



PATIENT

Goose Ringness

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

5 Years

WEIGHT

44 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

AC of Queens

REFERRING VET

Dr. Mucera

INVOICE

45537

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Intermittent vomiting and diarrhea since 2/22/23, did not respond to treatment (famotidine, Centrine, metronidazole). History of heartworm disease, Immiticed treatment 4/2022 and 6/2022
Abnormal PE/Chem/CBC/UA Results: Bloodwork 2/22/23 - no significant findings (mild increase SDMA 15.1, mild increased hemoglobin 20.8). X-rays 2/22/23 (eVet consult): "The stomach is partially distended with soft tissue opacity contents and a small volume of gas. On the frontal views there is an impression of mild gastric mural thickening in the pyloric region and the proximal duodenum. Serosal detail in the region is adequate. The majority of the small intestines are contracted and have a uniform diameter. An obstructive gas pattern is not seen. On one L lateral view there is a triangular soft tissue opacity within the cranial portion of the cecum. It is slightly less than the length of L1 vertebral body. The cecum is gas distended. On the frontal views a small rectangular calcific opacity is present in the cecum. This may represent an end on view of the opacity seen on the lateral view. The colon is partially filled with soft tissue opacity contents. It is unremarkable in caliber. The liver is at the lower limit of normal size, the stomach has an erect axis on the lateral views. The spleen is at the upper limit of normal size. Its dorsal portion on the frontal views has slightly rounded borders. The diaphragm is intact. The cranial mediastinum is not enlarged, and the esophagus is not severely distended. The bronchial markings predominate throughout the lungs. There is trivial enhanced visualization of pleural surfaces. The trachea is at the lower limit of normal size. The heart is slightly undersized (dehydration?). Significant skeletal abnormalities are not identified. Conclusion: There may be diffuse digestive tract mural thickening. Ultrasound would be confirmatory and would also identify adjacent lymph node enlargement etc. There is no sign of obstruction, but the described opacity superimposed on the cecum could be a foreign body in passage. A UGI would be more definitive. Alterations in liver and spleen size are minimal and may be incidental. If respiratory signs are present recommend clinical evaluation and possibly recheck radiographs to r/o emerging pneumonia etc."

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.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm at the cranial pole and 0.45 cm at the caudal pole.

The right adrenal gland was indistinctly visualized, subjectively measuring 0.45 cm at the caudal pole. No overt pathology.

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



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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.

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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 mild, non-organized, hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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The visualized stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing, variably echogenic ingesta/chyme most consistent with post prandial presentation. No evidence of mechanical pyloric outflow obstruction, gastric foreign material, or obstructive pyloric mural or upper intestinal pathology.

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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. No obstructive pattern or definitive evidence of intestinal foreign material. Subjective propensity for mildly prominent segmental intestinal muscularis and submucosal layers.

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The descending colon exhibited sonographically normal wall layering containing formed fecal matter. Intact mildly prominent wall layering noted in the subjective proximal colon with the proximal colon being primarily empty. Possible non-formed fecal matter present.

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Pancreas

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.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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PRIMARY FINDINGS

REFERRING VET

Dr. Mucera

- Mild non-shadowing, possibly retained gastric ingesta/chyme
- Inflammatory enterocolonopathy pattern
- Associated intermittent to minor benign/reactive mesenteric lymphadenopathy
- Sonographically normal pancreas

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SECONDARY FINDINGS

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- Normal liver
- Gallbladder debris (non-mucocele)



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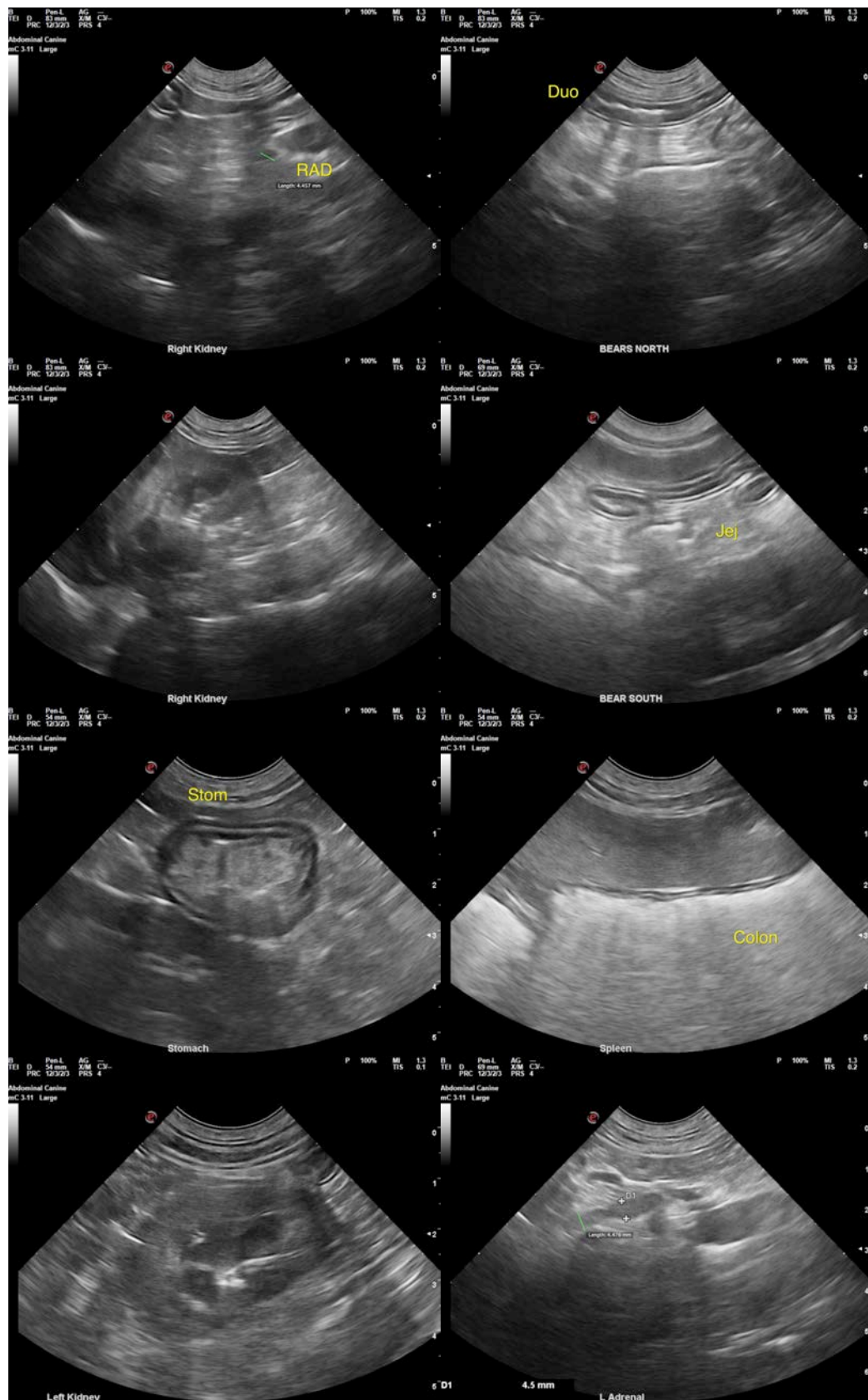
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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