



PATIENT

Bruno Guerra

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Months

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

21654

DATE

3/17/23

PRESENTING CLINICAL SIGNS

History: R/O FB, Pancreatitis +, Increased WBC, Anorexia, Vomiting
Abnormal PE/Chem/CBC/UA Results: HGB 22, MCH 26.3, MCHC 42.7, WBC 27.58, NEU 21.18, MONO 2.52, EOS 0.01, PLT 137, CREA 0.4, CPL abnormal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 3.2 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.45 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.30 cm at the caudal pole in width.

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 mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained moderate retained anechoic fluid and mild echogenic ingesta, along with pockets of luminal gas. No evidence of overt mechanical pyloric outflow obstruction or gastric foreign material. The pylorus wall measured 0.46 cm. The ventral gastric body wall measured 0.32 cm.

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 mechanical/metabolic ileus or foreign material. The duodenum wall measured 0.30 cm. The jejunum wall measured 0.25 cm.



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

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Pancreas

SPECIES

The left pancreas was normal in size and contour with subtle nonhomogenous hypoechoic left pancreatic parenchyma. No evidence of peripancreatic inflammation.

Canine

Free Abdomen

BREED

Focal to intermittent, mildly prominent to enlarged cranial mesenteric to perigastric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.5 cm in diameter. No evidence of peritoneal effusion.

Chihuahua

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Hypomotile gastritis pattern, sonographically unremarkable small bowel
- Subtle nonhomogenous to hypoechoic left pancreas

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

11 Months

Sonographically, the appearance of the stomach is suggestive of inflammatory criteria with suspect metabolic/functional gastric stasis. No evidence of gastric or gastrointestinal obstructive pattern or foreign material. Potential for low grade left pancreatitis is possible, although clinical significance is unclear. No sonographic evidence of significant/active pancreatitis as a primary clinical player.

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No overt indication for immediate surgical intervention. Given this presentation, aggressive therapy for hypomotile gastritis, which may include gastroprotectants, supportive care, +/- empirical coverage for helicobacter, and assessment of clinical response with possible recheck sonogram is recommended. Resting cortisol level to rule out occult Addisons disease may be considered. Three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Sonographic reassessment of the stomach or upper GI endoscopy (if available) would be indicated if continued or progressive clinical signs despite supportive care.

