



PATIENT	PRESENTING CLINICAL SIGNS
Don Alberto Palacio	gastroenteritis, anorexia, diarrhea
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, and cystourethral junction 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 was noted.
Poodle Mix	
SEX	The area of the aortic trifurcation was free of pathology.
Male	
AGE	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 5.8 cm in length. The right kidney measured 5.4 cm in length.
8 mo	
WEIGHT	Adrenal Glands
27.5	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 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 0.41 cm width at the caudal pole.
INTERPRETED BY	Spleen
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	Liver/ Gallbladder
Jenn	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.
HOSPITAL NAME	Gastrointestinal
Rockaway AH	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.
REFERRING VET	
Dr. Maniar	
INVOICE	
15407	
DATE	
11/5/22	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor retained nonshadowing chyme was present in the stomach.
	Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT

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SPECIES

Canine

BREED

Poodle Mix

SEX

Male

AGE

8 mo

WEIGHT

27.5

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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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 were evident.

Free Abdomen

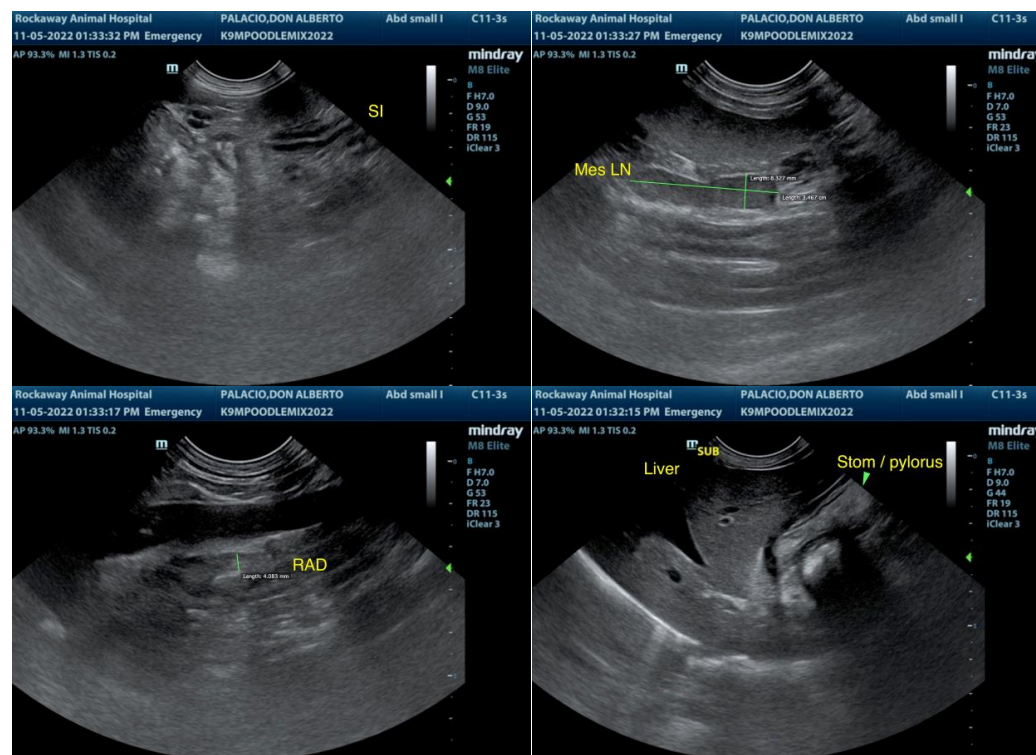
Midabdominal mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.5 cm x 0.83 cm.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract / colon
- Solitary midabdominal mild mesenteric lymphadenopathy - benign / reactive, hyperplasia, minor reactive lymphadenitis owing to inflammatory bowel episode, or immunologic immaturity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a gastrointestinal foreign body or a mechanical obstructive pattern. Dietary indiscretion/food intolerance, occult parasitism, inflammatory bowel episode, infectious disease, and occult Addison's Disease are all potentials. Empirical supportive care for gastroenterocolitis is recommended.





