



PATIENT

Jeter Battaglino

PRESENTING CLINICAL SIGNS

vomiting, lethargy anorexia

SPECIES

Canine

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.

BREED

Pug Mix

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.

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AGE

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The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width and body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length and 0.76 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length and 0.76 cm width in the caudal pole.

WEIGHT

35

INTERPRETED BY

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

Spleen

The spleen was not definitively visualized potentially owing to volume contraction.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal to mildly increased in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting areas of distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

REFERRING VET

Dr. Maniar

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtly prominent to corrugated duodenum walls were present. The lumen of the small intestine contained minor segmental non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

DATE

03/21/2023

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

Pancreas



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SPECIES

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Potential cranioventral intra-abdominal lipomas were present.

BREED

Pug Mix

ULTRASONOGRAPHIC FINDINGS

- Gastroduodenitis pattern with shadowing gastric and non-shadowing intestinal ingesta.
- Sonographically normal pancreas.
- Mild chronic renal changes.
- Prominent/homogenous adrenal glands.
- Non-specific benign hepatomegaly.
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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The retained ingesta is non-specific and may indicate retained food although potential for gastric foreign material cannot be excluded. No overt definitive GI obstructive pattern. Hospitalization with 24 hour support IVF, documented NPO and sonographic/radiographic reassessment of the stomach would be reasonable. A full CBC/Chem/UA suggested to assess for underlying metabolic causes of the patient's clinical signs.

