

PATIENT

Bella Amato

PRESENTING CLINICAL SIGNS

G.I. issues, vomiting, diarrhea, possible bout of HGE. No reported meds.

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.

BREED

Morkie

No evidence of pathology in the area of the aortic trifurcation.

SEX

FS

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 3.3 cm in length. The right kidney measured 2.7 cm in length.

AGE

2 Years, 4 Months

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.31 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 0.45 cm width at the caudal pole.

WEIGHT

10 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 / Gallbladder

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. No evidence of subnormal liver size or reduced hepatovascular volume. 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

Kelly Vazquez

HOSPITAL NAME

Bergen Passaic Animal
Hospital

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild luminal gas was present in the stomach without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.26 cm.

REFERRING VET

Dr. Benjamin Spitz

INVOICE

50124

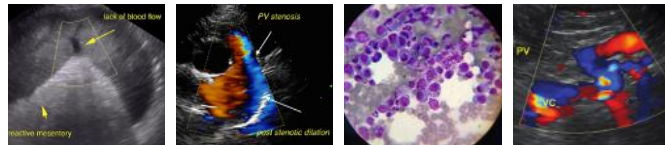
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.39 cm and the jejunum wall width measured 0.34 cm.

Normal visible colon wall layers were present with apparent semi-formed to soft feces in lumen.

DATE

2-7-22

Pancreas



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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 evidence of intraabdominal lymphadenopathy or peritoneal effusion was present.

BREED

Morkie

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral, specifically gastroenterocolic, structural pathology. Dietary indiscretion/food intolerance, occult parasitism, structurally insignificant inflammatory gastroenteropathy i.e., IBD, all possible.

AGE

2 Years, 4 Months

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to assess for or rule out parasitic ova/giardia.

