



**PATIENT**

Finnigan Marsh

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Male

**AGE**

9 months

**WEIGHT**

44

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

15876

**DATE**

1/18/23

**PRESENTING CLINICAL SIGNS**

Recurring cough Intermittent vomiting-has vomited some foreign material  
Abnormal PE/Chem/CBC/UA Results: PE: wnl

**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 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 6.2 cm in length. The right kidney measured 5.9 cm in length.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was 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 mild to moderate echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained anechoic fluid and pockets of luminal gas were present with no overt mechanical pyloric outflow obstruction or gastric foreign material.

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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.



**PATIENT**

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

Finnigan Marsh

**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**

Pitbull

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Male

- Mild hypomotile gastritis, sonographically unremarkable small bowel

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

9 months

No evidence of gastrointestinal foreign material or mechanical obstructive pattern was visualized. The upper gastrointestinal tract was not definitively visualized and therefore technically the potential for non-visualized upper intestinal mechanical obstructive cannot be excluded, yet is thought less likely.

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Empirical therapy for gastritis with potential coverage for helicobacter, assessment of clinical response, and possible recheck sonogram of the stomach and upper gastrointestinal tract if persistent / progressive vomiting despite empirical therapy is recommended. No overt indication for immediate surgical intervention. A resting cortisol level to rule out the potential for occult Addison's Disease and three-view chest radiographs to rule out occult thoracic or esophageal pathology as a contributing factor may be considered.