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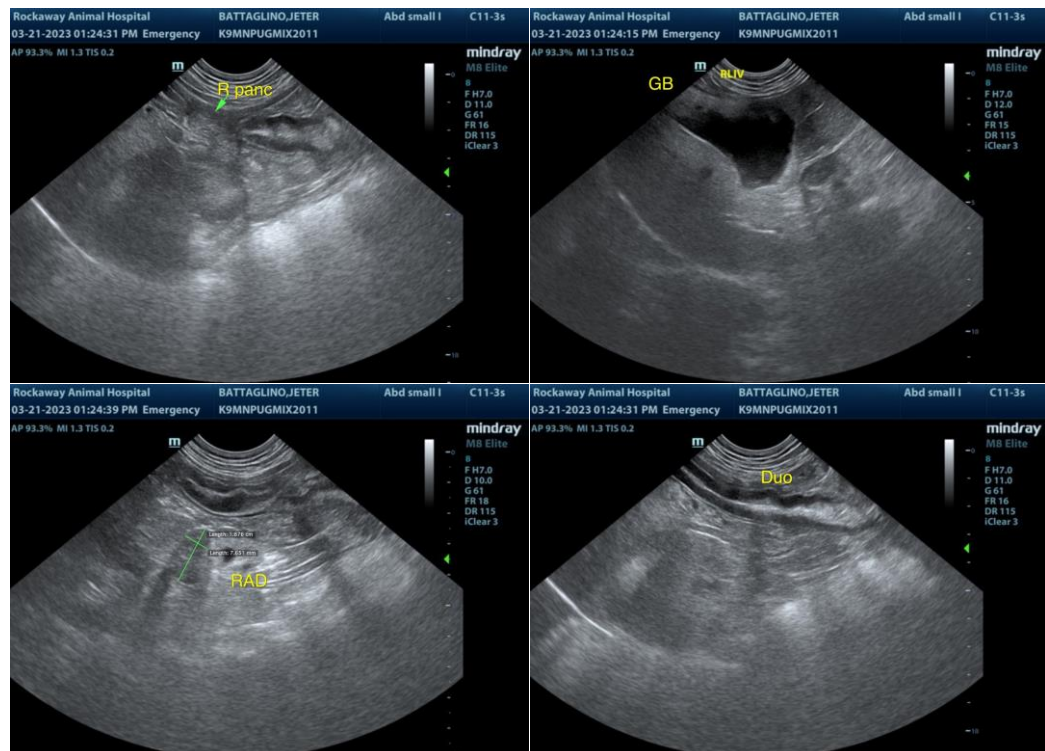
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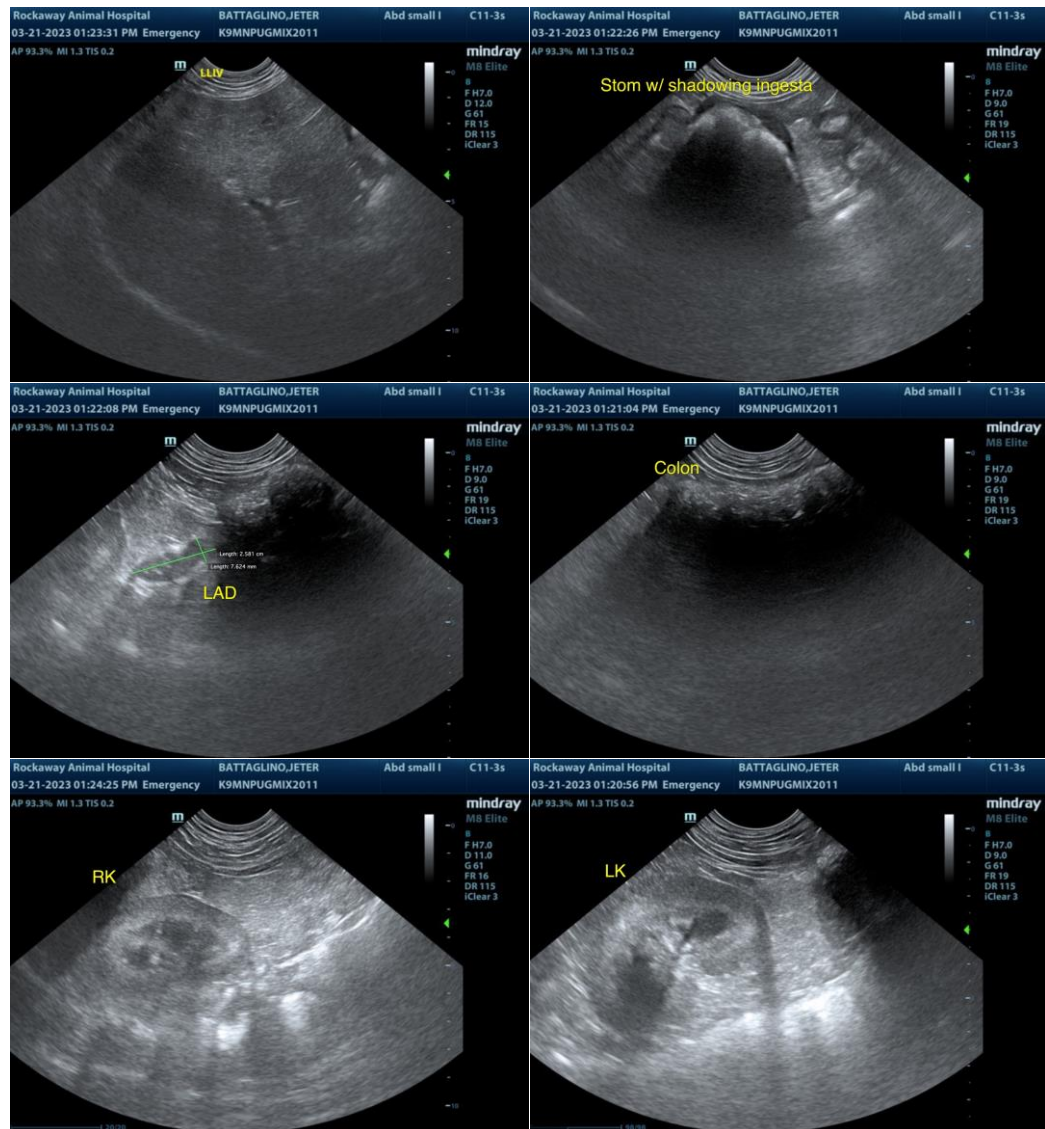
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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