



**PATIENT**

Taco Pumo

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

61 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**  
Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

10179ag

**DATE**

03/16/2022

**PRESENTING CLINICAL SIGNS**

History: vomiting blood, lethargic hx of ITP dietary indiscretion, fb

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.4 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.63 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 0.53 cm width at the caudal pole.

**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.

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented non distended containing mild retained anechoic fluid. Mild to moderate wall thickening with prominent gastric mucosa and mild asymmetrical luminal surface contour were observed. The gastric body wall measured 0.4-0.5 cm width. No overt evidence of retained gastric ingesta or foreign material. No obvious evidence of neoplastic criteria.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental small intestinal ileus was noted. No evidence of mechanical obstruction or overt small intestinal foreign material.

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

**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.

**BREED**

Terrier Mix

**Free Abdomen**

**SEX**

Neutered male

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

6 years

- Gastritis with associated mild gastric hypomotility.
- Overtly normal small bowel with minor segmental ileus-no evidence of obstructive pattern.
- Otherwise sonographically unremarkable abdomen.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

61 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hematemesis in this patient may be owing to gastritis without overt evidence of significant gastric mural pathology. The potential for non sonographically evident gastric ulcer or micro ulceration cannot be definitively excluded. No indication for immediate surgical intervention.

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Bland, novel protein or hydrolyzed diet with gastric protectant protocol including sucralfate/omeprazole combination should prove beneficial.

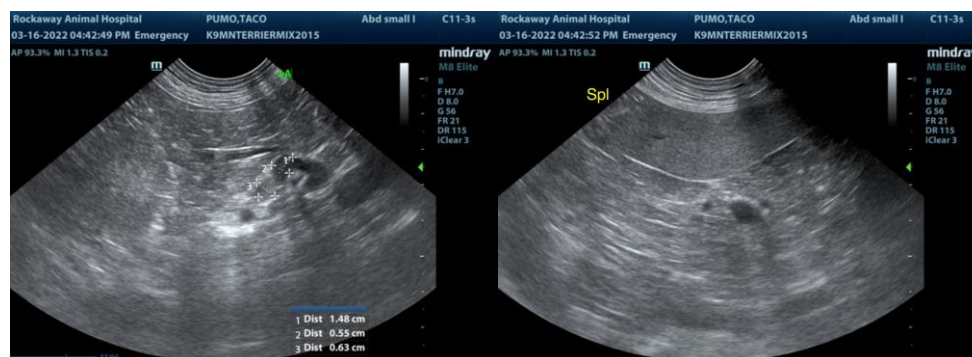
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Resting cortisol level to rule out occult Addison's disease may be considered.

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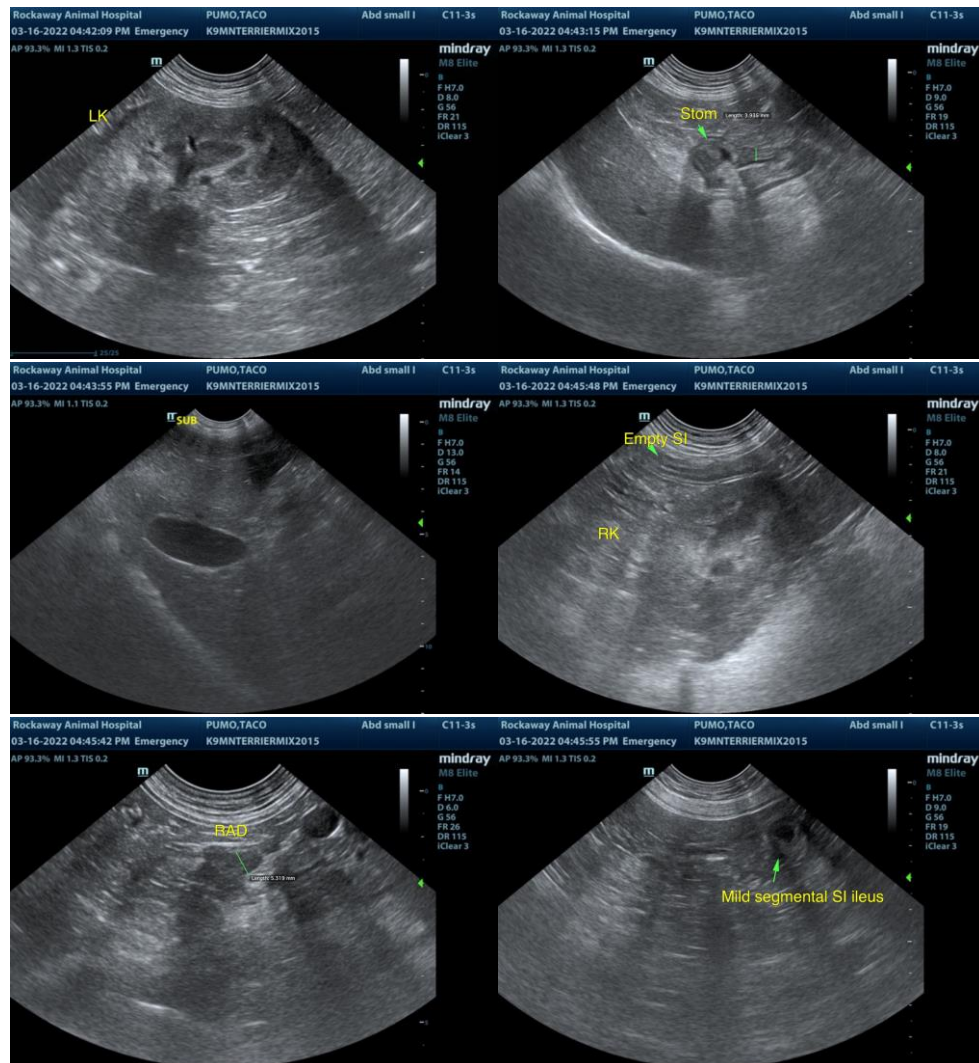
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com