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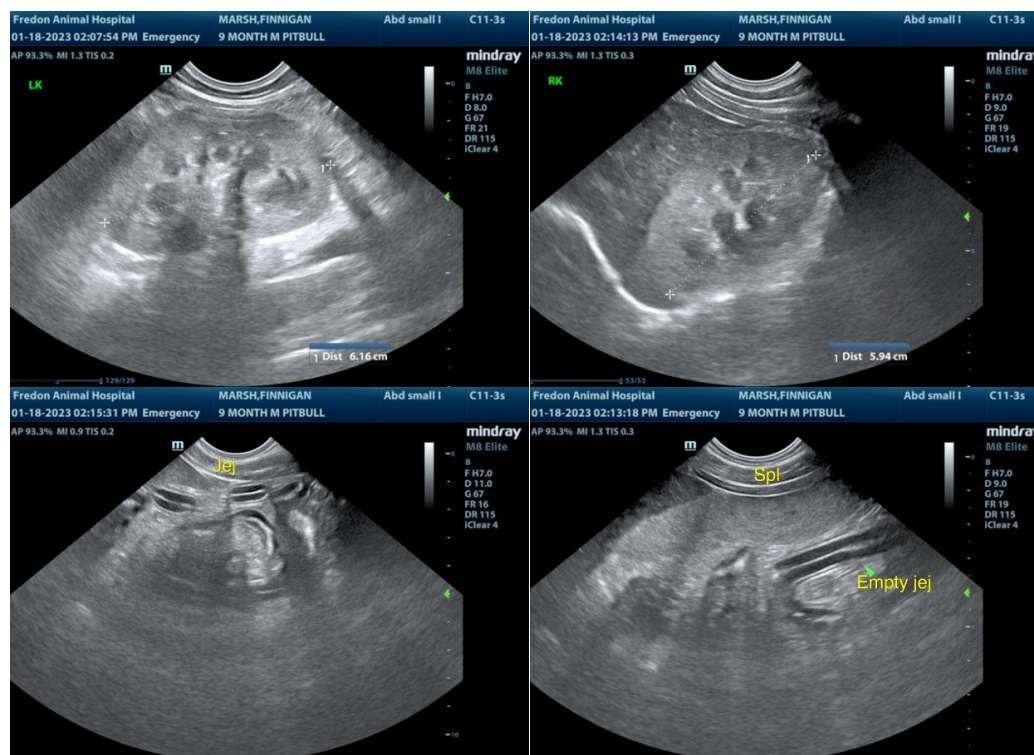
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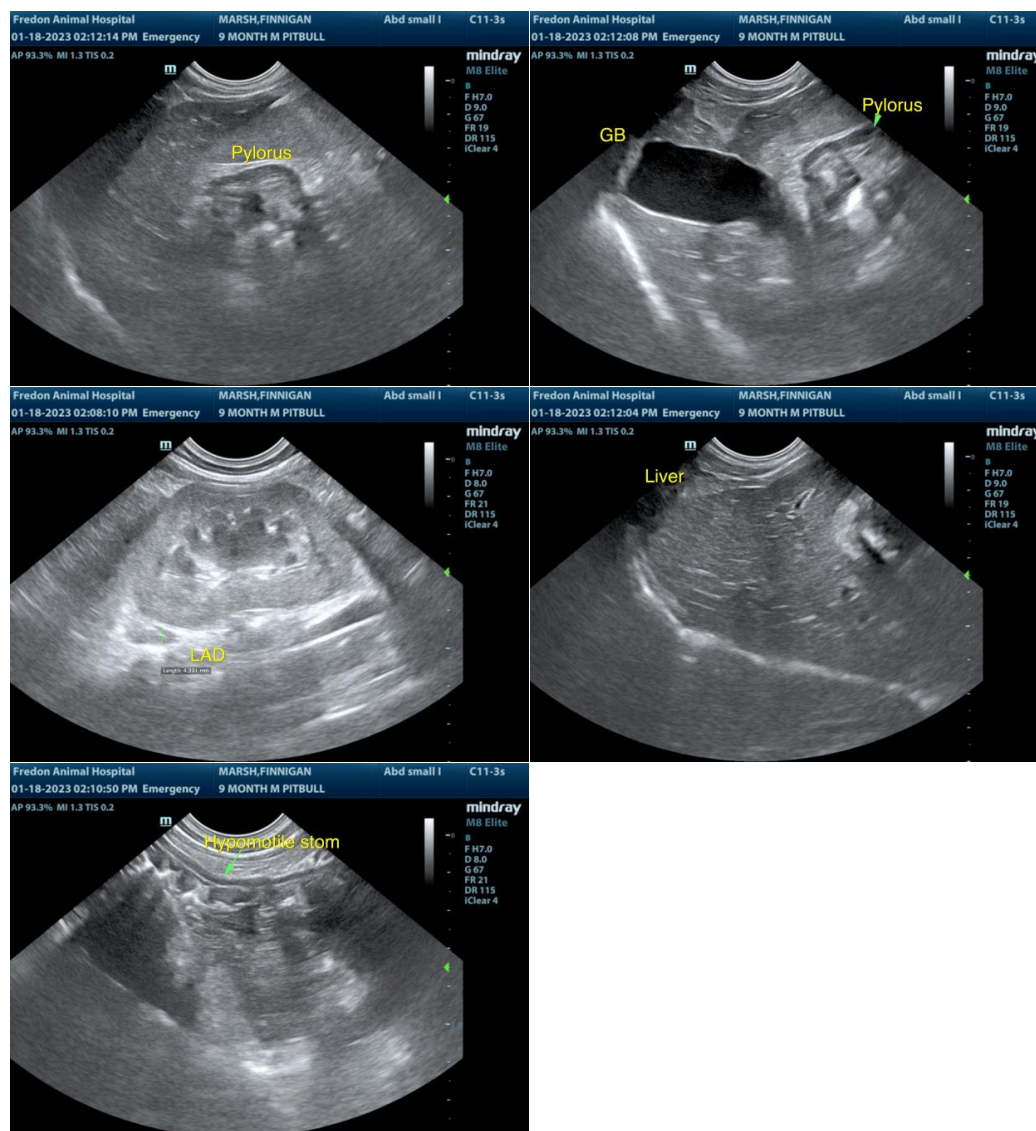
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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