



PATIENT

Tola Goryn

PRESENTING CLINICAL SIGNS

not eating vomiting

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maltese Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

Female

The area of the aortic trifurcation was free of pathology.

AGE

3

Segmental mildly prominent, likely left uterine horn containing mild anechoic luminal fluid was present. The uterine horn measured 0.65 cm in diameter. No overt pathology was noted in the area of the left or right ovaries.

WEIGHT

11

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. Emerging to minor medullary mineral was noted primarily in the lateral diverticuli of both kidneys. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.33 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 length x 0.61 cm width at the caudal pole.

IMAGING PERFORMED BY

Jenn

Spleen

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Liver/ Gallbladder

INVOICE

15067

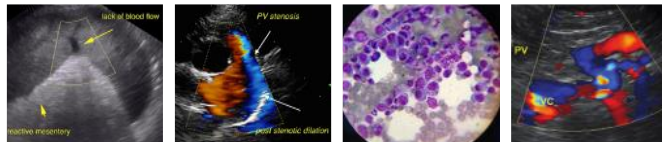
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, nondependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The gallbladder debris is nonspecific, likely incidental and potentially secondary to fasting if no evidence of cholestasis.

DATE

10/5/22



PATIENT	<i>Gastrointestinal</i>
Tola Goryn	The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present. No evidence of gastric distention with retained ingesta, foreign material, or evidence of mechanical pyloric outflow obstruction.
SPECIES	
Canine	
BREED	
Maltese Mix	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.
SEX	
