



PATIENT

Coco Bernal

PRESENTING CLINICAL SIGNS

Chronic vomiting, R/O hypomotility vs. other.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Slight increase lipase, resting cortisol WNL. Maldigestion panel pending

BREED

Poodle Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

SEX

FS

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 3.7 cm in length. The right kidney measured 3.8 cm in length.

AGE

4yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

20lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 1.8 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

New Bridge
Veterinary

REFERRING VET

Dr. Glennon

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present along with a focal small subtly shadowing hyperechoic echo measuring ~ 0.8-1.0 cm in diameter. The echo did not appear to be obstructive to pyloric outflow. The ventral pylorus wall measured 0.64 cm.

INVOICE

12824ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild non-specific segmental jejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

01/31/2023



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

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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 was evident.

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Hypomotile gastritis pattern with mild retained fluid/chyme and small subtly shadowing gastric echo
- Overtly normal small bowel with mild jejunal mucosal speckling
- Sonographically normal pancreas

FS

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

4yr

Sonographically the gastric presentation is suggestive of likely chronic gastritis and secondary hypomotility. The focal small gastric echo may indicate retained ingesta or medication although the possibility of a small non-obstructive foreign body cannot be definitively excluded. Concurrent non-specific enteritis is possible. The potential for low-grade pancreatitis could be present yet sonographically normal. Correlation with pending maldigestion panel is suggested. Endoscopy with potential GI biopsies is likely ideal given this presentation. Monitoring of the non-specific gastric echo for evidence of persistence may be considered. Empirically, gastritis protocol +/- coverage for helicobacter with sonographic reassessment of the stomach walls in 4 weeks would be reasonable.

WEIGHT

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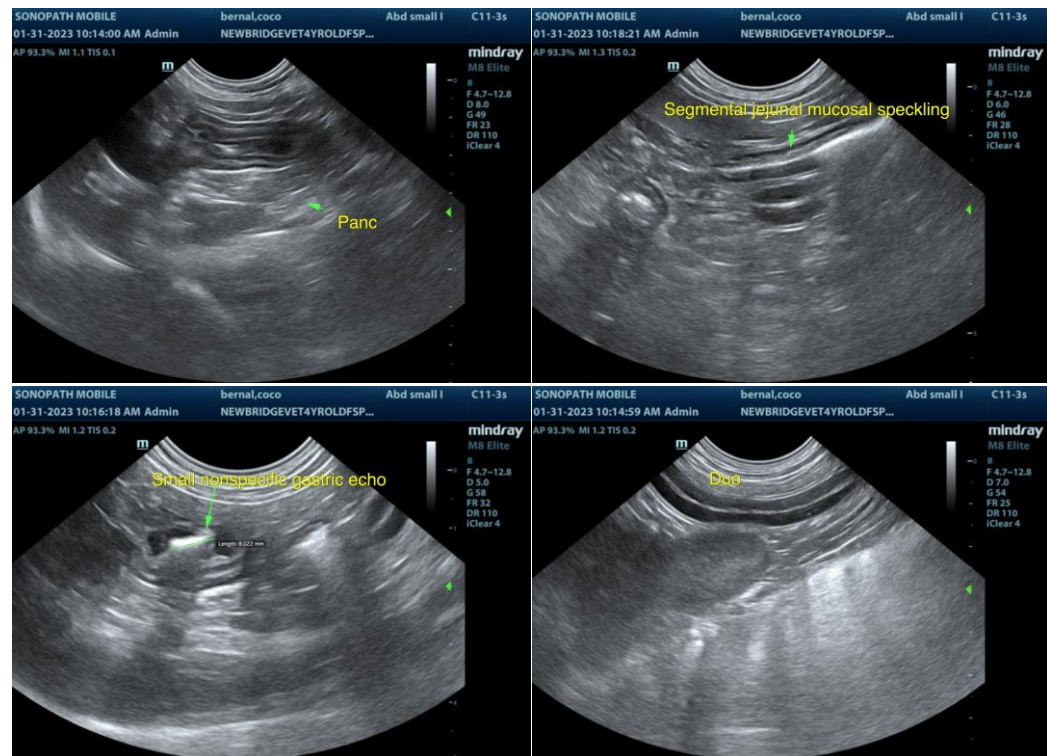
Dr. Glennon

