



**PATIENT**

Beast Papke

**PRESENTING CLINICAL SIGNS**

History: vomiting for 1-week firm abd

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Mild dependent mineral was present. Primarily anechoic urine was present with mild dependent mineral noted along the apical and ventral urinary bladder walls. Aortic trifurcation was normal.

**BREED**

Rottweiler Mix

No overt evidence of pathology in the area of the residual prostate.

**SEX**

Neutered Male

Normal size and margination was 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 7.1 cm in length. The right kidney measured 8.2 cm in length.

**AGE**

2 Years

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

**WEIGHT**

108 Lbs.

**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. Normal hepatic vascular volume was present. No overt evidence of a portosystemic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

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.

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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**

**DATE**

2/15/22



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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, lymphadenopathy or peritoneal effusion was present.

**BREED**

Rottweiler Mix

- Mild urinary bladder mineral
- Overtly normal gastrointestinal tract

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity on sterile urine sample given the presence of urinary bladder mineral recommended. Dietary intolerance/food hypersensitivity, occult parasitism, structurally insignificant inflammatory bowel disease possible. Empirical supportive care for gastroenteritis, including limited protein to hydrolyzed diet trial suggested. Resting cortisol may be considered to rule out occult Addisons disease.

**AGE**

2 Years

**WEIGHT**

108 Lbs.

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**REFERRING VET**

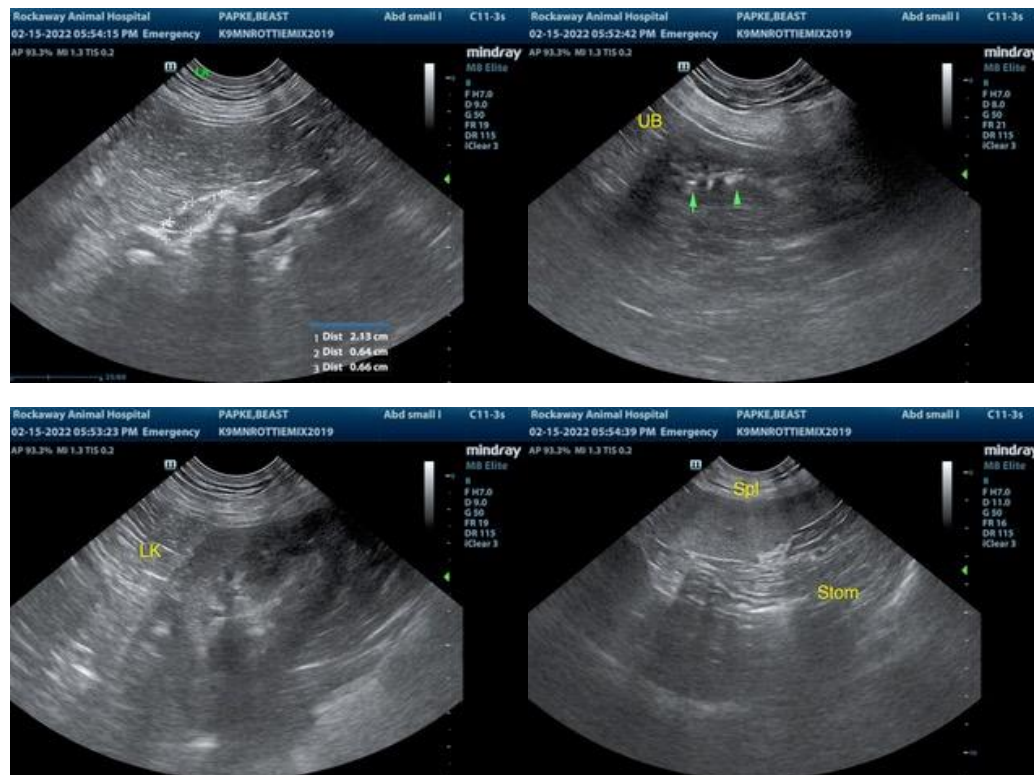
Dr. Maniar

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**DATE**

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Rottweiler Mix

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

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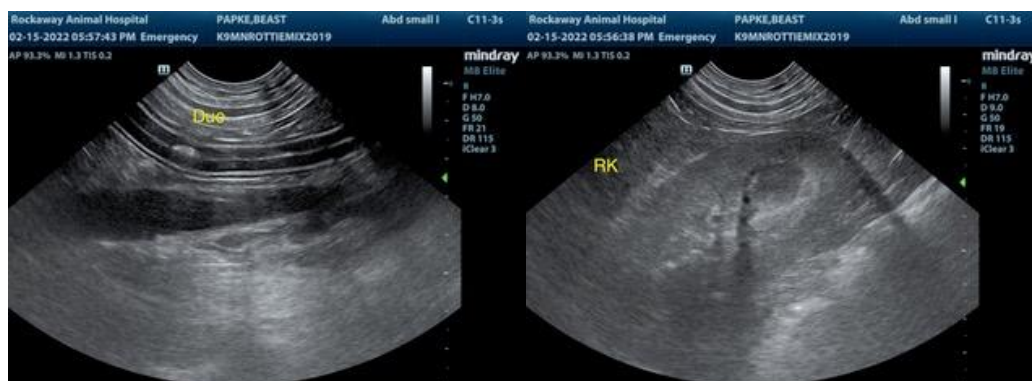
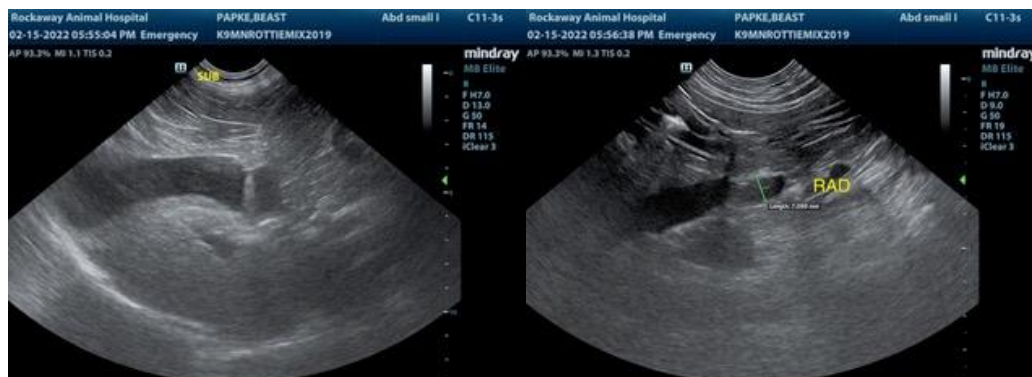
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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