



PATIENT

Jackson Godfredson

PRESENTING CLINICAL SIGNS

History: patient continues to vomit even on Cerenia, vomits food and bile

SPECIES

Canine

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 were noted.

BREED

Frenchie

The residual prostate was free of pathology, measuring 0.7 cm in diameter.

SEX

Neutered Male

Aortic trifurcation was normal.

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 4.5 cm in length. The right kidney measured 4.5 cm in length.

AGE

2

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.49 cm width at the cranial pole.

WEIGHT

20

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.48 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

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

Gastrointestinal

INVOICE

18917

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The ventral gastric body wall measured 0.47 cm width. A mild to borderline amount of retained mildly echogenic fluid and luminal gas was noted. No evidence of overt gastric foreign material or mechanical pyloric outflow obstruction.

DATE

12/1/22



PATIENT

Jackson Godfredson

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. Mild nonobstructive upper duodenal ileus was present without evidence of small intestinal generalized mechanical/metabolic ileus or small intestinal foreign material.

SPECIES

Canine

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

Pancreas

BREED

Frenchie

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

SEX

Neutered Male

Regional mild reactive to hyperechoic mesentery was noted around the left pancreatic limb. No free fluid and no overt lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

AGE

2

- Mild to moderate pancreatitis pattern in the left pancreatic limb
- Gastroduodenitis with mild to moderate gastric hypomotility

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

20

No evidence of gastrointestinal foreign material or mechanical obstructive pattern. The gastroduodenitis is suspected to be secondary to pancreatitis, although concurrent primary upper inflammatory gastroenteropathy is possible. No indication for immediate surgical intervention. Hospitalization with empirical therapy for pancreatitis with as needed gastrointestinal support is recommended. Correlation with spec CPL is warranted. Recheck sonogram is suggested if persistent/progressive gastrointestinal signs or pancreatitis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