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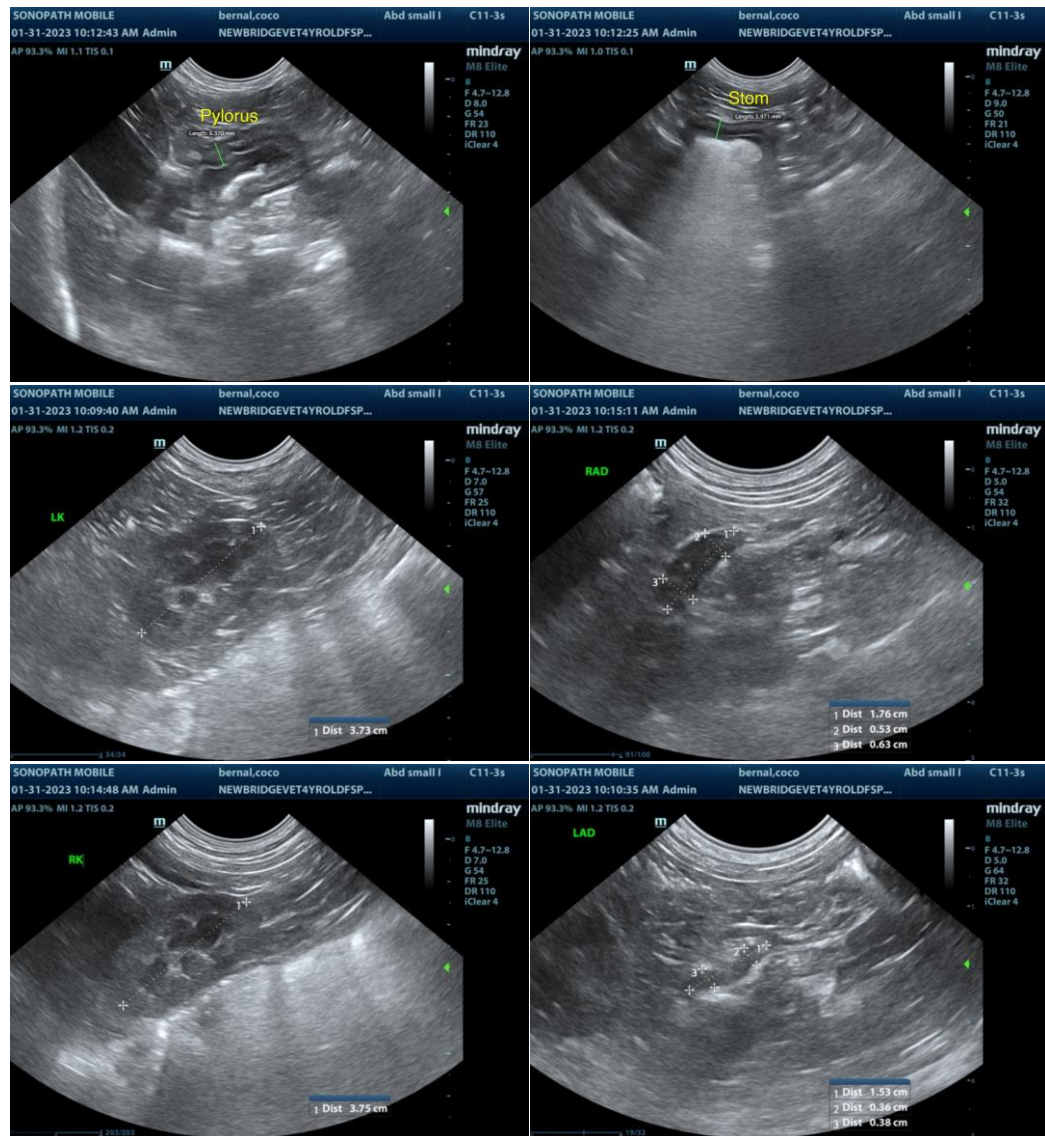
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INVOICE

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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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