Female	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
3	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.
WEIGHT	<i>Free Abdomen</i>
11	Intermittent, minor, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild hypomotile gastritis pattern, sonographically unremarkable small bowel • Intermittent benign / reactive minor mesenteric lymphadenopathy - lymphoid hyperplasia, minor reactive lymphadenitis, potentially secondary to inflammatory bowel episode likely • Segmental mildly prominent uterus with mild luminal fluid - nonspecific, potential for emerging pyometra • Bilateral mild renal medullary mineral
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Jenn	No evidence of mechanical gastrointestinal obstructive pattern or evidence of foreign material was present. Supportive care for gastritis / gastroenteritis or possible inflammatory bowel episode is recommended.
HOSPITAL NAME	
Rockaway AH	
REFERRING VET	
Dr. Maniar	
INVOICE	Monitoring for evidence of pyometra vs. prophylactic ovariohysterectomy with potential for gross inspection of the gastrointestinal tract and/or gastrointestinal biopsies may be considered if the patient is not intended for breeding purposes. Spec cPL could be considered to assess for evidence of low-grade to chronic pancreatitis, which may present as sonographically normal.
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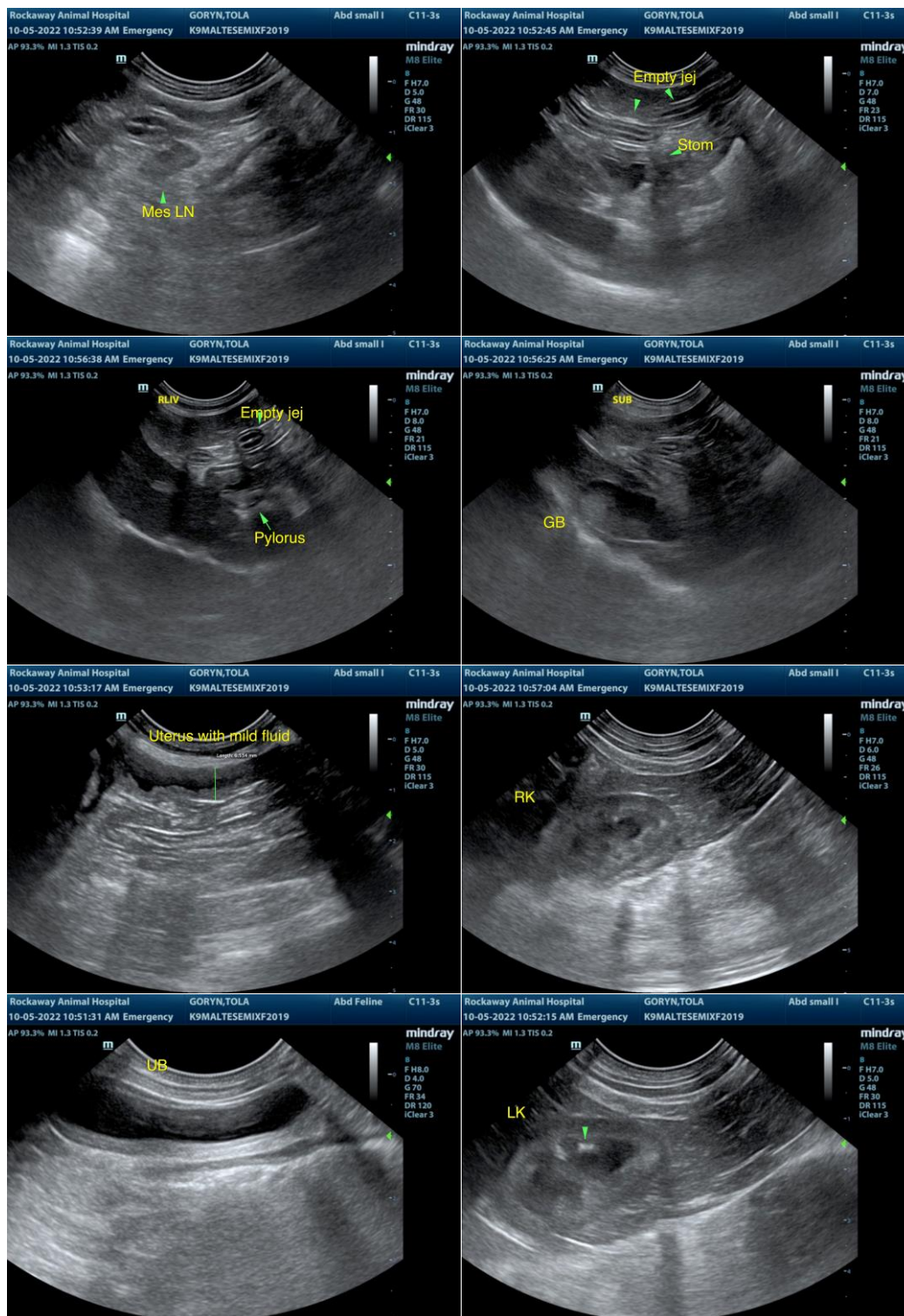
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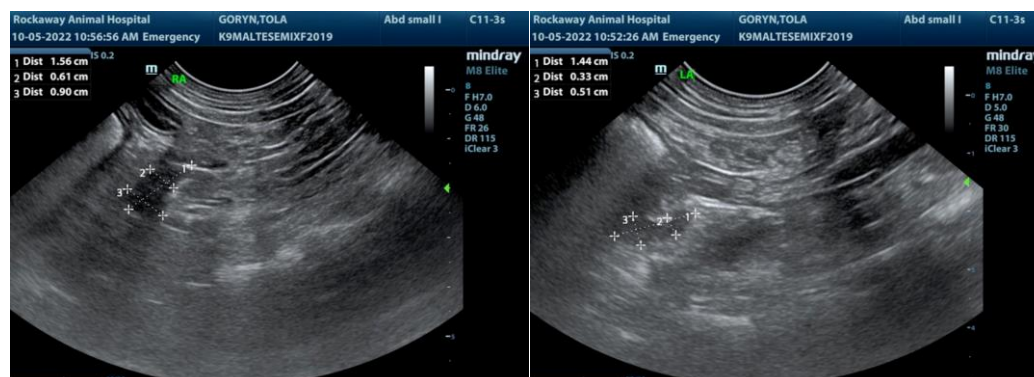
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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