



PATIENT	PRESENTING CLINICAL SIGNS
Apollo Romanelli	Pancreatitis, hematochezia
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.
Terrier X	
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 kidneys measured 6.9 cm each.
Neutered Male	
AGE	<i>Adrenal Glands</i>
8	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.60 cm at the caudal pole. The right adrenal gland measured 3.1 cm length x 0.77 cm at the caudal pole.
WEIGHT	<i>Spleen</i>
59	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	<i>Liver</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
Jenn	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.
HOSPITAL NAME	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.
Rockaway AH	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon contained semiformed to soft fecal matter, consistent with patient history.
REFERRING VET	<i>Pancreas</i>
Dr. Maniar	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INVOICE	<i>Free Abdomen</i>
45516	No overt lymphadenopathy or peritoneal effusion was present.
DATE	
2/27/23	



PATIENT

Apollo Romanelli

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

8

WEIGHT

59

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

45516

DATE

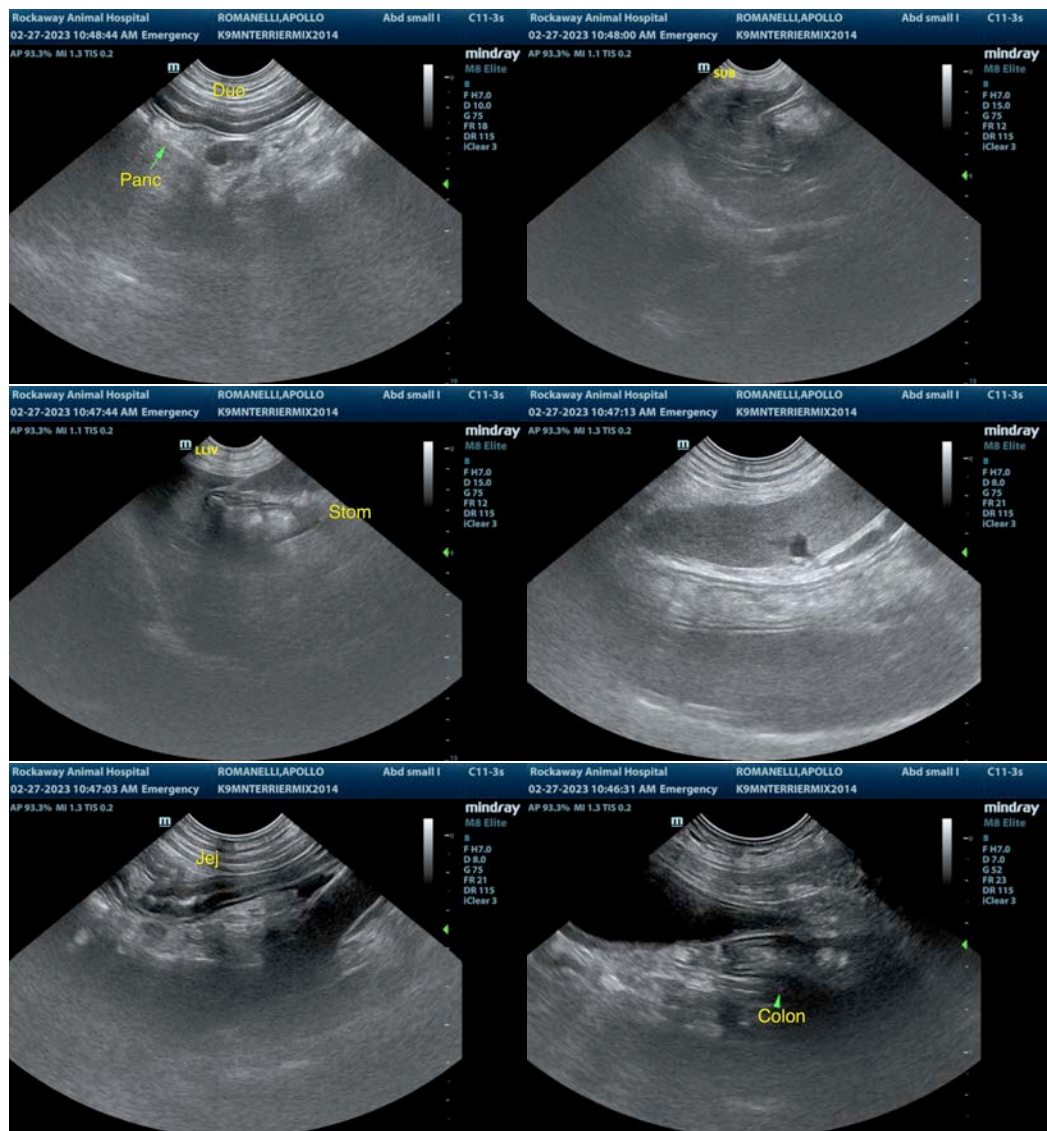
2/27/23

ULTRASONOGRAPHIC FINDINGS

- Colitis pattern with suspect concurrent gastroenteritis
- Heterogeneous pancreas – sonographically not overtly suggestive of significant/active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for colitis and likely concurrent gastroenteritis with possible low-grade/chronic pancreatitis (which may present sonographically normal) should prove beneficial. Correlation with fresh fecal analysis to rule out parasitic ova/giardia +/- cobalamin and folate level and spec cPL could be considered. Recheck sonogram to assess for progressive inflammatory gastroenterocolic or pancreatic changes recommended if persistent or recurrent gastrointestinal signs.





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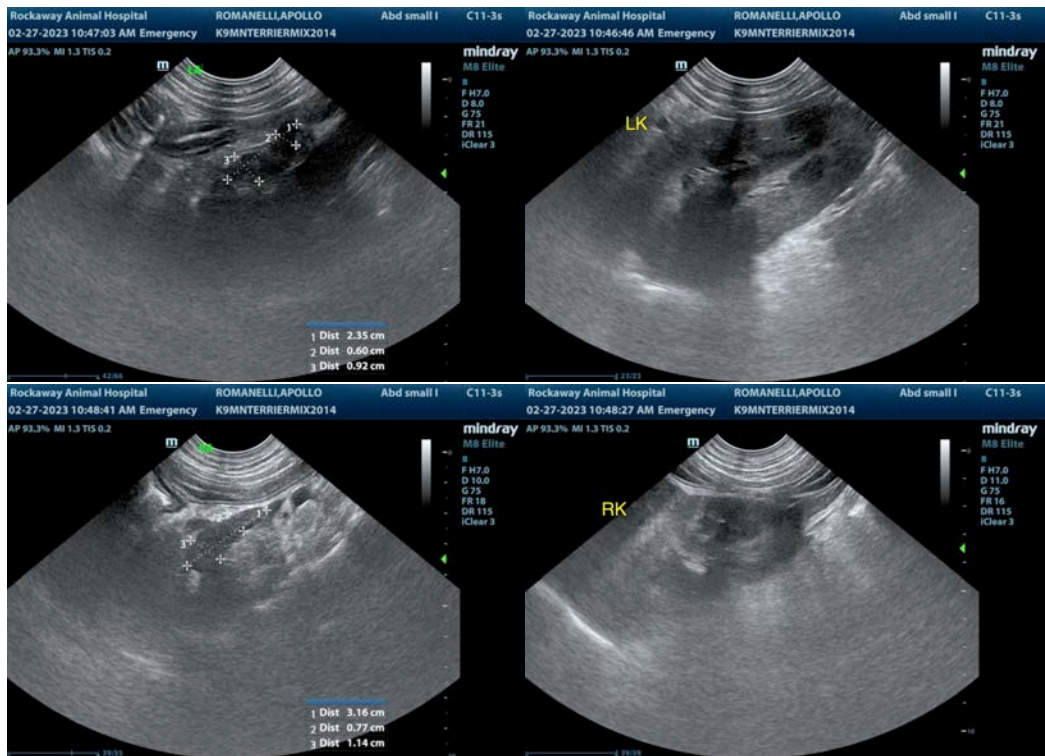
Dr. Maniar

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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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