



PATIENT	PRESENTING CLINICAL SIGNS
Joni Crowley	licking the floor and eating grass, dog refused food but ate a treat and then vomited it up, panting more
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
Standard Poodle	
SEX	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 8.0 cm in length. The right kidney measured 7.0 cm in length.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
7	Adrenal Glands
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 2.8 cm length.
60.5	
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
Tech	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 Animal Hospital	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. The pylorus wall measured 0.45 cm in width.
REFERRING VET	
Dr. Maniar	
INVOICE	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.
12539ag	Normal visible colon wall layers were present with apparent formed feces in lumen.
DATE	Pancreas
12/26/2022	



PATIENT

Joni Crowley

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

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Standard Poodle

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. No evidence of GI obstruction, foreign material or overt surgical indication. Potential structurally insignificant inflammatory bowel could be considered given the patient's pica-like behavior. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level to assess for occult disease as a potential contributing factor may be considered. As needed GI support, empirical therapy for gastritis/gastroenteritis/esophagitis would be reasonable. Three view chest radiographs are recommended if not done to assess for occult thoracic or esophageal pathology.

AGE

7

WEIGHT

60.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Tech

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

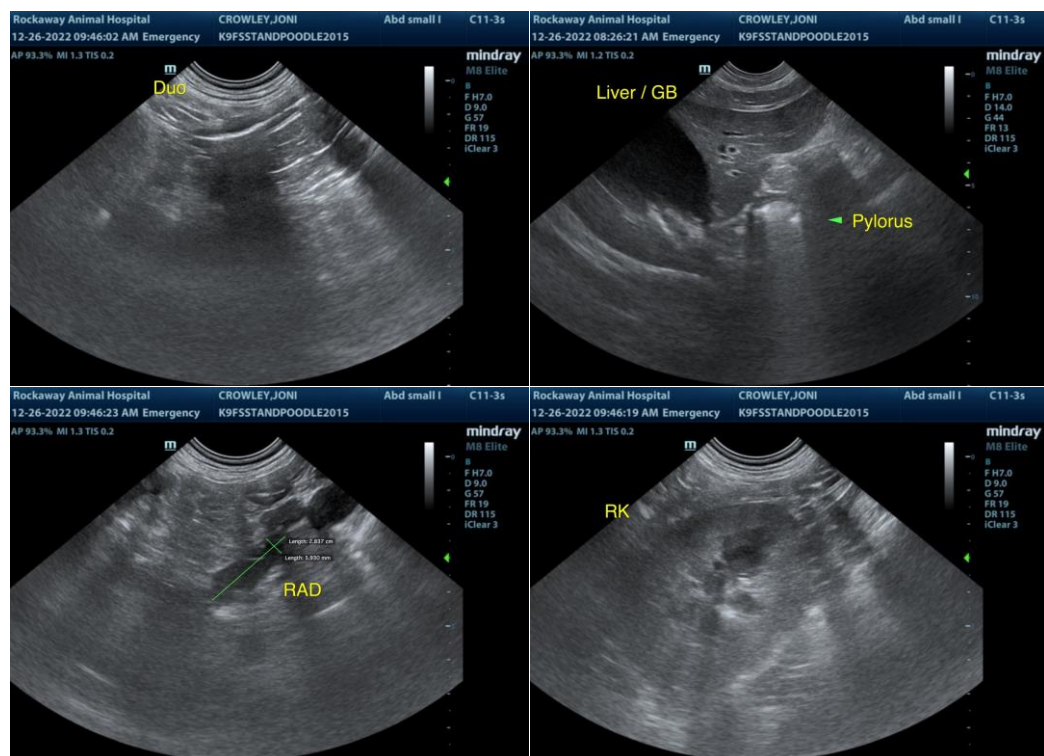
Dr. Maniar

INVOICE

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PATIENT

Joni Crowley

SPECIES

Canine

BREED

Standard Poodle

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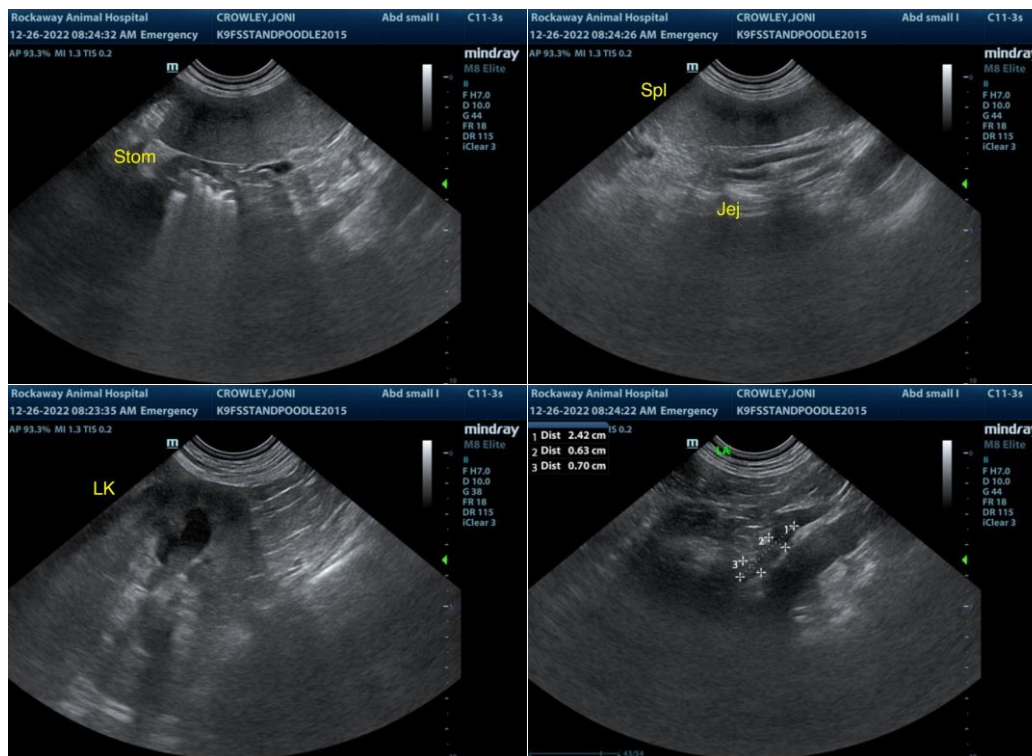
Dr. Maniar

INVOICE

12539ag

DATE

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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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