



PATIENT

Gigi Castro

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

2 years

WEIGHT

15 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

10108ag

DATE

03/02/2022

PRESENTING CLINICAL SIGNS

History: VOMITING MULTIPLE TIMES YESTERDAY SOFT STOOL

Abnormal PE/Chem/CBC/UA Results: BLOOD WORK- WNL CPLI SNAP TEST- NEGATIVE

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 3.5 cm in length. The right kidney measured 3.9 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 0.43 cm width at the caudal pole and 0.28 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.33 cm width. Mild gastric distension with a mild to moderate amount of retained primarily anechoic fluid was present. The pylorus wall measured 0.5 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio and intermittent nonspecific jejunal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.36 cm.



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

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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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or effusion was present.

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- Gastritis with mild gastric hypomotility.
- Overtly normal small bowel with intermittent jejunal mucosal speckling.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction or overt foreign material. Dietary indiscretion/food intolerance, occult parasitism, acute gastroenteritis or structurally insignificant inflammatory bowel may be possible. No indication for immediate surgical intervention. The intermittent jejunal mucosal speckling is nonspecific yet may at times be associated with intestinal inflammatory etiologies such as enteritis or IBD.

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Empirically as needed gastrointestinal support would be appropriate if signs are relatively acute. If persistent or recurrent gastrointestinal signs are noted, further assessment may include a GI panel with TLI/PLI/Cobalamin/Folate. While endoscopic intestinal biopsies

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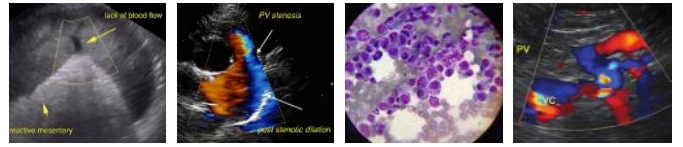
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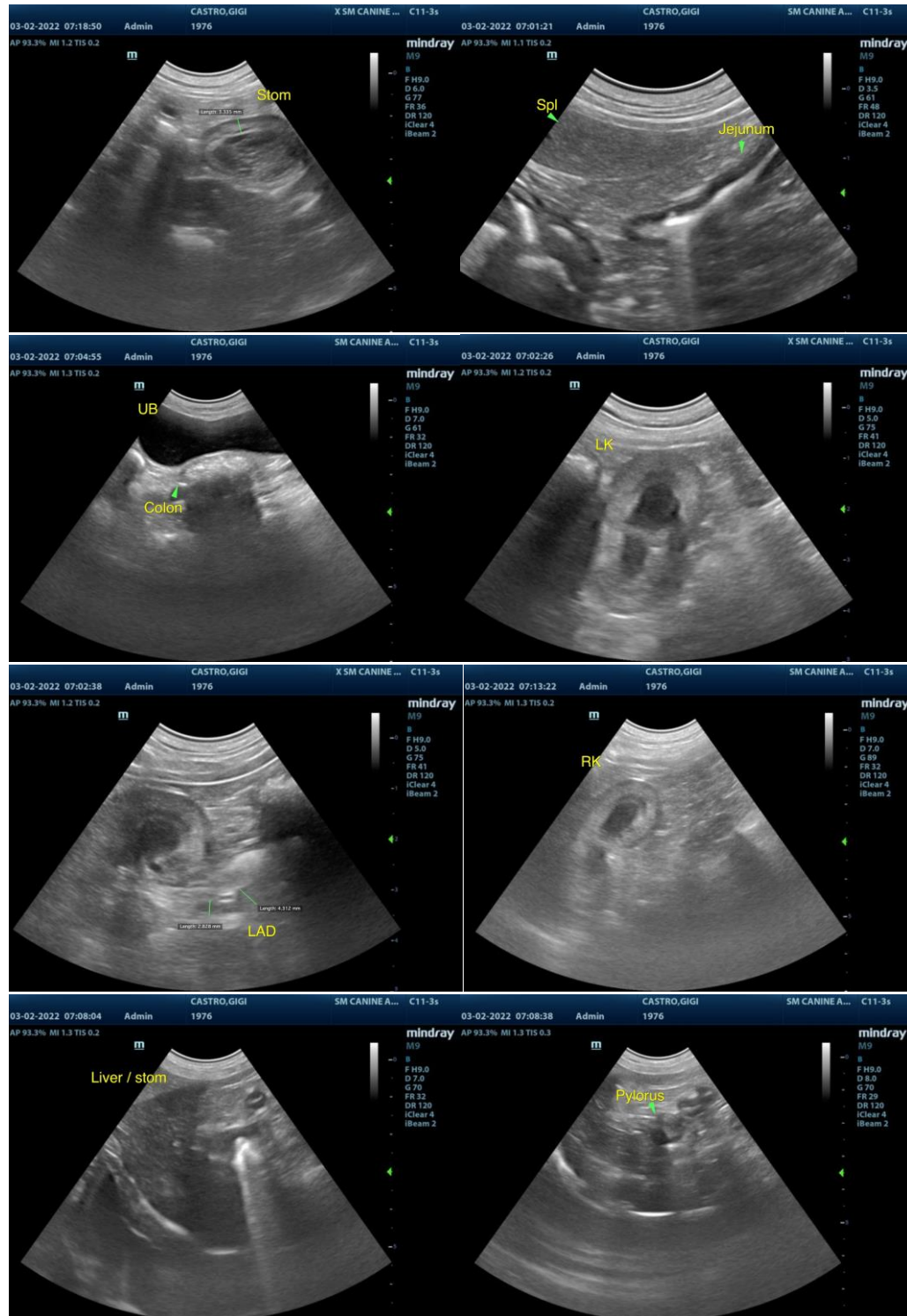
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com