



PATIENT

Sugar Patarroyo

PRESENTING CLINICAL SIGNS

History: suspect linear fb can't r/o other abd issues including pyo although not evident on rads

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Maltese Mix

Urinary System

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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX

Spayed Female

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 3.7 cm in length. The right kidney measured 3.6 cm in length. Pinpoint areas of medullary mineral were noted.

AGE

15

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm in length x 0.31 cm width at the caudal pole.

WEIGHT

8

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm in length x 0.62 cm width at the caudal pole.

Spleen

INTERPRETED BY

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.

IMAGING PERFORMED BY

Jenn

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Rockaway AH

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Maniar

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

INVOICE

18893

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.

DATE

11/30/22

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

Pancreas



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SPECIES

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No overt lymphadenopathy or peritoneal effusion was present.

Other

BREED

Maltese Mix

The uterine remnant was free of pathology. No evidence of stump pyometra or uterine remnant neoplastic criteria.

SEX

Spayed Female

- Mild age-related renal changes
- Minor parenchymal remodeling
- Sonographically unremarkable gastrointestinal tract- possible mild gastroenteritis
- Mild heterogenous pancreas- likely age-related variant

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Largely geriatric abdomen without evidence of significant visceral pathology. No evidence of gastrointestinal linear foreign body or mechanical/metabolic GI pattern. If GI signs are present in this patient, mild gastroenteritis or potential low-grade chronic pancreatitis is possible.

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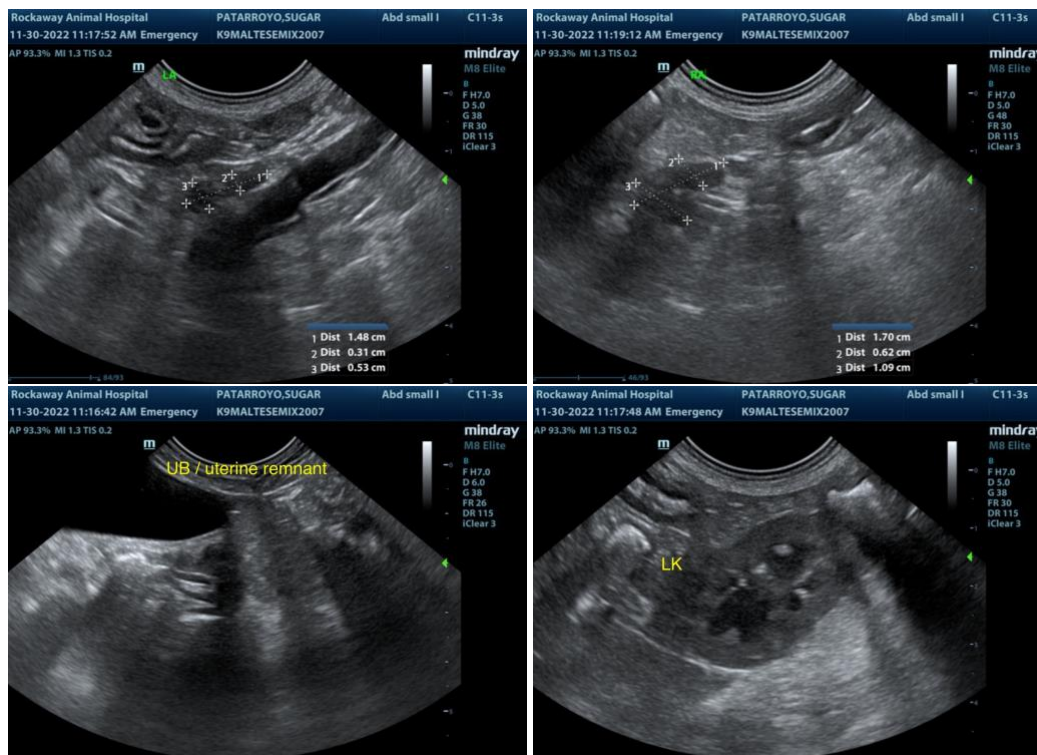
Dr. Maniar

