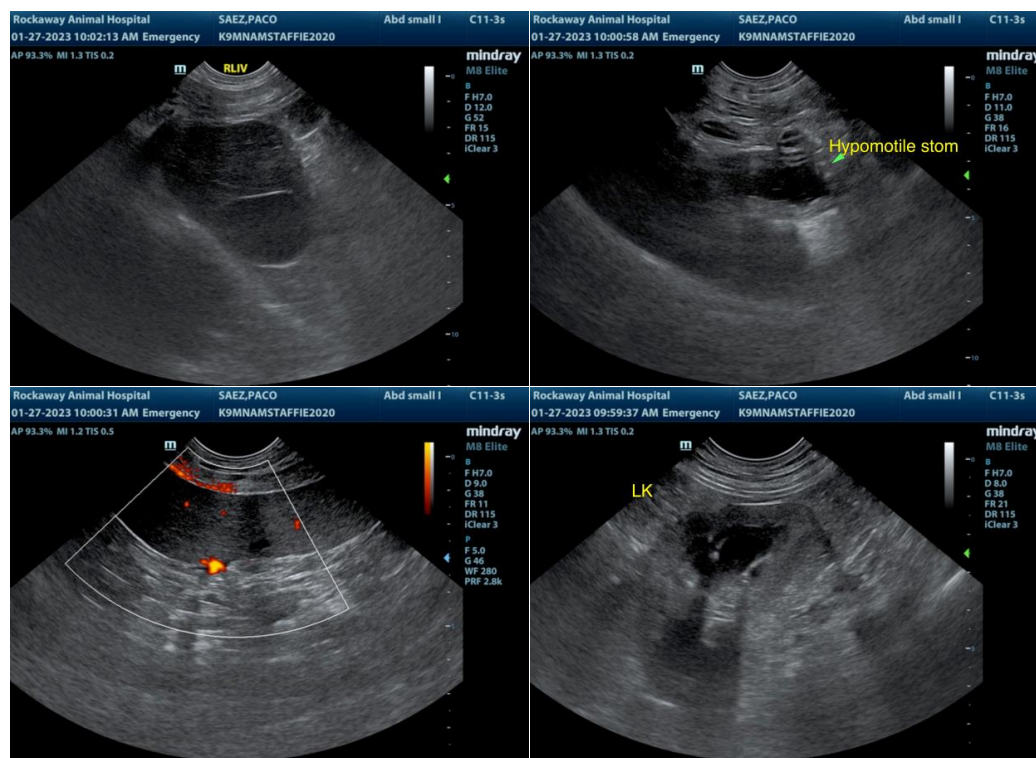
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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