



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Macie Napolitano	re check, was in hospital went home and came back vomiting prev u/s on 11/21 showed possible IBD potential for emerging lymphoma but neoplasia unlikely
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.
Boxer	
<b>SEX</b>	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 6.7 cm in length. The right kidney measured 7.1 cm in length.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
3	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was not definitively visualized owing to patient size and conformation.
78	<b>Spleen</b>
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	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.
Jenn	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic fluid and chyme with no signs of ileus, obstruction or foreign material.
Rockaway Animal Hospital	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.
<b>REFERRING VET</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Maniar	<b>Pancreas</b>
<b>INVOICE</b>	
12275ag	
<b>DATE</b>	
11/28/2022	



**PATIENT**

Macie Napolitano

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.

**SPECIES**

Canine

**Free Abdomen**

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

**BREED**

Boxer

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal GI tract with mild hypomotile stomach
- Sonographically normal pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

Overall, there is no overt evidence of significant abdominal visceral pathology i.e. structural GI pathology, mechanical GI ileus or evidence of active pancreatitis. Considerations may include dietary indiscretion / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes, occult Addison's disease or low grade to chronic pancreatitis which may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol to rule out occult Addison's Disease is warranted.

**AGE**

3

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome) if evidence of diarrhea may prove beneficial Pending additional diagnostics and assessment following empirical therapy, endoscopic intestinal biopsies may be considered if persistent clinical signs.

