



PATIENT PRESENTING CLINICAL SIGNS

Rudy Passakas

Previous street dog, may have been hit by car in past. On rectal palpation very narrow and constricted. Has been having difficulty with BMs and even on walks is barely going. Firm stool on rectal palpation. Colon doesn't feel enlarged or tender. Wondering if feeding more frequent smaller meals will help with passing of BMs. Has been on Lactulose and Metonia.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Hound Mix

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.

SEX

MN

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 6.5 cm in length. The right kidney measured 7.0 cm in length.

AGE

7yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

51lb

The area of the residual prostate appeared normal and free of pathology measuring 1.7 cm in diameter.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape, the left subjectively measuring 2.6 cm length x 0.68 cm in width at the caudal pole and the right 0.69 cm in width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

Liver/Gallbladder

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.

REFERRING VET

Kazienko

Gastrointestinal

INVOICE

13266ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material.

DATE

03/23/2023



PATIENT

Rudy Passakas

The generalized colon exhibited intact wall layering containing a subjective normal amount of formed fecal matter. The distal descending colon and colorectum was free of visualized mural pathology. The distal descending colon wall measured 0.28 cm in width.

SPECIES

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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

Hound Mix

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7yr

Overall, there is no overt evidence of significant abdominal visceral specifically distal colon or colorectal mural pathology as a definitive cause of the patient's clinical signs. Non-visualized colorectal mural pathology, potential for previous pelvic inlet trauma or additional non-visualized abnormalities outside of the visible window cannot be definitely excluded. Supportive care for constipation if clinically indicated would be reasonable. Additional diagnostics may potentially include colonic endoscopy and/or advanced imaging for further assessment of the pelvic inlet.

WEIGHT

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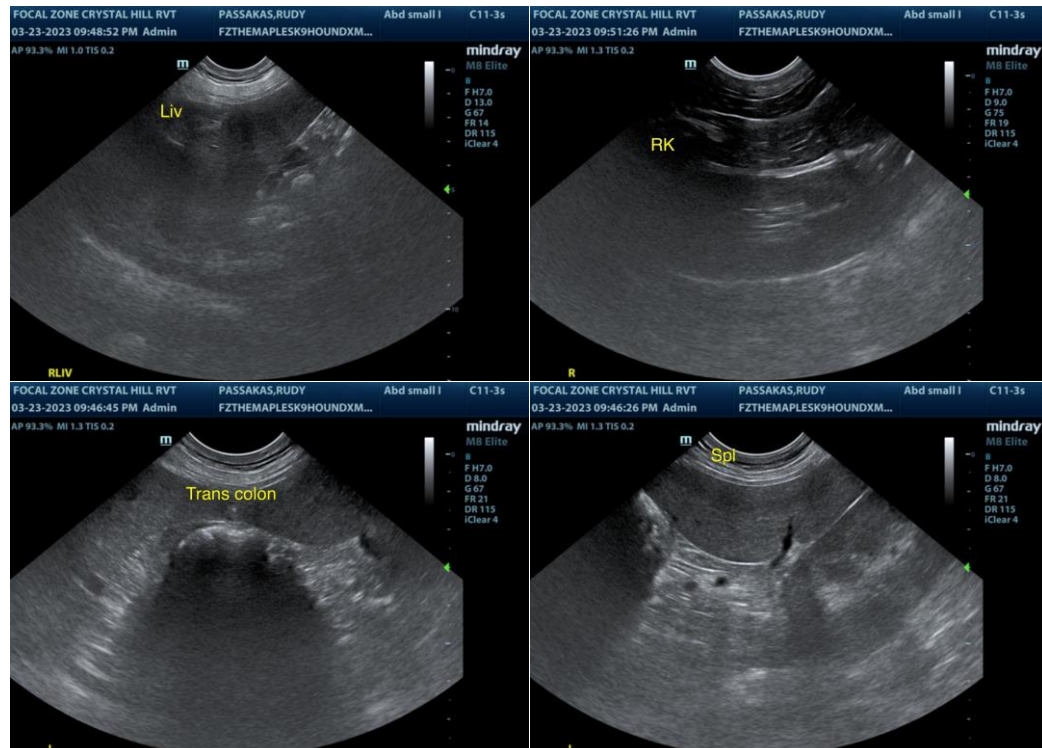
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PATIENT

Rudy Passakas

SPECIES

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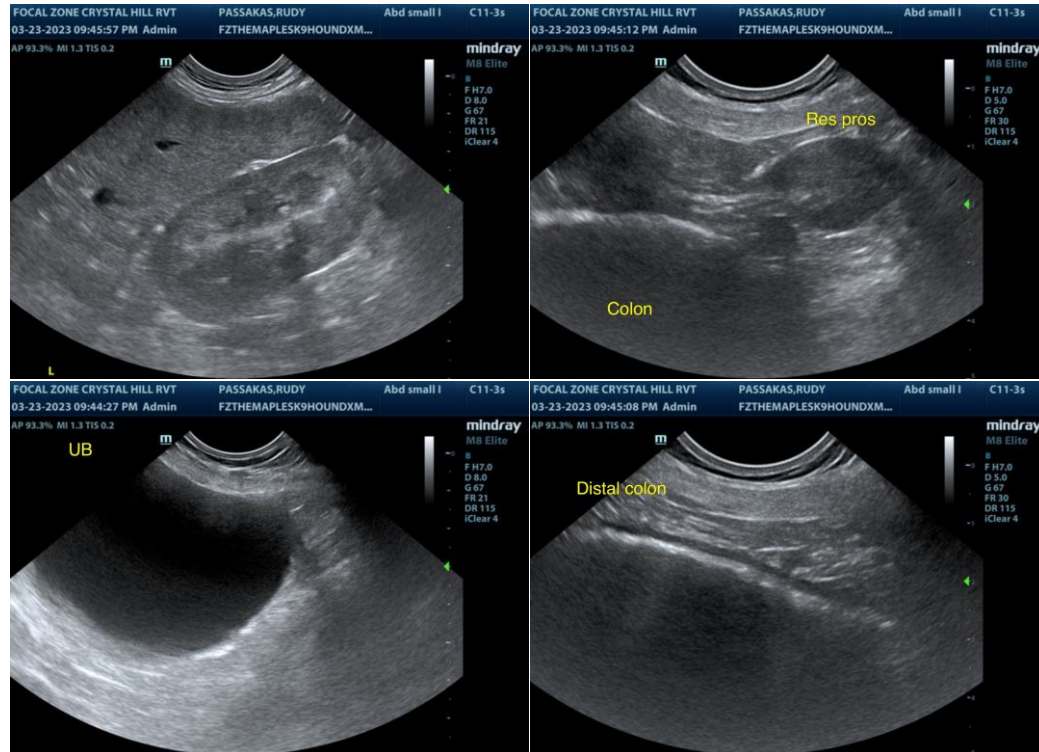
MN

AGE

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WEIGHT

51lb



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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