WEIGHT

10 lbs

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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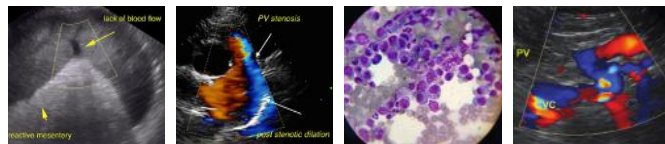
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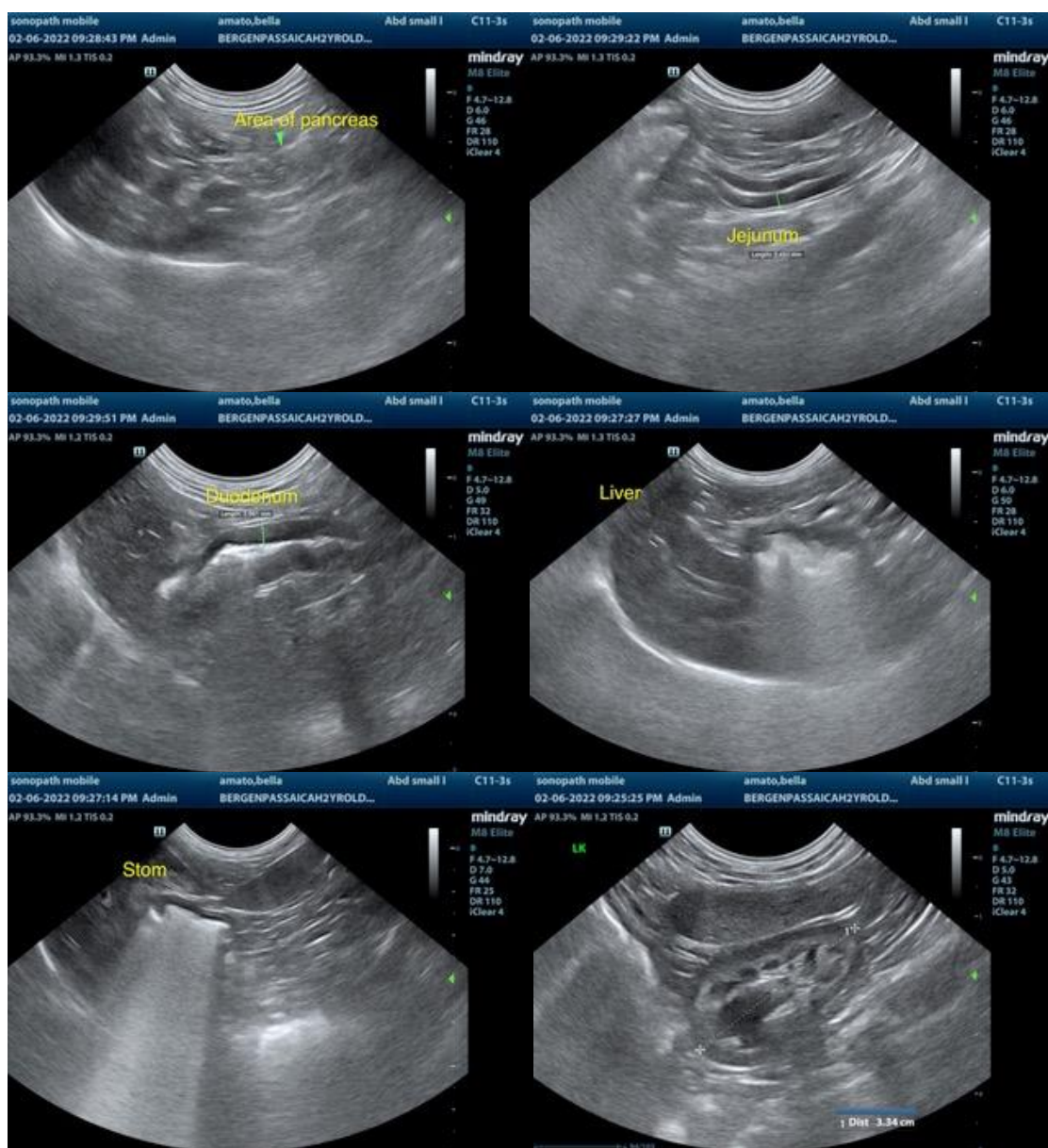
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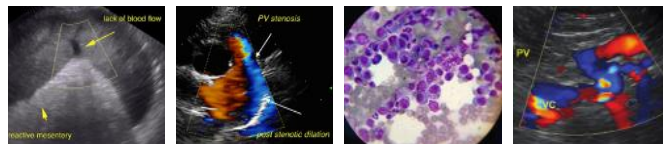
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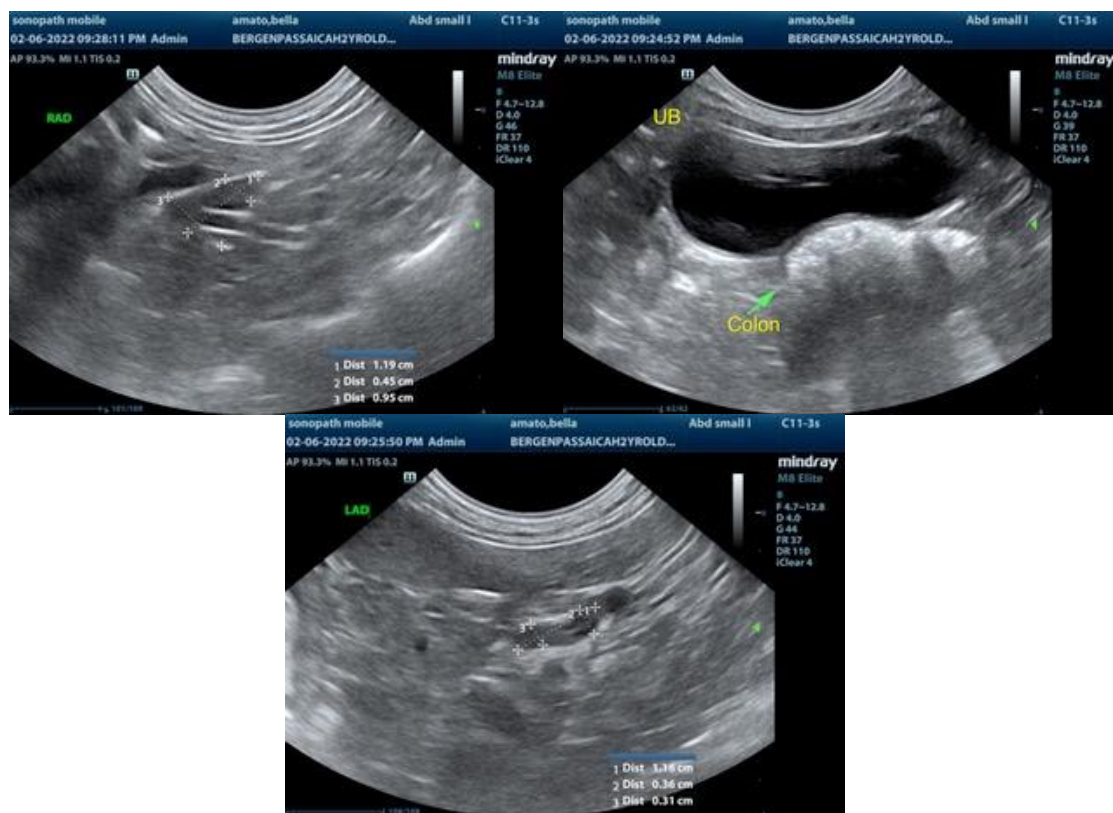
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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