



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Reece Garcia	VOMITING SOFT STOOL, JELLY-LIKE APPEARANCE
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: BW- PENDING CPLI-POSITIVE RADIOGRAPHS ( ATTACHED )- GAS IN THE PYLORUS AREA, DUODENAL AREA, AND COLON
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Schnauzer	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.
<b>SEX</b>	
M	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 4.0 cm in length. The right kidney measured 4.5 cm in length.
<b>AGE</b>	
3	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
12.8	The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Sharkaway	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Kew Gardens Animal Hospital	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained primarily anechoic fluid was present.
<b>REFERRING VET</b>	
Dr. Sharkaway	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without overt obstruction or foreign material.
<b>INVOICE</b>	
12319ag	
<b>DATE</b>	
11/29/2022	



## PATIENT

Reece Garcia

Sonographically normal colon wall layers were present with generalized moderate distention and non-formed to liquid feces. Possible focal shadowing fecal matter to potential echo surrounded by luminal gas noted in the upper descending colon measuring ~ 2.0 cm in diameter.

## SPECIES

Canine

### Pancreas

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.

## BREED

Schnauzer

### Free Abdomen

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

## SEX

M

- Gastroenteritis pattern with minor gastric and segmental small intestinal hypomotility
- Descending colon containing non-formed to liquid fecal matter, possible focal shadowing fecal matter vs echo in the area of the upper descending colon

## AGE

3

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of gastrointestinal obstructive pattern was not obvious. Acute GI insult, dietary indiscretion, infectious gastroenteritis or IBD are all potentials. The possibility of passing foreign body which is not in the colon or non-visualized non-obstructive small GI foreign body cannot be definitively excluded. No overt indication for immediate surgical intervention. Given the time frame between sonogram and interpretation, sonographic reassessment of the GI tract as well as the potential shadowing fecal matter vs echo is likely ideal. The potential for low-grade pancreatitis could be present yet appear sonographically normal. The positive cPL may be reactive to an inflammatory bowel episode. If persistent GI signs despite supportive care a recheck sonogram +/- exploratory laparotomy with GI biopsies considered essential despite exploratory findings could be considered.

## WEIGHT

12.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Sharkaway

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**PATIENT**

Reece Garcia

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

M

**AGE**

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**WEIGHT**

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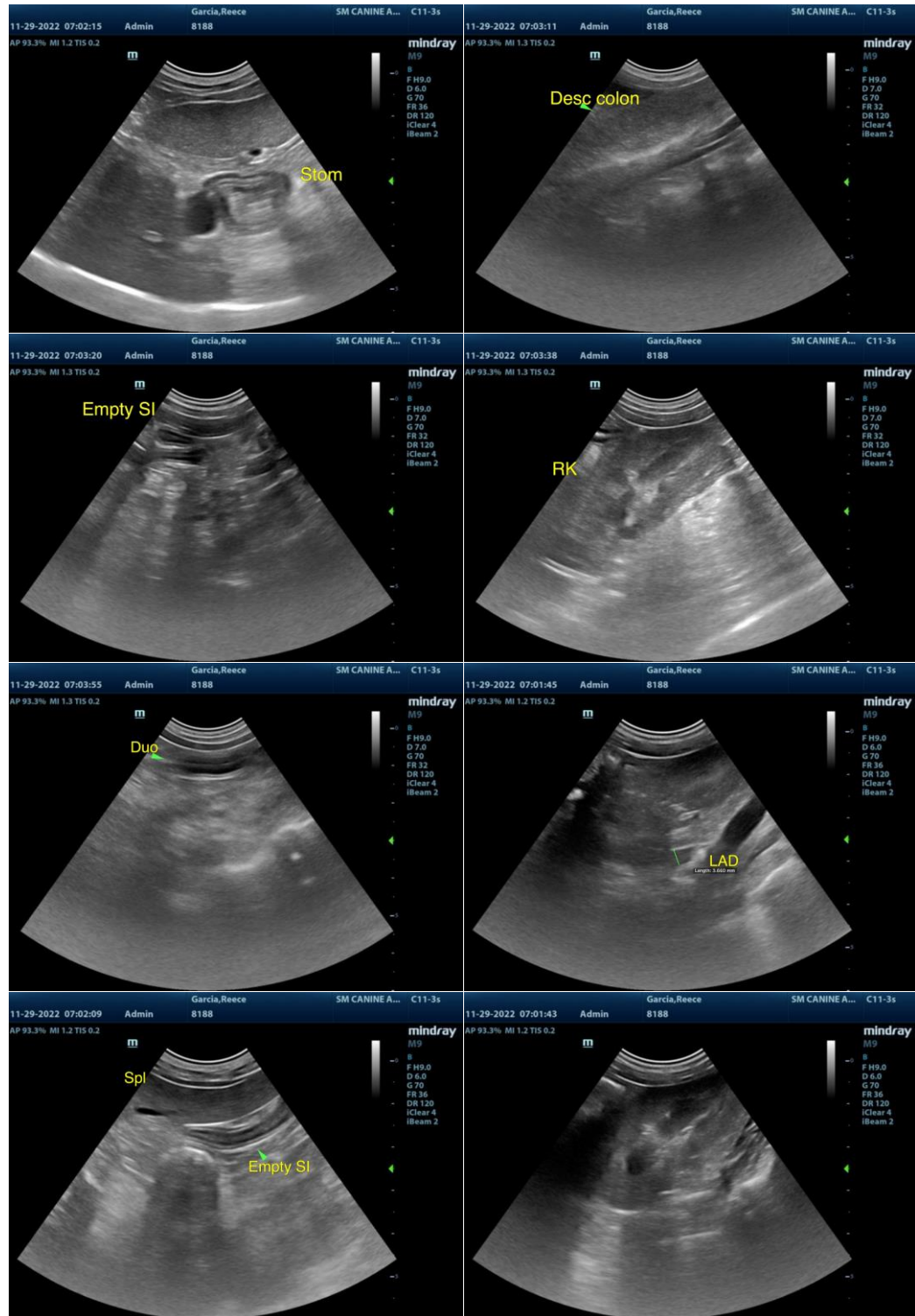
Dr. Sharkaway

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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



**PATIENT**

can be of any further assistance, please contact me.

Reece Garcia

**SPECIES**

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

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Canine

**BREED**

Schnauzer

**SEX**

M

**AGE**

3

**WEIGHT**

12.8

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