



PATIENT

Elroy Da Silva

PRESENTING CLINICAL SIGNS

History: Abdominal pain. V/D. Lethargy. Inappetence. Normal bloodwork.

SPECIES

Canine

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.

BREED

Brussels Griffon

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.8 cm in diameter.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

1 Year

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 4.2 cm in length. The right kidney measured 4.23 cm in length.

WEIGHT

3.2 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width at the caudal pole and 0.29 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width at the caudal pole and 0.49 cm width at the cranial pole.

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDCS

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.

HOSPITAL NAME

Resolution VU, LTD

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.

REFERRING VET

Dr. Wanda Vockeroth

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. Minor retained fluid and chyme were present in the stomach. The gastric body wall measured 0.26 cm.

INVOICE

14487

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus. The duodenum wall measured 0.30 cm. The jejunum wall measured 0.25 cm.

DATE

3/24/22



PATIENT

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

Elroy Da Silva

Pancreas

SPECIES

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 peritoneal effusion was present.

Brussels Griffon

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically unremarkable abdomen
- Subjective mild gastroenteritis pattern

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

No overt evidence of significant visceral pathology. Given the patients gastrointestinal signs and weight loss, mild inflammatory bowel episode or gastroenteritis suspected. Potential for low-grade pancreatitis could be present yet sonographically normal. Supportive care should prove beneficial in this case. A thorough musculoskeletal examination could be considered to assess for evidence of referred abdominal pain, if not done or if clinically indicated.

1 Year

WEIGHT

3.2 kg

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HOSPITAL NAME

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REFERRING VET

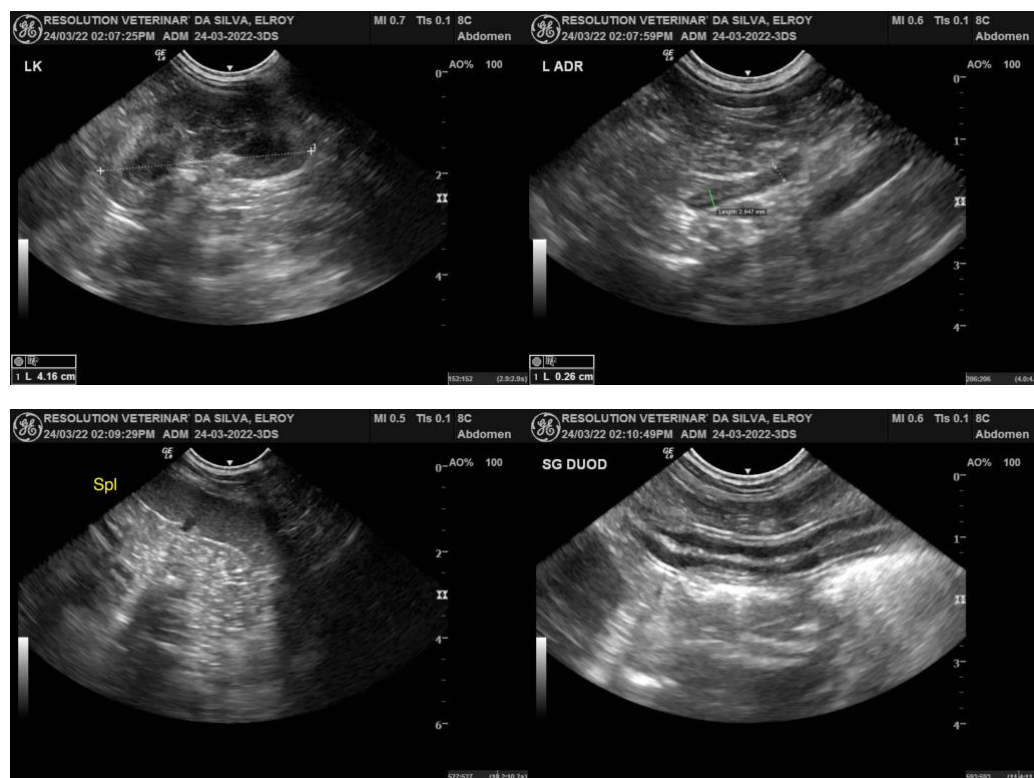
Dr. Wanda Vockeroth

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BREED

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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.

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