



**PATIENT**

Harlow Capraun

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9 yrs

**WEIGHT**

61.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Gary Duhr

**INVOICE**

15206

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Patient with history of G.I. issues, on hydrolyzed diet presents for anorexia x 3 days, drooling, restless pacing. This morning green, nasal discharge, and dyspnea. Was seen on emergency earlier for trouble breathing - stabilized O2 therapy. Current meds: Cerenia 60mgs, mirtazapine 15 mgs SID. Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 243, rest WNL. USG: 1.043.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 7.1 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.52 cm width at the caudal pole. The right adrenal gland measured 1.4 cm length x 0.55 cm width at the caudal pole.

**Spleen**

The spleen was overall normal in size with areas of minor capsule asymmetry. Normal splenic vascularity was noted. Generalized mild heterogeneous parenchyma was present with intermittent small subtly expansive hypoechoic splenic nodules with an example measuring 0.90 cm in diameter.

**Liver/ Gallbladder**

The liver was subjectively normal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subtle increased prominence of the portal vascular borders was noted. The gallbladder was non-distended in size containing mild, dependent, nonorganized, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented sonographically unremarkable layering with a normal wall layer ratio. The stomach contained a moderate amount of retained nonshadowing ingesta / chyme. No evidence of mechanical pyloric outflow obstruction was noted.



<b>PATIENT</b>	The visualized segments of small intestine exhibited intact wall layering and maintained a 1:3 with no overt evidence of mechanical/metabolic small intestinal ileus or foreign material.
Harlow Capraun	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b><i>Pancreas</i></b>
Canine	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.
<b>BREED</b>	
Boxer	
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	No peritoneal free fluid was present. Several midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm diameter.
<b>AGE</b>	
9 yrs	
<b>WEIGHT</b>	
61.2 lbs.	<ul style="list-style-type: none"> <li>• Overtly normal stomach with retained moderate ingesta / chyme - possible metabolic or functional gastric stasis, no obvious evidence of mechanical pyloric outflow obstruction</li> <li>• Overtly normal visualized small bowel</li> <li>• Nonspecific subjectively benign / reactive midabdominal mesenteric lymph nodes</li> <li>• Nonspecific splenic nodules - hyperplasia, hematopoiesis, small hematomas, infection / splenitis, emerging neoplastic nodules, are all potentials</li> <li>• Subjective benign low-grade hepatopathy</li> <li>• Mild gallbladder debris (non mucocele)</li> </ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Kelly Vazquez	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Ramapo Valley AH	No obvious evidence of upper gastrointestinal mechanical obstruction as an obvious cause of retained gastric ingesta/chyme, yet this possibility cannot be definitively excluded especially if chronic to recurrent gastric dilation, regurgitation, etc. Contrast study or upper gastrointestinal endoscopy with potential for biopsies, given the history of gastrointestinal issues in this patient, may be considered.
<b>REFERRING VET</b>	
Dr. Gary Duhr	Smaller more frequent feedings of novel protein or hydrolyzed diet, as-needed gastroprotectants +/- prokinetic agents may prove beneficial. Screening splenic FNA cytology is warranted for further assessment of the splenic parenchymal changes.
<b>INVOICE</b>	
15206	
<b>DATE</b>	
10/13/22	



