



PATIENT

Snickers D'Addezio

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

11 Years

WEIGHT

19 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

13120

DATE

1/4/22

PRESENTING CLINICAL SIGNS

History: Ate a piece of beef with toothpick in it. Vomited today after eating this am. T=104. Will eat Tp.

Abnormal PE/Chem/CBC/UA Results: WNL

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. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.72 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The kidneys exhibited subjective mild nonuniform increased cortex echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.4 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 1.6 cm in length x 0.59 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 1.6 cm in length x 0.71 cm width at the caudal pole.

Spleen

The spleen was overall normal in size and contour with subtle generalized splenic parenchymal heterogeneity with solitary non-homogeneous to mixed echogenic subtly expansive nodule present in the cranial spleen, measuring 1.9 cm in diameter. The nodule did not overtly distort the splenic capsule and without evidence of parenchymal escape.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with moderate congealed to non-dependent luminal debris. The debris was non-mineralized. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact sonographically unremarkable wall layering, containing mild to moderate echogenic to focally shadowing ingesta. Ventral gastric body wall measured 0.33 cm.



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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio with primarily empty lumen. No overt evidence of obstructive small intestinal pattern. Focal areas of nonobstructive subtly shadowing digesta was present in the small intestine lumen. Duodenum wall measured 0.42 cm. The jejunum wall measured 0.35 cm.

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

Pancreas

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Mild to moderate focally shadowing retained gastric ingesta
- Overtly normal primarily empty small bowel with focal subtly shadowing luminal digesta
- Nonspecific heterogeneous to mixed echogenic splenic nodule
- Mild age-related kidneys
- Moderate congealed to nondependent gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the gastric ingesta was suggestive of food, although technically the possibility of intermixed focal nonobstructive gastric foreign material cannot be definitively excluded. Likewise, the possibility of focal areas of subtly shadowing nonobstructive small intestinal foreign material may be possible. However, no overt evidence of gastrointestinal obstructive pattern or definitive foreign material was evident. Some degree of gastric hypomotility may be possible given the reported vomiting in the face of retained gastric ingesta. 24-48 hour IV fluid and gastrointestinal support with monitoring of gastric emptying would be appropriate.

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Although not definitive, potential for emerging atypical gallbladder mucocele is possible, however, this is of unknown clinical significance given the lack of cholestasis.

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Suspect small splenic lipogranuloma, myelolipoma or similar with neoplastic criteria considered less likely differential diagnosis. Sonographic monitoring of the splenic nodule for evidence of progression would be appropriate.

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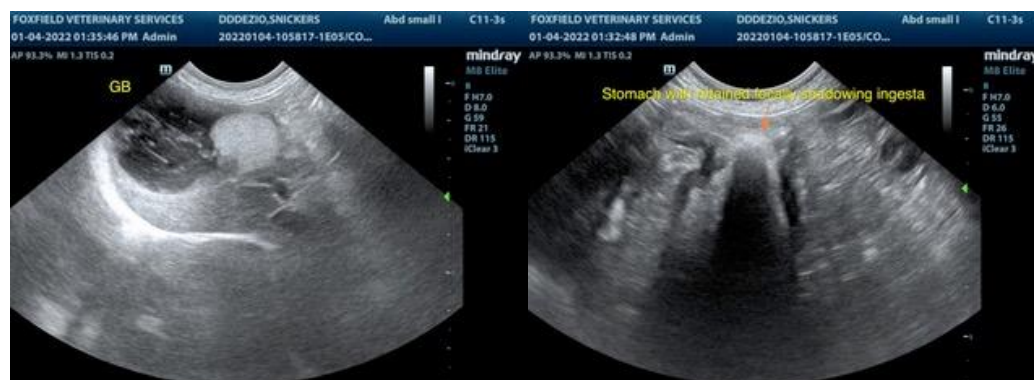
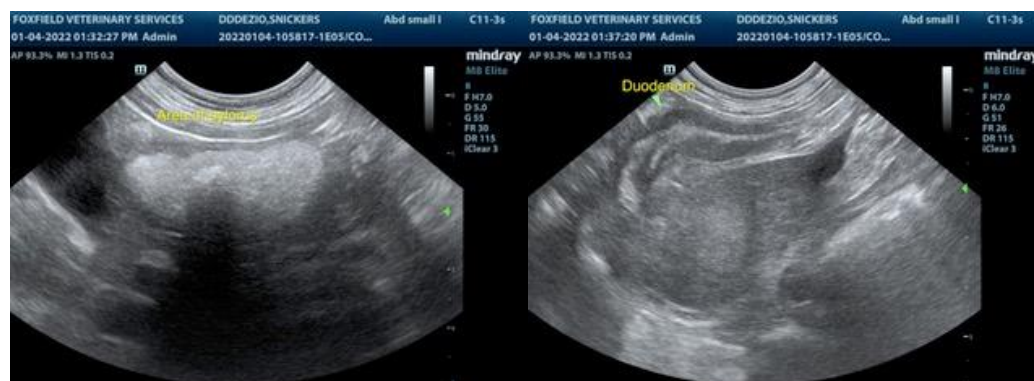
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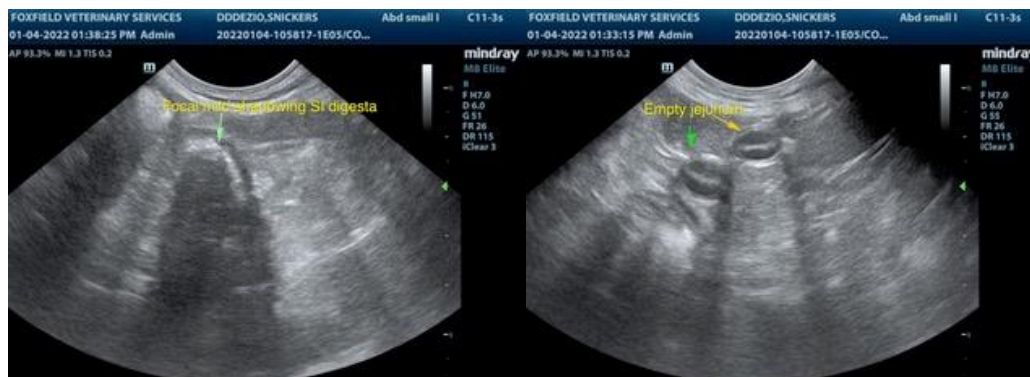
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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