



PATIENT

Max Feierstein

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

11

WEIGHT

6.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

15410

DATE

11/5/22

PRESENTING CLINICAL SIGNS

bloody diarrhea, not eating

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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. Minor left kidney medullary mineralization was noted. A solitary small right kidney cortical cyst was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.53 cm width at the cranial pole. Potential for mild stress left adrenal hyperplasia was noted. The right adrenal gland was indistinctly visualized with overtly normal size, position, and shape, measuring 0.37 cm width at the caudal pole. No adrenal tumors were noted.

Spleen

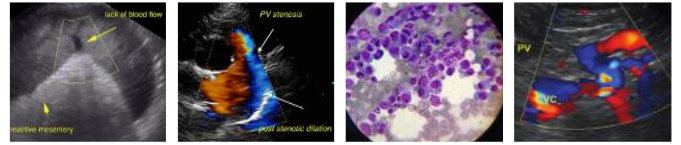
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The stomach appeared to be mildly gas distended with mild retained anechoic to mildly echogenic fluid.



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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 mechanical / metabolic ileus, obstruction, or foreign material. Intermittent jejunal hyperechoic mucosal speckling was present.

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Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.

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Pancreas

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Gastroenterocolitis pattern with mild gastric hypomotility - potentially acute
- Heterogeneous pancreas - suspect age-related / patient variant, potential for low-grade or chronic pancreatitis possible
- Subjective mild hepatomegaly - overtly benign, potential for mild vacuolar hepatic changes
- Bilateral mild chronic renal changes with minor left kidney medullary mineral and small right kidney cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

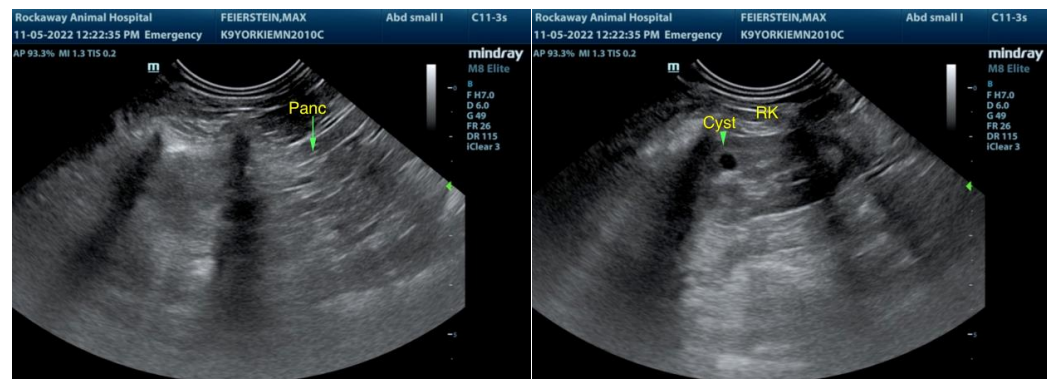
Overall, largely geriatric abdomen without evidence of visceral, specifically gastrointestinal structural, pathology. Aggressive empirical therapy for acute hemorrhagic diarrhea syndrome should prove beneficial. Correlation with full CBC/Chemistry panel and urinalysis is suggested.

