



PATIENT

Mac Colasurdo

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic vomiting. Drooling large amounts today.

SPECIES

Canine

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 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. Aortic trifurcation was normal.

BREED

Labrador Retriever

The residual prostate was free of overt pathology.

SEX

Neutered 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 left kidney measured 6.6 cm in length. The right kidney measured 6.2 cm in length.

AGE

5 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm in length x 0.54 cm width at the caudal pole.

WEIGHT

79 Pounds

The right adrenal gland was overtly normal in size, position and shape, yet indistinctly visualized owing to overlaying intestinal gas. The right adrenal gland subjectively measured 0.36 cm at the caudal 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

Kelly Vazquez

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.

HOSPITAL NAME

New Bridge VP

The gallbladder was non-distended in size with primarily anechoic content and mild congealed nonorganized echogenic gallbladder debris, likely secondary to fasting. No evidence of gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Abina Glennon

Gastrointestinal

INVOICE

21118

The stomach presented intact, mildly prominent wall layering. The stomach contained strongly shadowing ingesta or echo, filling the majority of the gastric lumen, along with surrounding luminal gas, extending into the area of the pyloric outflow. The ventral gastric body wall measured 0.66 cm.

DATE

2/16/23



PATIENT

Mac Colasurdo

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no overt evidence of small intestinal mechanical/metabolic ileus pattern or overt intestinal foreign material.

SPECIES

Canine

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

Pancreas

BREED

Labrador Retriever

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.

Free Abdomen

SEX

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

5 Years

- Strongly shadowing gastric ingesta/echo- consistent with gastric foreign material
- Overtly normal small bowel

WEIGHT

79 Pounds

Secondary Findings

- Mild congealed gallbladder debris, likely secondary to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Exploratory laparotomy with expectation toward gastrotomy is recommended. Potential mild extension of shadowing gastric echo into the upper duodenum cannot be excluded. Gastrointestinal biopsies, at the time of surgery, may be considered despite exploratory findings, to assess for underlying gastrointestinal disease as a potential cause of pica.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Abina Glennon

