



PATIENT	PRESENTING CLINICAL SIGNS
Mac Colasurdo	Chronic vomiting - excessive salivation, QAR. Concern for possible foreign body vs. other.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.
Labrador Retriever	
SEX	
MN	The residual prostate was mildly prominent in size yet without overt pathology measuring 1.6 cm in diameter.
AGE	The area of the aortic trifurcation was free of pathology.
6 years	
WEIGHT	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 6.0 cm in length.
82.5 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.33 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 0.64 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Kelly Vazquez	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.
HOSPITAL NAME	Liver/ Gallbladder
New Bridge Veterinary	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 mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Glennon	The stomach presented intact yet subjective mild prominent wall layering primarily in the area of the gastric antrum and pylorus. The gastric body wall width measured 0.60 cm. The pylorus wall width measured 0.38 cm. The stomach exhibited moderate gas distention primarily in the fundus and body
INVOICE	
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PATIENT	with mild retained echogenic fluid and potential for mild nonspecific retained, nonshadowing pyloric ingesta.
Mac Colasurdo	
SPECIES	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild, nonobstructive, small intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall width measured 0.26 cm.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Labrador Retriever	
SEX	Pancreas
MN	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 were evident.
AGE	Free Abdomen
6 years	No omental masses, lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
82.5 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Moderate gas distended stomach with mild retained pyloric fluid and potential nonspecific ingesta Overtly normal small bowel with segmental mild nonobstructive ileus pattern
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Secondary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Mild gallbladder debris - likely incidental, potentially owing to fasting or nonclinical cholestasis
Kelly Vazquez	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Overt evidence of obstructive gastric or gastrointestinal foreign material was not definitively present in this study. The mild retained gastric fluid and nonspecific ingesta may suggest some degree of metabolic gastric hypomotility or nonobstructive delayed gastric emptying. Technically, the possibility of mid gastric or pyloric foreign material such as fabric or stuffing could be present as a full evaluation of the gastric interior was limited by gas artifact. Definitive evidence for immediate surgical intervention was not overtly evident. However, ideally, hospitalization with documented fast, IV fluids, gastrointestinal support, and sonographic reassessment in 24 hours is recommended. Alternatively, if available, upper gastrointestinal endoscopy may be considered for further clarification.
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REFERRING VET	
Dr. Glennon	
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PATIENT

Mac Colasurdo

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

6 years

WEIGHT

82.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge
Veterinary

REFERRING VET

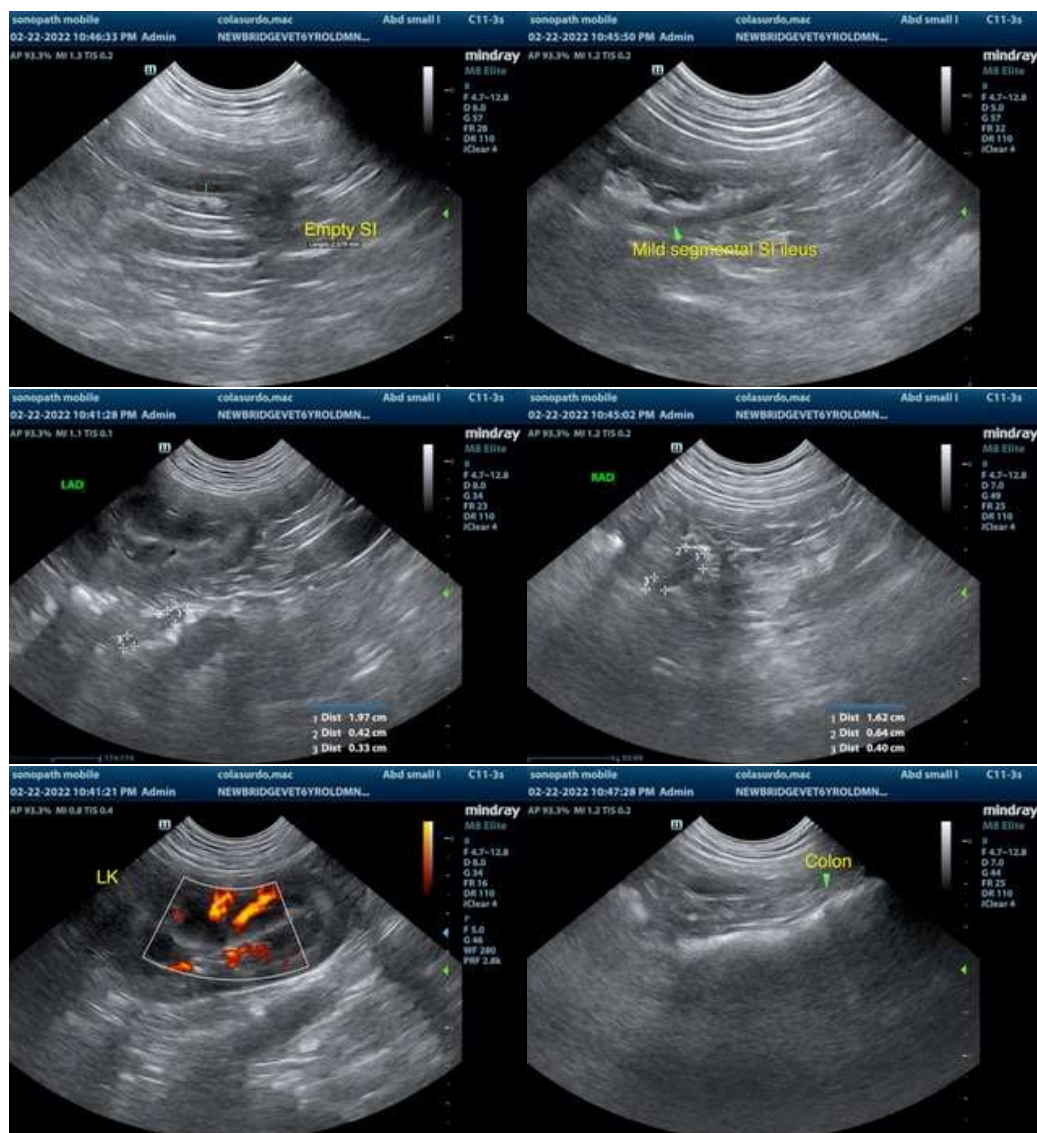
Dr. Glennon

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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