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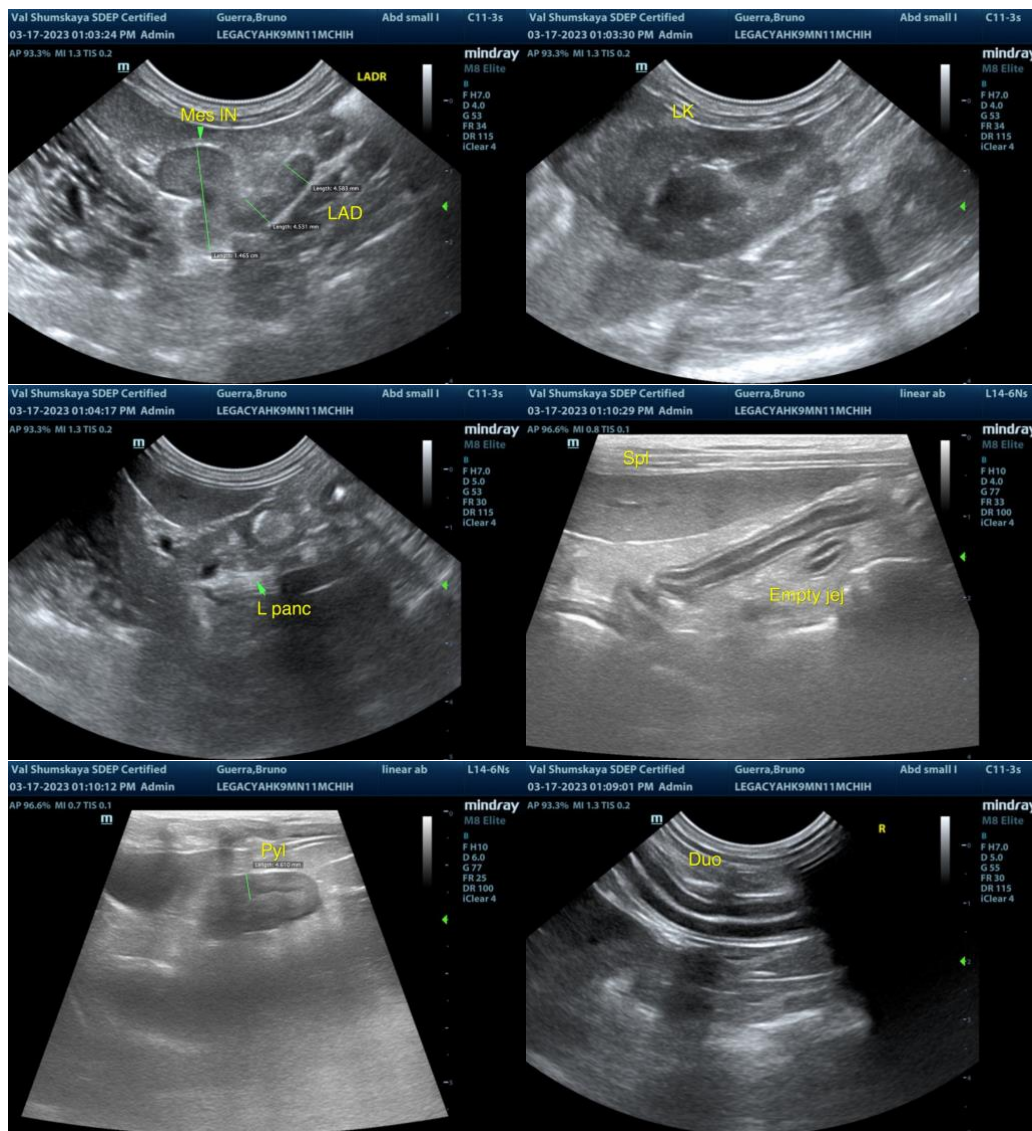
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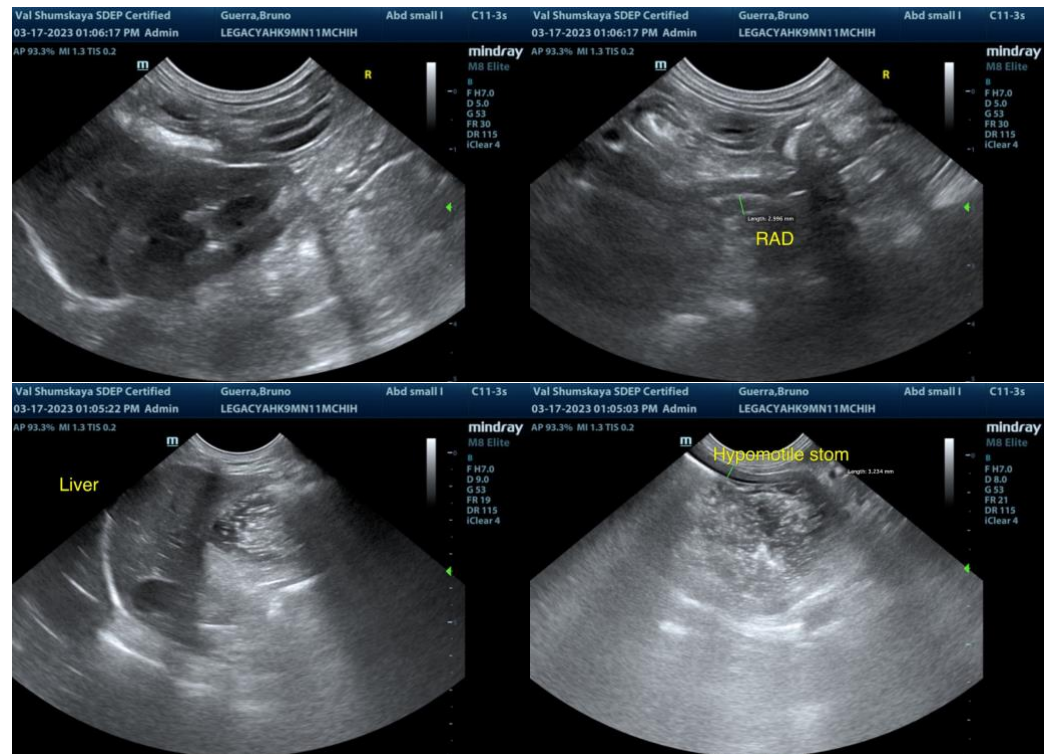
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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