



PATIENT	PRESENTING CLINICAL SIGNS
Barkley Zarama	vomiting last 5 days on and off BAR, poss fb?
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
Retriever X	The area of the residual prostate was free of pathology.
SEX	The area of the aortic trifurcation was free of pathology.
Neutered Male	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 5.6 cm. The right kidney measured 5.5 cm.
AGE	Adrenal Glands
2 Years	The adrenal glands were not definitively visualized. No overt pathology in the area of the adrenal glands.
WEIGHT	Spleen
30 Pounds	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 minor echogenic debris in the cranial lumen, likely incidental assuming no evidence of cholestasis, potentially secondary to fasting. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.
IMAGING PERFORMED BY	Gastrointestinal
Jenn	The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty. Mild luminal gas present.
HOSPITAL NAME	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. Mild segmental to generalized small intestinal gas pattern.
Rockaway AH	Normal visible colon wall layers were present with apparent formed feces in lumen.
REFERRING VET	
Dr. Maniar	
INVOICE	
42574	
DATE	
11/6/22	



PATIENT

Pancreas

Barkley Zarama

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental to generalized small intestinal gas.

BREED

Retriever X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical/metabolic ileus or foreign material. Supportive care for gastroenteritis should prove beneficial. Dietary intolerance/food allergy, gastroenteritis, occult parasitism, occult Addison's disease, low-grade inflammatory bowel all potentials.

SEX

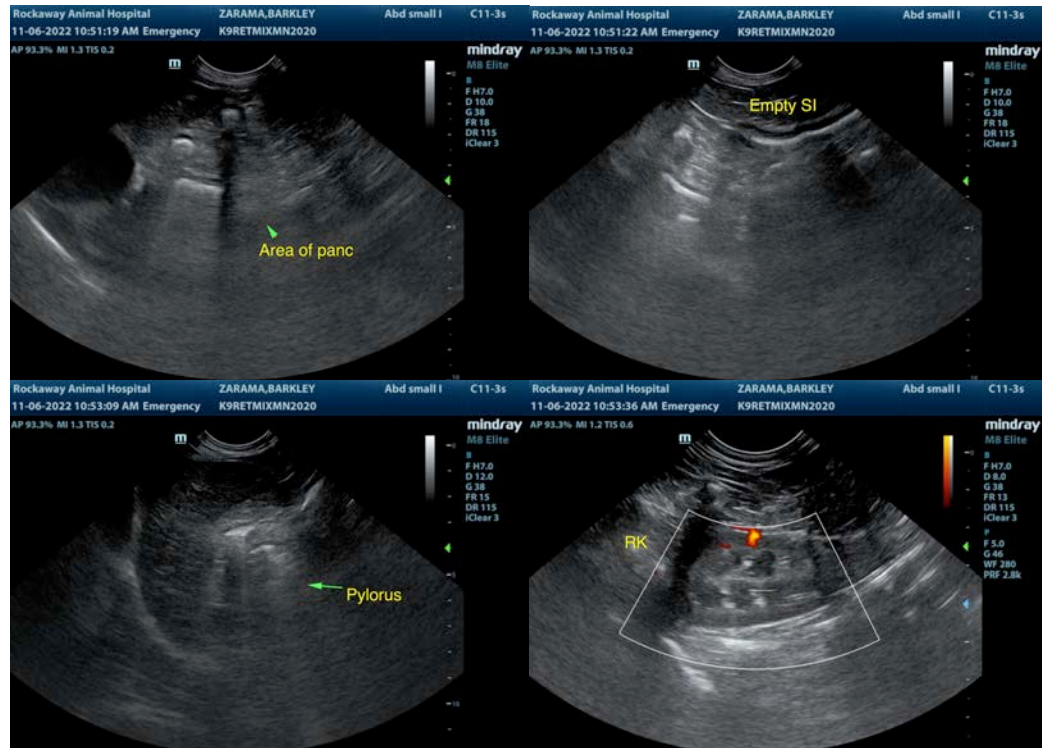
Neutered Male

AGE

2 Years

WEIGHT

30 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway AH

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PATIENT

Barkley Zarama

SPECIES

Canine

BREED

Retriever X

SEX

Neutered Male

AGE

2 Years

WEIGHT

30 Pounds

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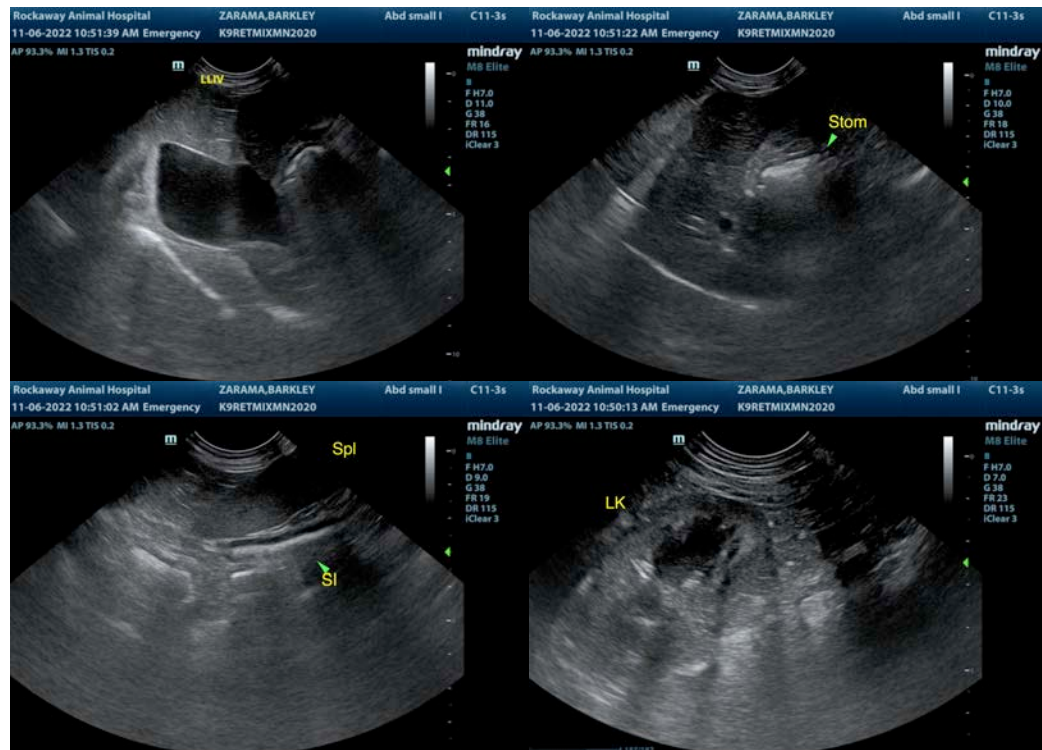
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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