INVOICE

21118

DATE

2/16/23



PATIENT

Mac Colasurdo

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

79 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

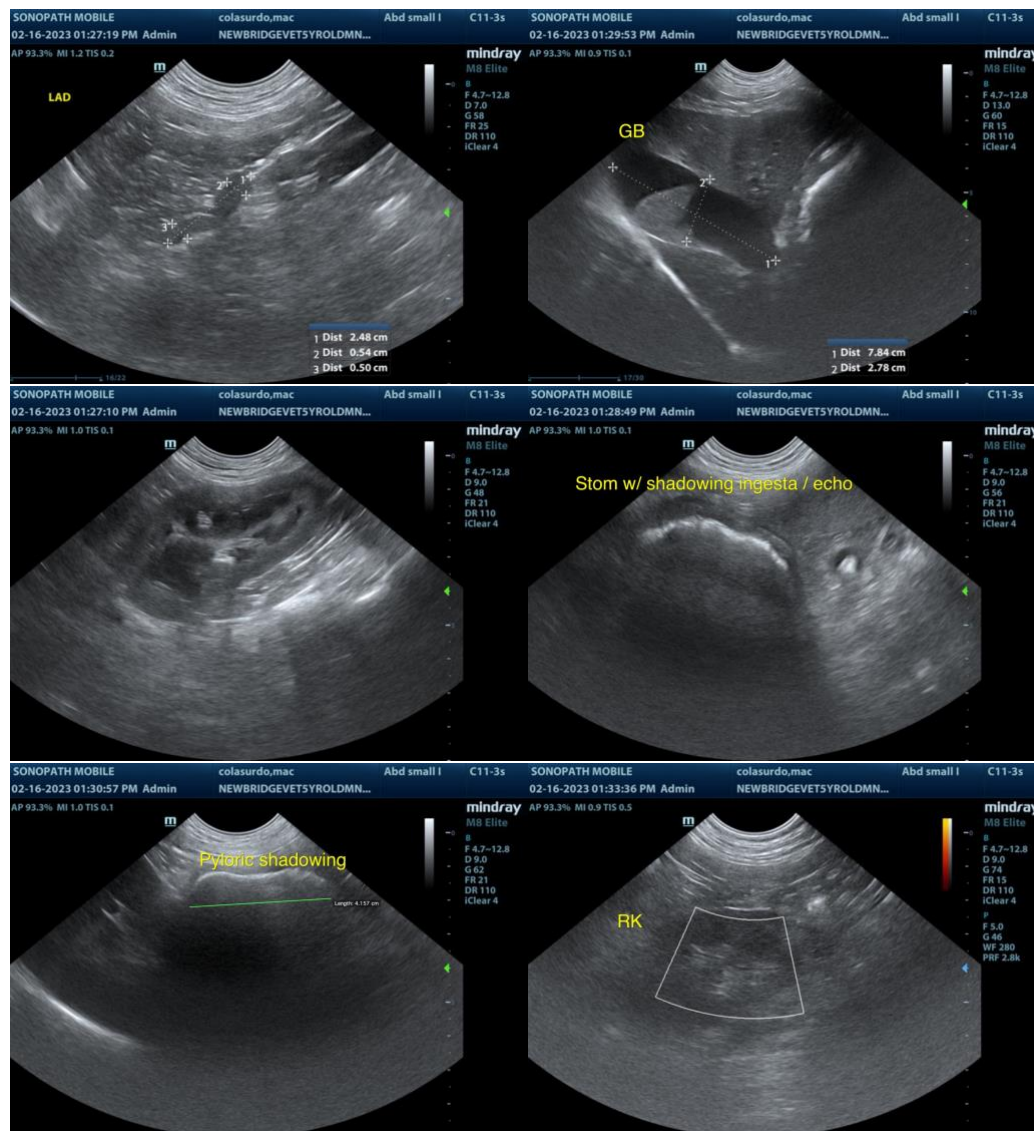
Dr. Abina Glennon

INVOICE

21118

DATE

2/16/23





PATIENT

Mac Colasurdo

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

79 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

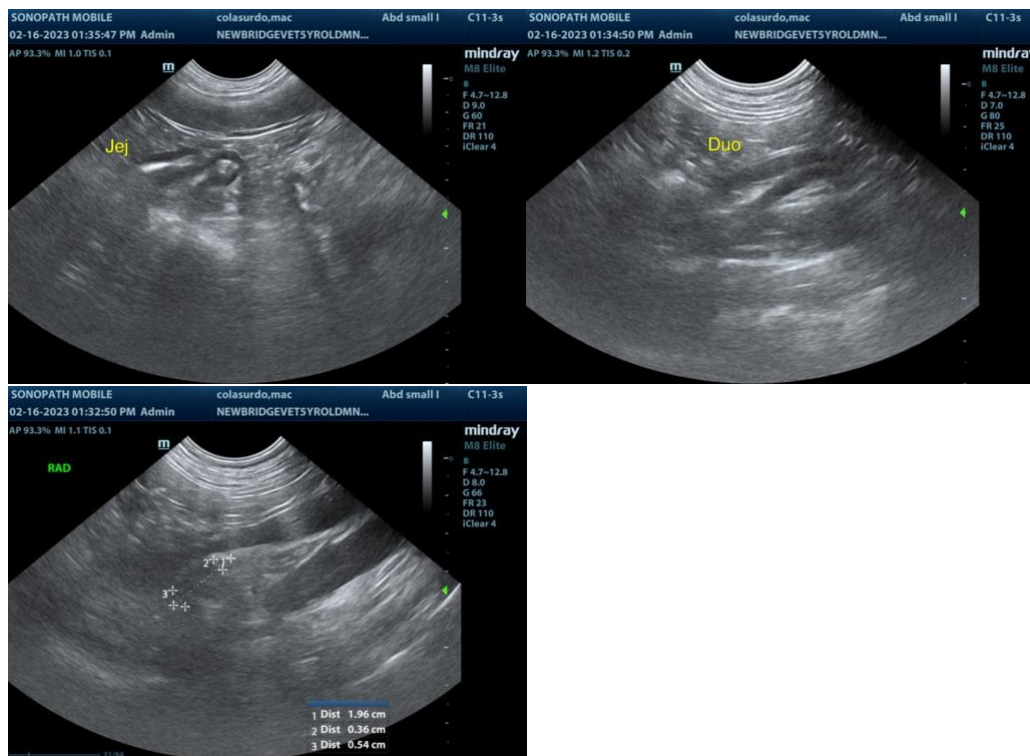
Dr. Abina Glennon

INVOICE

21118

DATE

2/16/23



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