**PATIENT**

Harlow Capraun

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9 yrs

**WEIGHT**

61.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

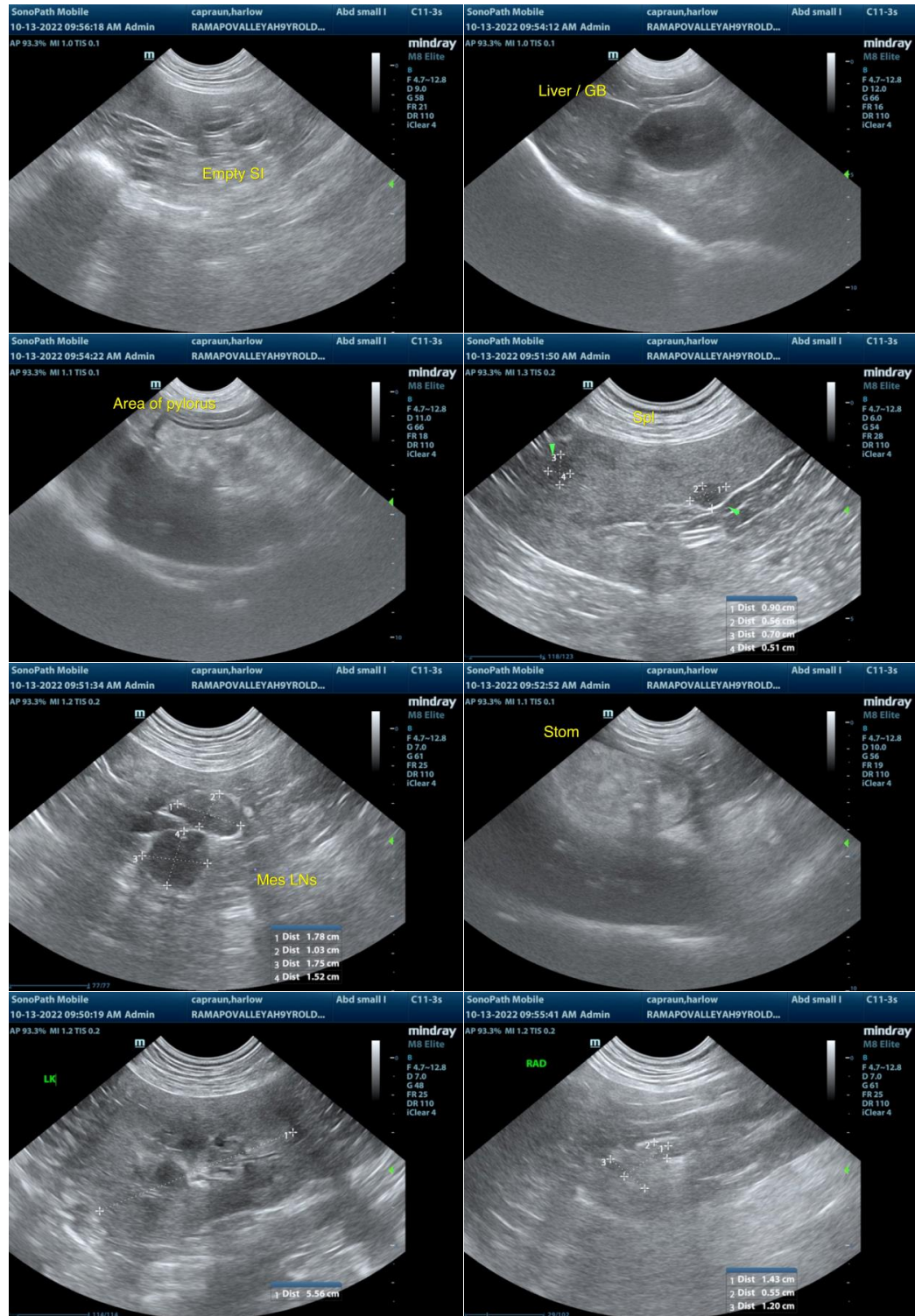
Dr. Gary Duhr

**INVOICE**

15206

**DATE**

10/13/22





**PATIENT**

Harlow Capraun

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9 yrs

**WEIGHT**

61.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

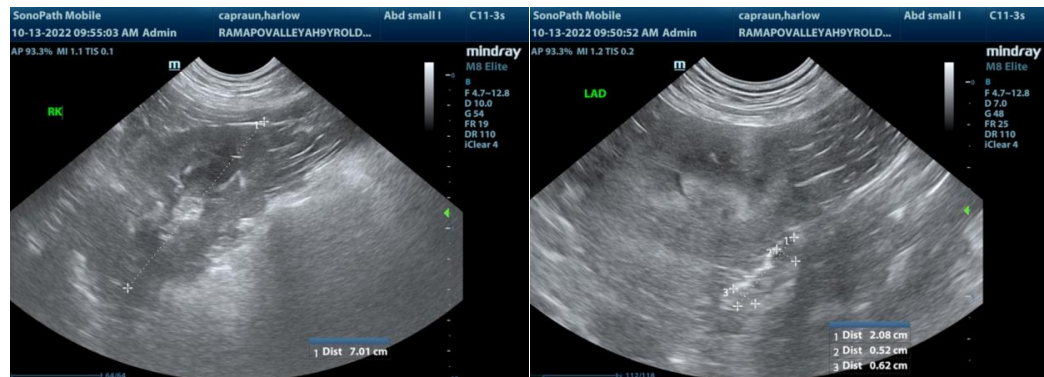
Dr. Gary Duhr

**INVOICE**

15206

**DATE**

10/13/22



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)**  
info@SonoPath.com