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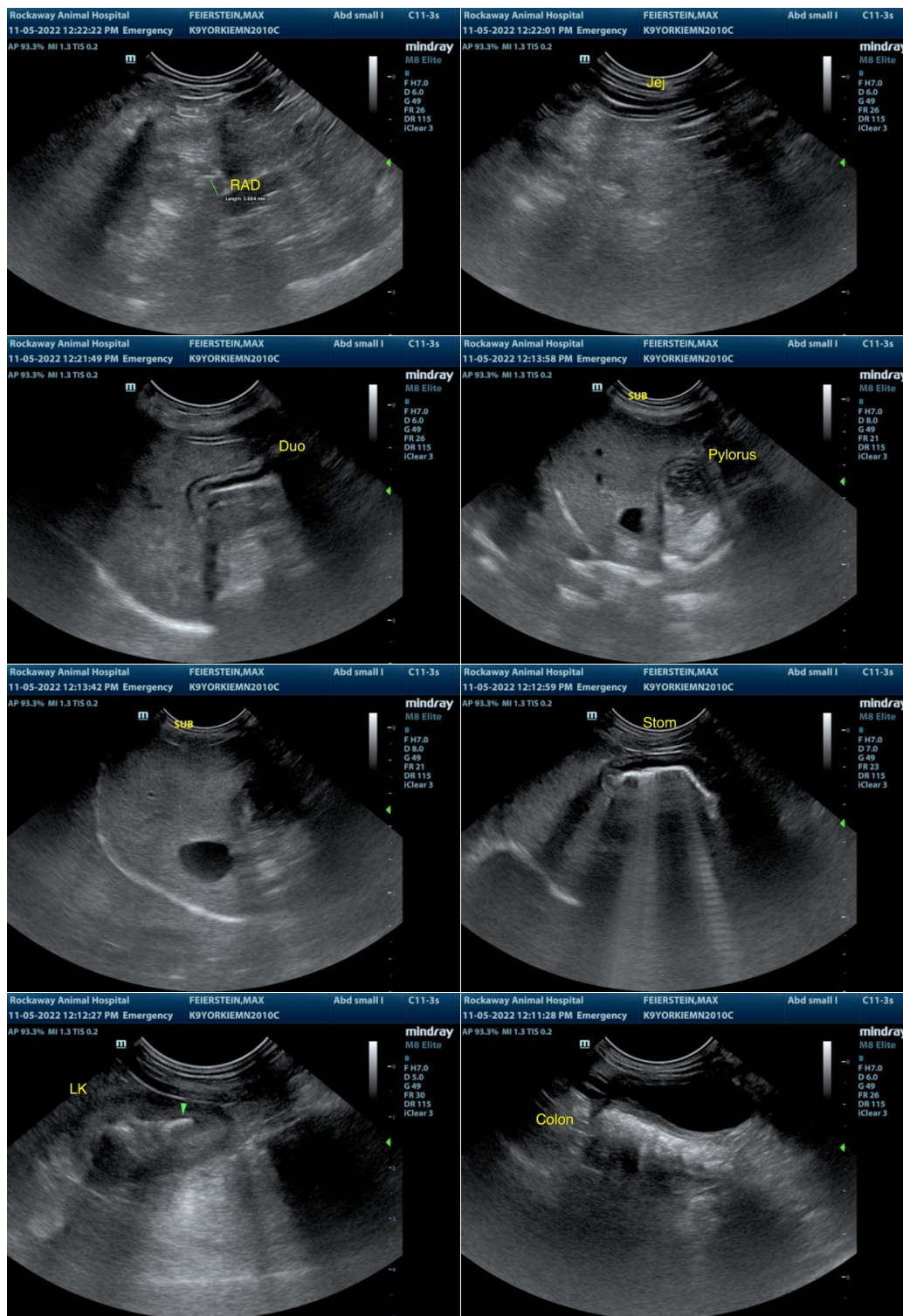
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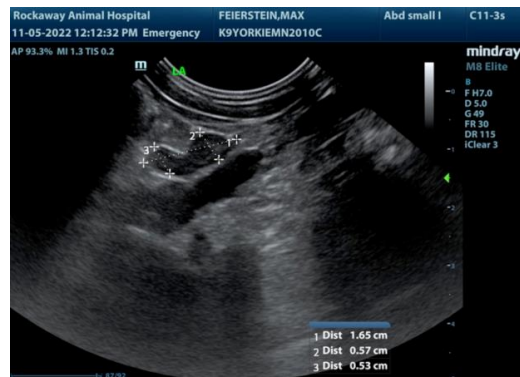
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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