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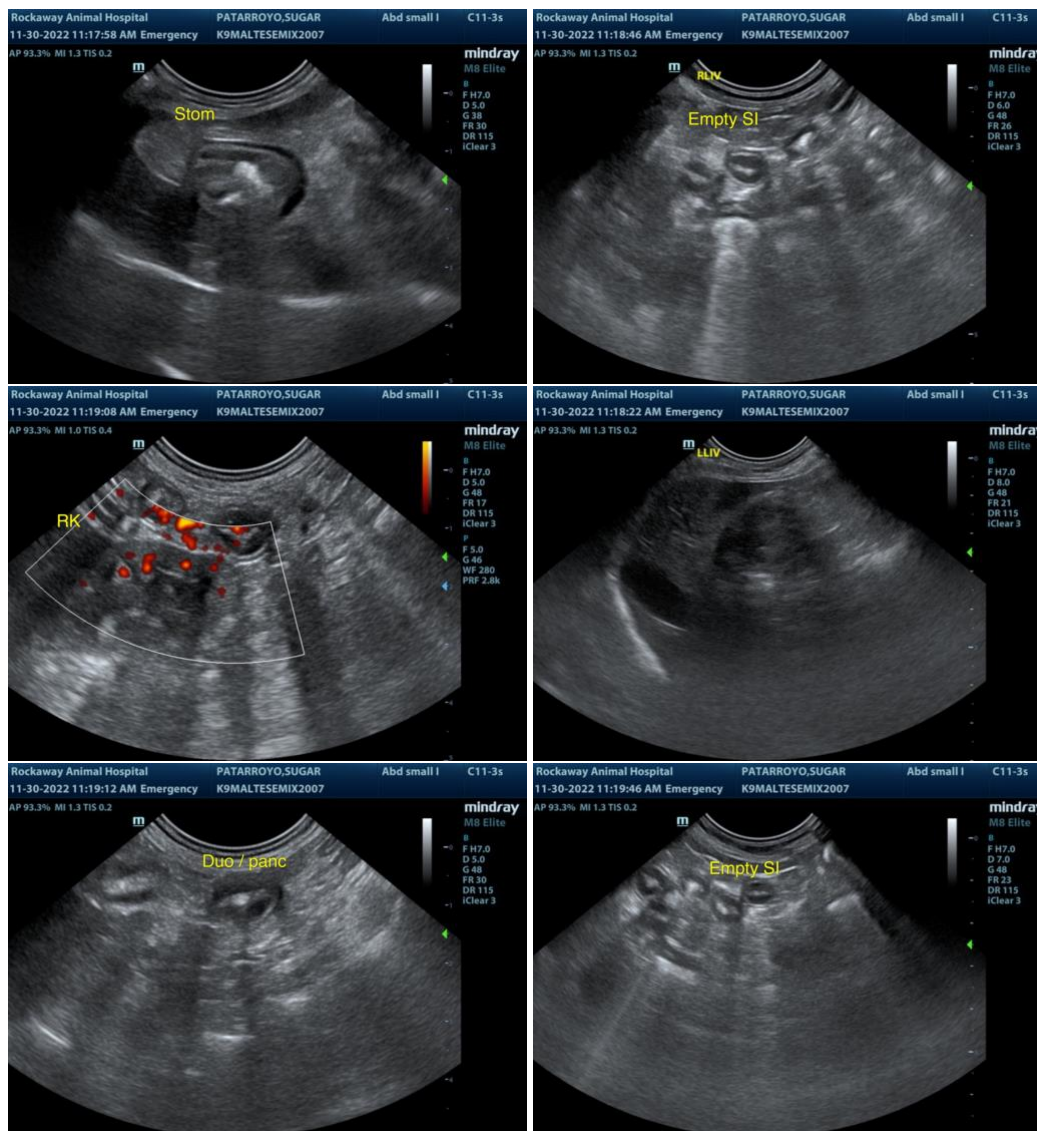
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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