



PATIENT PRESENTING CLINICAL SIGNS

Kai Villacis re check increased appetite but still vomiting 2-3 times a week

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The prostate was of expected size and presentation for a young intact male canine.

SEX

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 right kidney measured 3.7 cm. The left kidney measured 4.7 cm.

AGE

1 Year

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.44 cm at the caudal pole. The right adrenal gland measured 1.6 cm length x 0.56 cm at the caudal pole.

WEIGHT

19 Pounds

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.

INTERPRETED BY

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

Liver

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. No evidence of a portosystemic shunt.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. Minor retained non-shadowing ingesta/chyme present in the stomach. Gastric body wall measured 0.43 cm.

REFERRING VET

Dr. Maniar

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. Jejunum wall measured 0.28 cm. No evidence of mechanical/metabolic small intestinal ileus.

INVOICE

35649

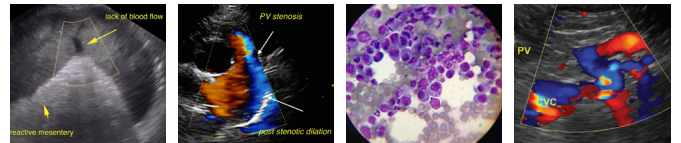
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

DATE

2/14/22

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.



PATIENT

Kai Villacis

ULTRASONOGRAPHIC FINDINGS

- Mild retained gastric ingesta/chyme, possible mild gastritis
- Overtly normal small bowel

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/food hypersensitivity may be playing a role in this patient's persistent vomiting. Dietary trial including canned hydrolyzed diet with potential for smaller, more frequent feedings and as-needed gastroprotectants may prove beneficial. Broad-spectrum deworming is suggested, even if fecal testing is negative. If evidence of weight loss in the face of increased appetite, GI panel to assess serum cobalamin and folate levels to rule out occult small intestinal disease would be suggested.

BREED

French Bulldog

SEX

Male

AGE

1 Year

WEIGHT

19 Pounds

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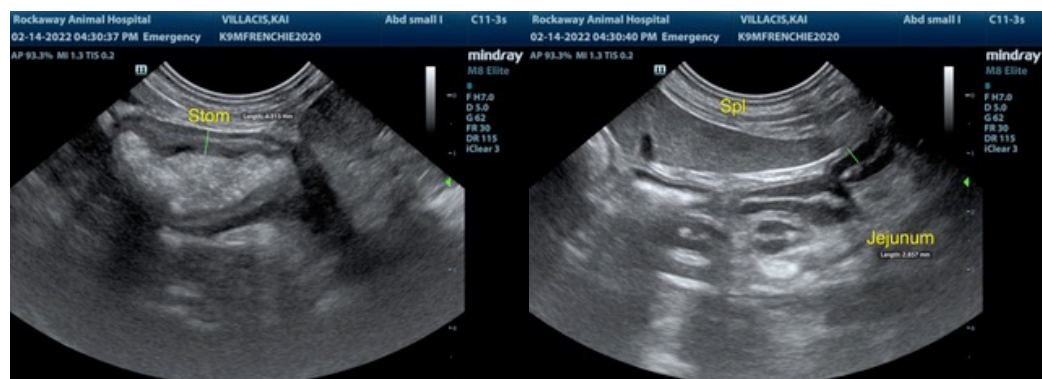
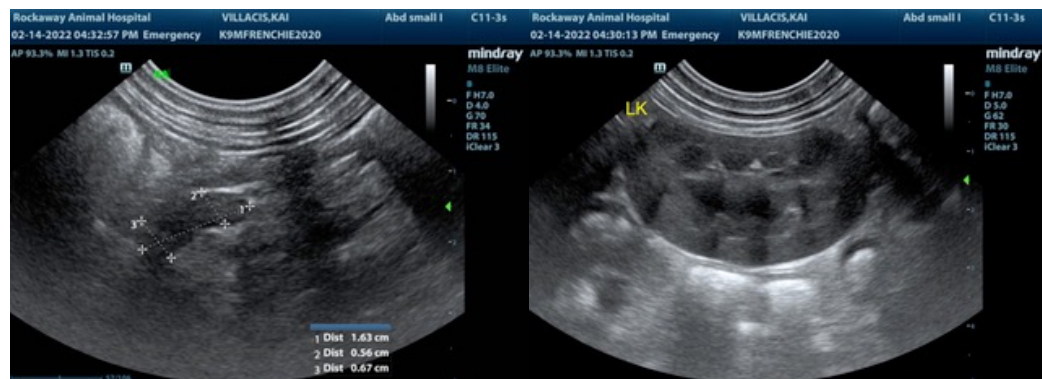
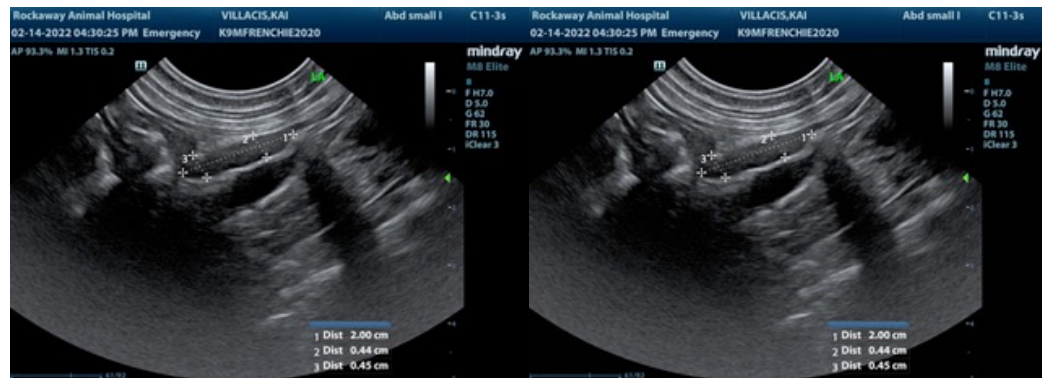
Dr. Maniar

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PATIENT

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SPECIES

Canine

BREED

French Bulldog

SEX

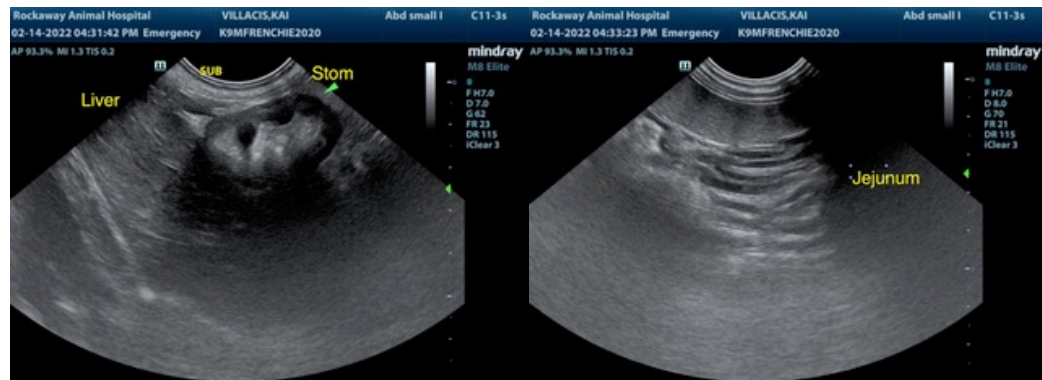
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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