**WEIGHT**

78

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

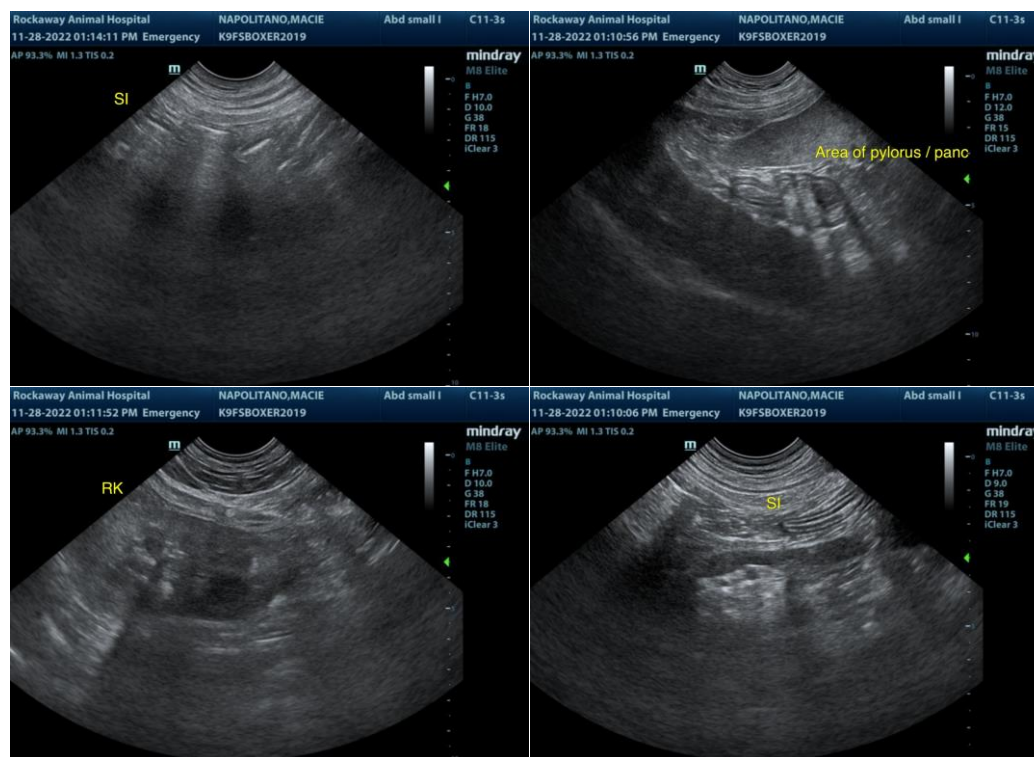
Dr. Maniar

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**PATIENT**

Macie Napolitano

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

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**WEIGHT**

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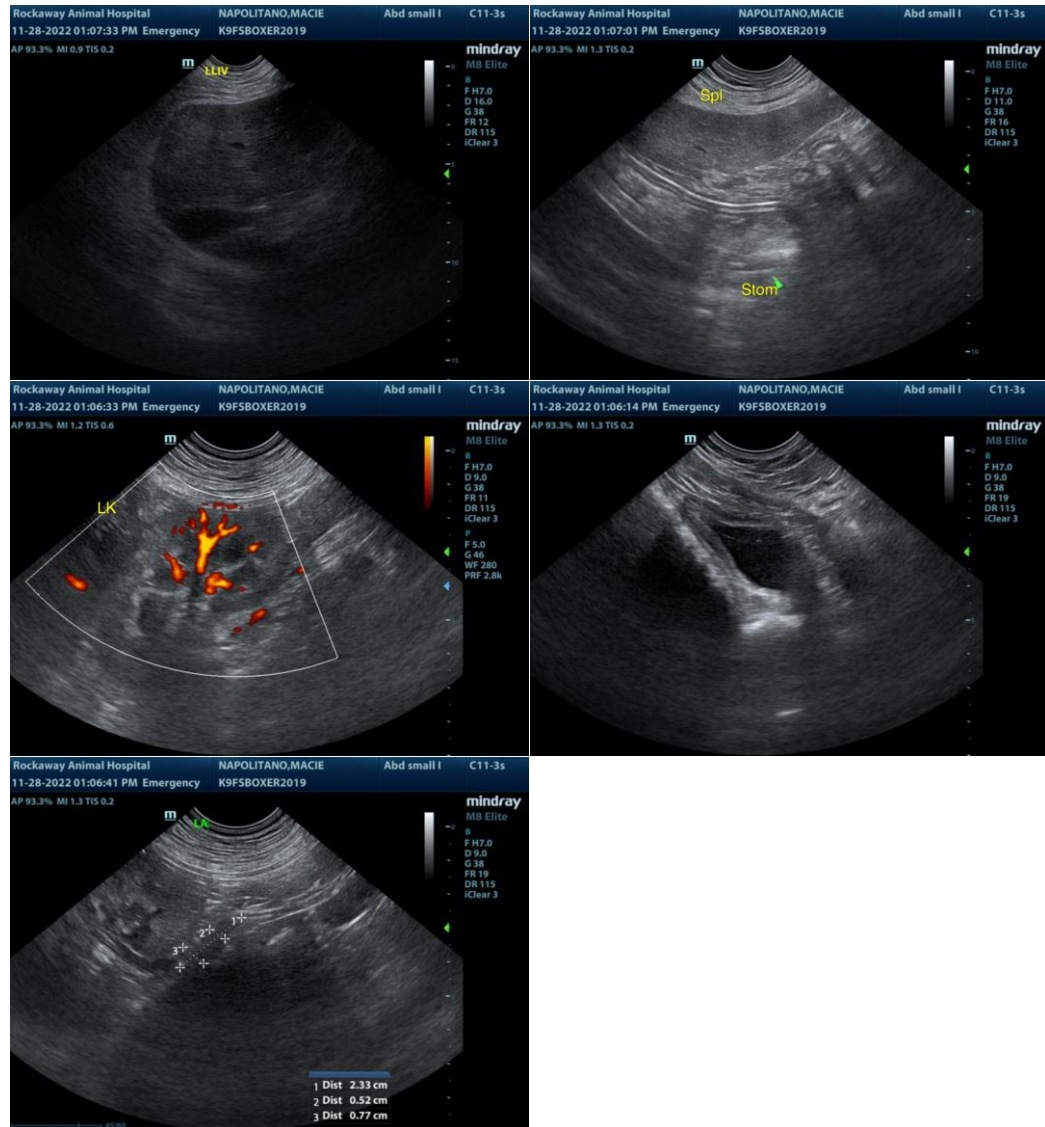
Dr. Maniar

**INVOICE**

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**DATE**

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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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