



PATIENT

Cole Bezares

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Intact Male

AGE

3 Years

WEIGHT

76 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Giammanco

INVOICE

21655

DATE

3/17/23

PRESENTING CLINICAL SIGNS

History: Last ate yesterday per owner, vomited up orange peels while in hospital, very nauseous, drooling. R/O FB vs. gastritis, vs. other. Had SQ Cerenia and famotidine yesterday around 1pm. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: NSF, CPLi pending.

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.

The left and right testicles were sonographically unremarkable.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.1 cm in diameter.

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 7.2 cm in length. The right kidney measured 6.8 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 3.1 cm length x 0.49 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 2.7 cm length x 0.58 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



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The stomach exhibited generalized moderate to variably thickened walls, exhibiting subjective mild decreased mural echogenicity and loss of discernable gastric wall layer detail. The ventral gastric body wall measured up to 1.7 cm in width. The stomach exhibited moderate distention with retained anechoic to echogenic fluid and mild hyperechoic to progressively shadowing ingesta.

SPECIES

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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 with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

SEX

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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.

Free Abdomen

AGE

3 Years

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

76 Pounds

- Generalized thickened hypomotile stomach, containing retained ingesta/fluid
- Sonographically unremarkable small bowel/pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The primary finding in this case and primary contributing factor to the patients clinical signs is the thickened to hypomotile stomach. Considerations may include moderate to severe, potentially chronic gastritis or infiltrative neoplastic criteria. Suspected secondary metabolic to functional gastric stasis without definitive evidence of pyloric or upper intestinal obstructive criteria or foreign body. No sonographic evidence of significant pancreatitis as a contributing factor.

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Endoscopic, or ideally, surgical gastric wall biopsies with gross inspection of the upper intestinal tract would be required for a definitive diagnosis. Aggressive therapy for gastritis, which may include gastroprotectants, as needed supportive care, as well as coverage for helicobacter, assessment of clinical response and sonographic reassessment of the stomach in 7-10 days, pending clinical response to therapy, would be a more conservative approach.

