



PATIENT

Gambit Dermody

SPECIES

Canine

BREED

American Staffie

SEX

MN

AGE

11yr

WEIGHT

87.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12277ag

DATE

11/28/2022

PRESENTING CLINICAL SIGNS

vomiting, vomited up small pieces of plastic

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 were noted.

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 7.1 cm in length. The right kidney measured 7.1 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without mineralization or suspicion for overt neoplasia. The left adrenal gland measured 3.0 cm length and 1.3 cm width in the caudal pole. The right adrenal gland measured 3.2 cm length and 1.2 cm width in the caudal pole.

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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate non-dependent non-organized echogenic luminal debris. Mildly prominent to hyperechoic gallbladder walls were present. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained echogenic chyme with no signs of ileus, obstruction or 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 ileus, obstruction or foreign material.



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

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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.

Canine

Free Abdomen

BREED

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

American Staffie

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral mild irregular to enlarged adrenal glands
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild gastritis pattern

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

11yr

No overt evidence of GI foreign material or obstructive pattern was present in this study. Potential for recent dietary indiscretion with secondary mild gastritis/gastroenteritis is possible. A spec cPL could be considered to assess for evidence of low grade to chronic pancreatitis which may present sonographically normal. No indication for surgical intervention.

WEIGHT

87.5lb

A full CBC/chem panel and UA is suggested to assess for or rule out underlying metabolic component to the vomiting.

INTERPRETED BY

The bilateral enlarged to irregular adrenal glands are of unclear significance. A screening BP may be considered to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma although no overt evidence of neoplastic criteria was visualized.

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(Canine and Feline)

As needed GI support would be appropriate.

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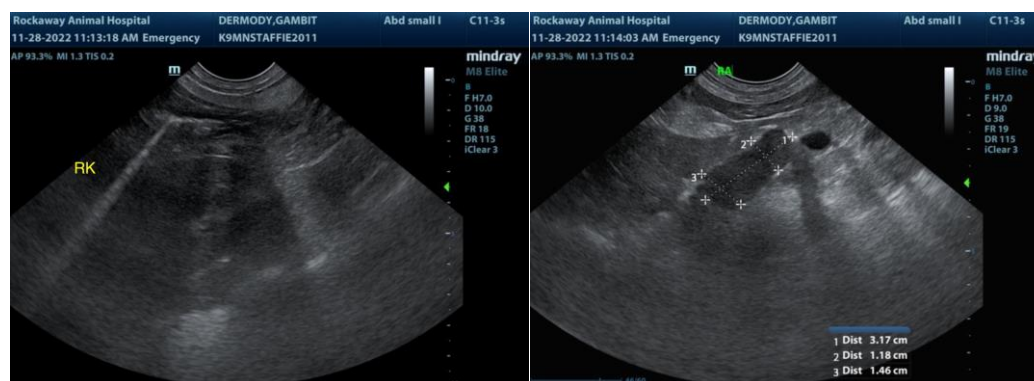
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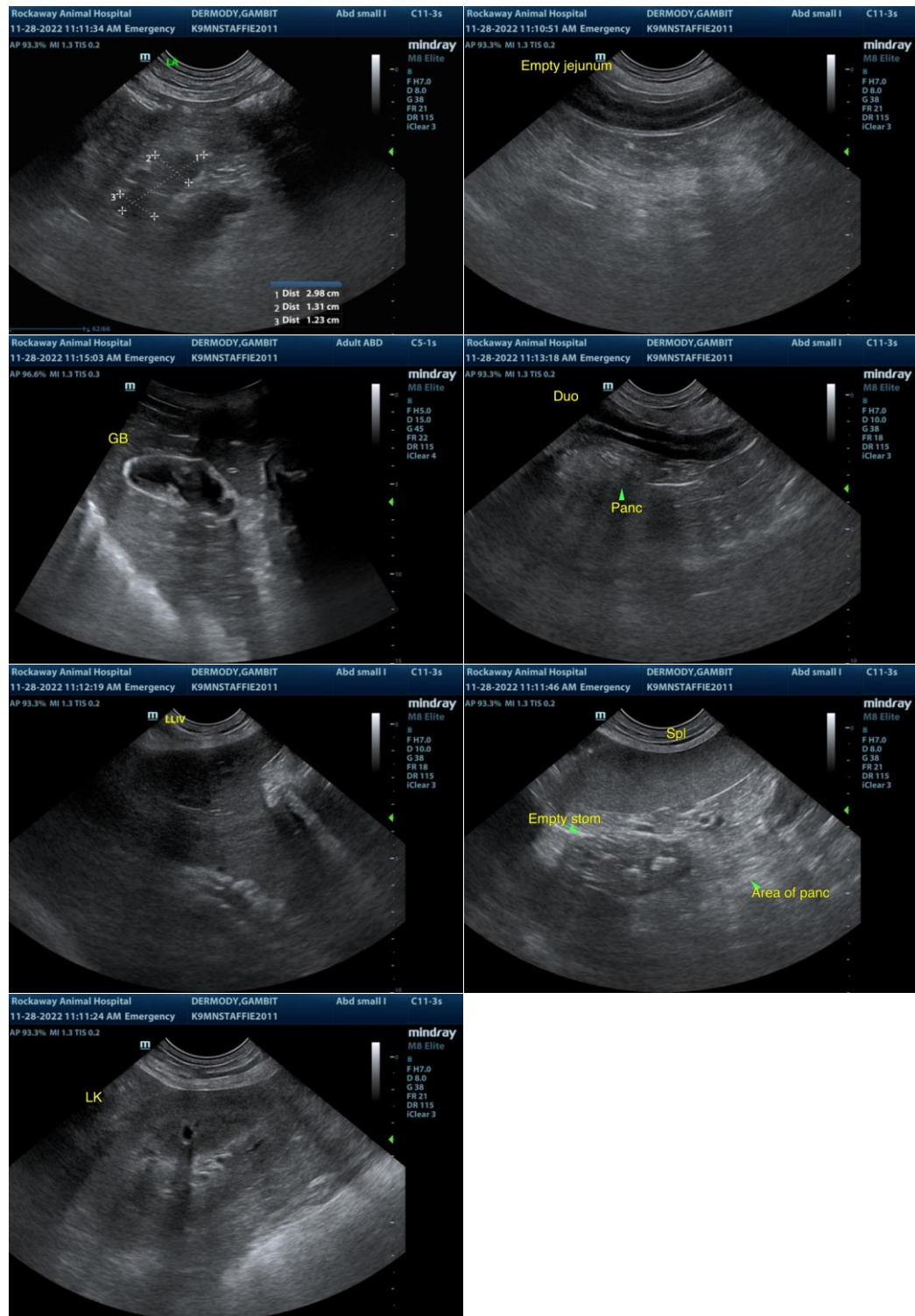
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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