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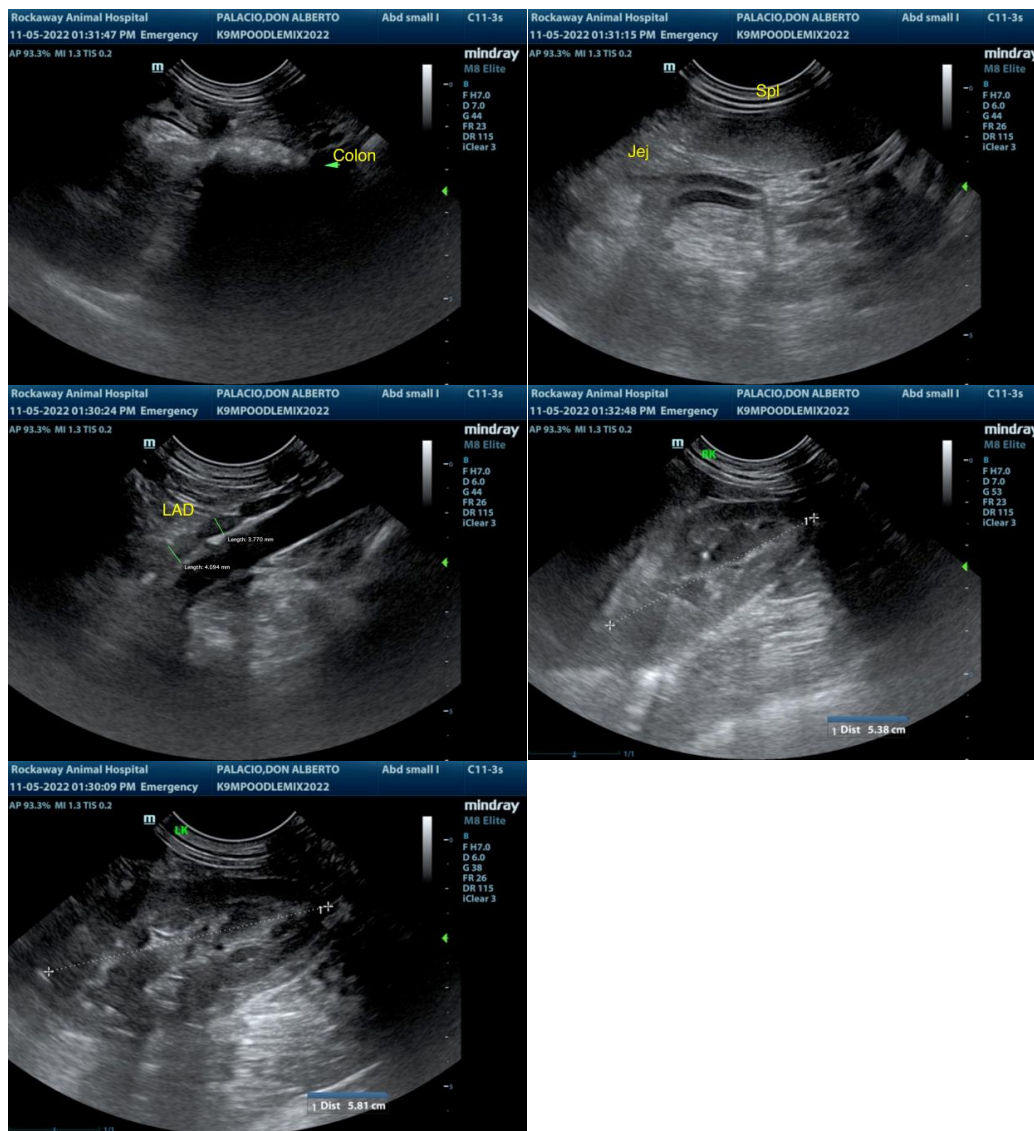
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com