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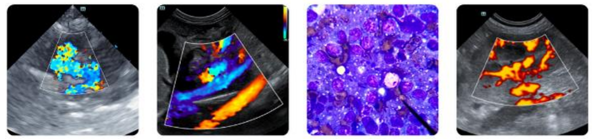


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Remi Martin Rivera

SPECIES
Canine

BREED
Cavapoo

SEX
Male Neutered

AGE
2

WEIGHT
31 lbs.

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

IMAGING PERFORMED BY
Cutrone

HOSPITAL NAME
Greater Staten Island VS

REFERRING VET
Cutrone

INVOICE
10491

DATE
12/19/25

PRESENTING CLINICAL SIGNS

Acute onset vomiting. Hematemesis
Abnormal PE/Chem/CBC/UA Results: QPLI: 1,548 (H) PCV/TP 54/6.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 evidence of urine or lumen sediment, mineral, or calculi. 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 appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 4.6 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

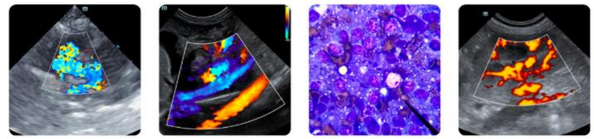
The left adrenal gland was subnormal to flattened in appearance. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

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 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.



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Gastrointestinal

The stomach presented intact wall layering exhibiting mildly prominent gastric mucosa. The stomach contained a mild to moderate amount of retained anechoic fluid and mild lumen gas. There was no obvious obstruction to pyloric outflow or overt foreign material.

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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis
- Empty small intestine
- Normal area of pancreas
- Subnormal left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction, foreign material, or significant / active pancreatitis. Mild pancreatitis at times may present as sonographically normal. Screening cortisol level to assess for or rule out occult Addison's Disease is recommended. Empirical therapy for mild pancreatitis and gastritis, pending additional diagnostics, with clinical monitoring is recommended. Sonographic reassessment is indicated if continued / progressive clinical signs, with consideration for possible upper gastrointestinal endoscopy.

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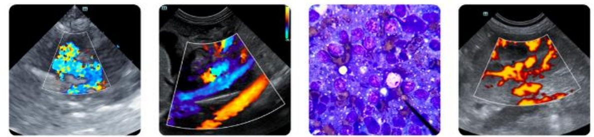

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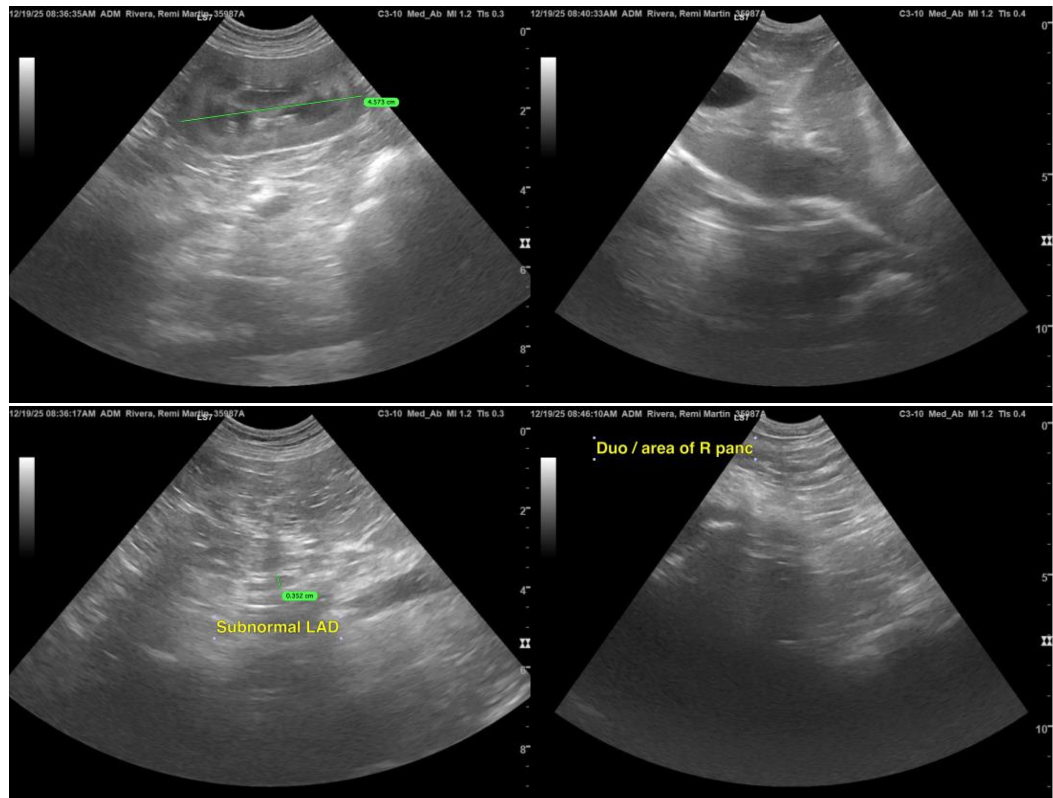

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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