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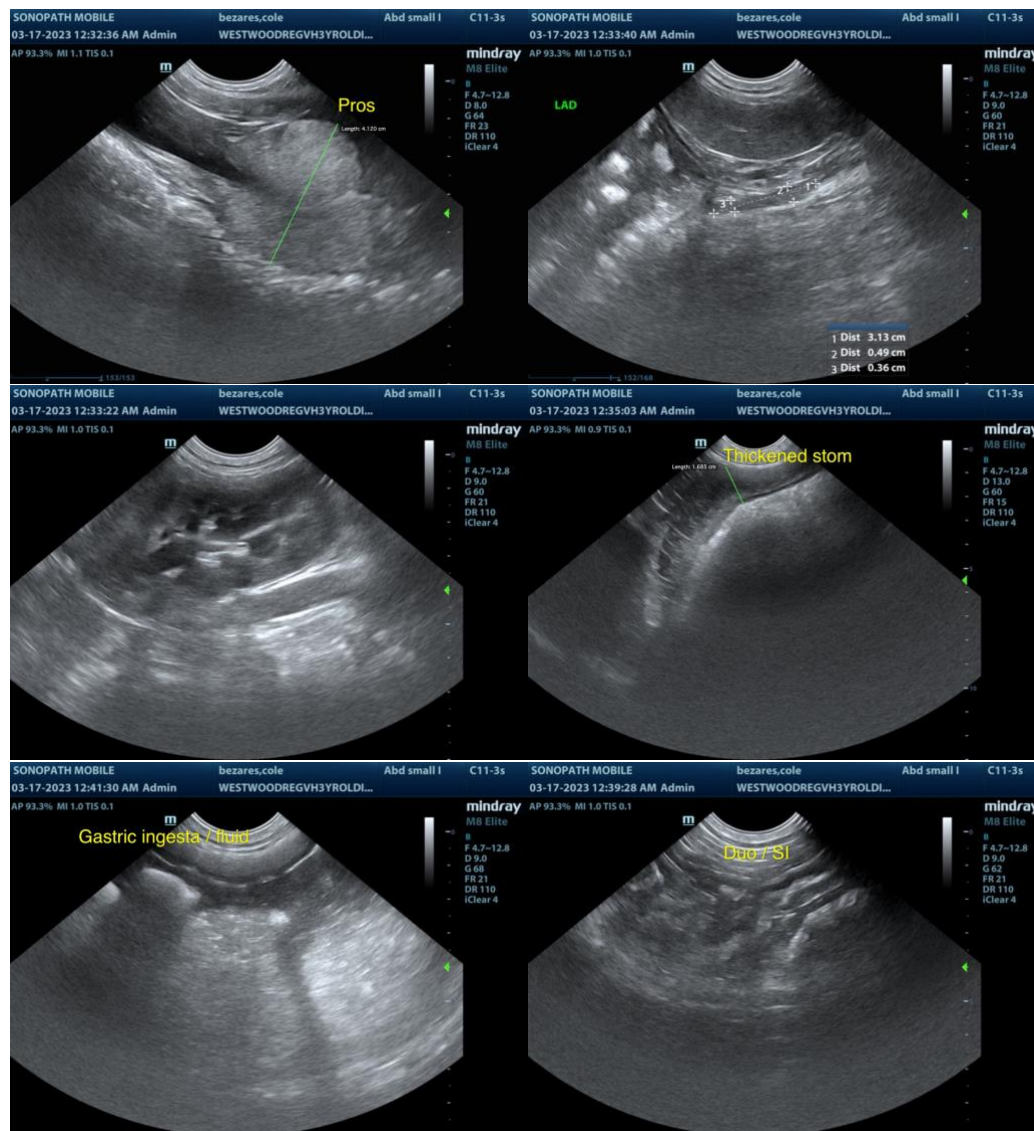
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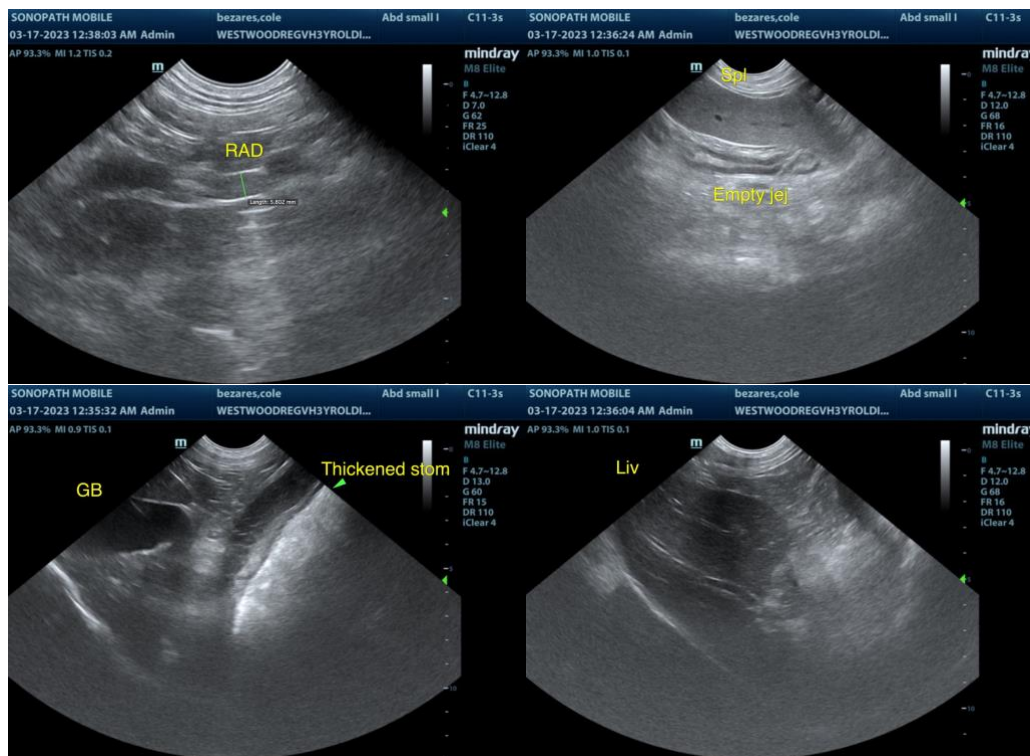
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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