18917

DATE

12/1/22



PATIENT

Jackson Godfredson

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

2

WEIGHT

20

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

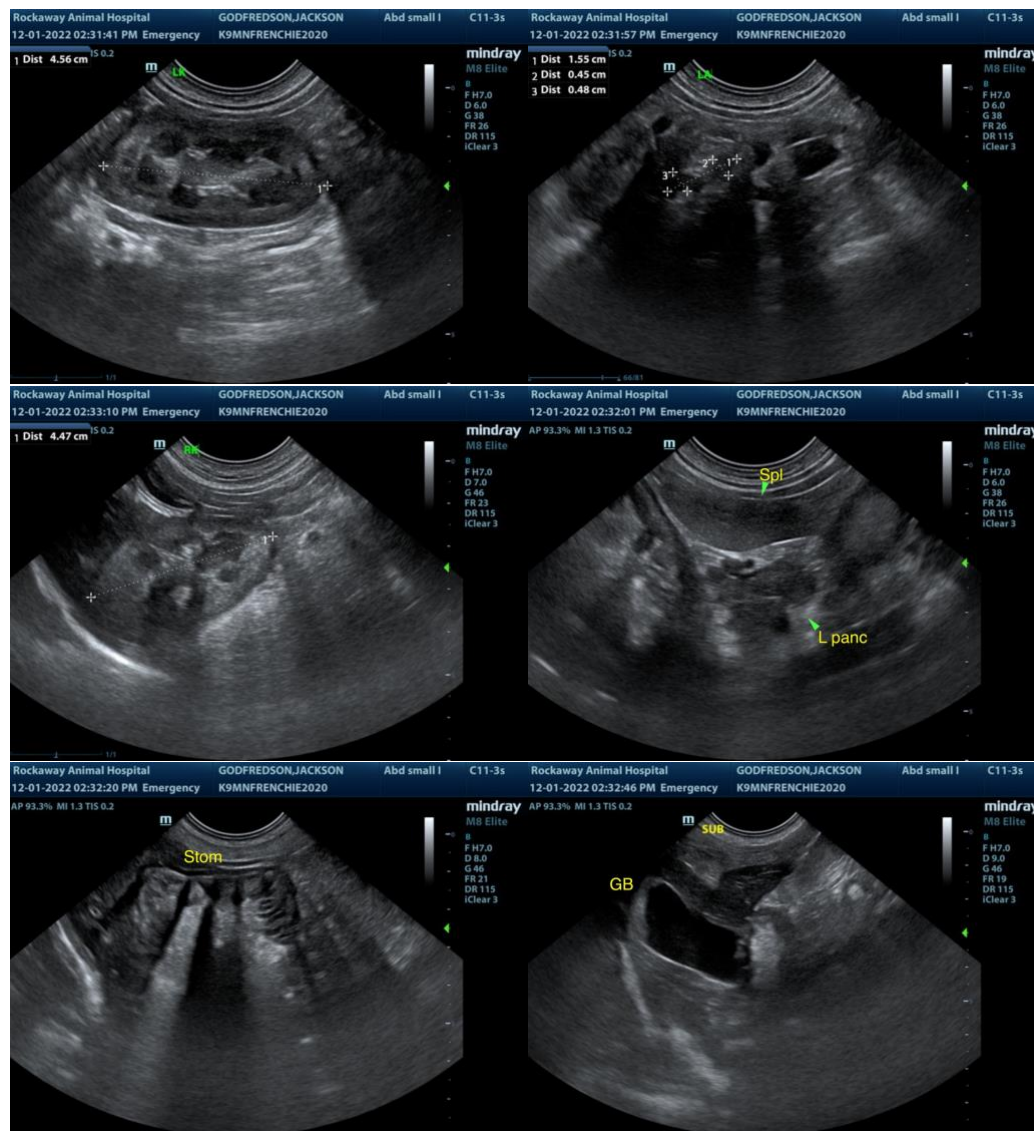
Dr. Maniar

INVOICE

18917

DATE

12/1/22





PATIENT

Jackson Godfredson

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

2

WEIGHT

20

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

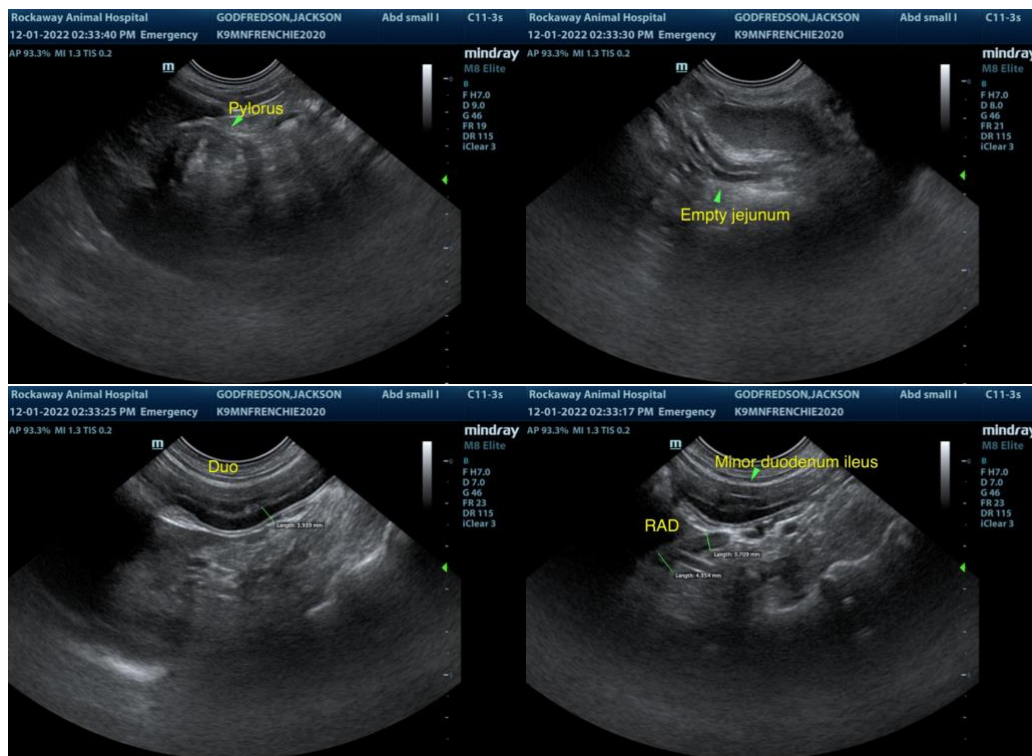
Dr. Maniar

INVOICE

18917

DATE

12/1/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com