



PATIENT	PRESENTING CLINICAL SIGNS
Pumba Espinoza	Vomiting lethargy ate a steak bone continues to vomit green bile currently
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder, trigone, and cystourethral junction 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.
Lab	
SEX	The residual prostate was free of pathology.
Neutered Male	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 7.5 cm. The right kidney measured 7.0 cm.
AGE	
4	
WEIGHT	The area of the aortic trifurcation was free of pathology.
63	<i>Adrenal Glands</i>
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.51 cm at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The right adrenal gland was not visualized.
IMAGING PERFORMED BY	<i>Spleen</i>
Jenn	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	<i>Liver</i>
Rockaway AH	The liver was subjectively normal in size, structure, and contour. Subjective potential mild decreased hepatic parenchyma echogenicity with discrete increased prominence of portal vasculature borders. Normal hepatic vascular volume. 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	<i>Gastrointestinal</i>
Dr. Maniar	The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of retained primarily anechoic to mildly echogenic fluid. No overt evidence of mechanical pyloric outflow obstruction.
INVOICE	
46193	
DATE	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
3/26/23	The transverse colon directly caudal to the stomach exhibited mildly prominent wall layering with segmental strongly shadowing to mildly irregular fecal matter to possible luminal echo. Transverse colon fecal matter to luminal echo measured approximately 2.0 cm in diameter. The distal descending colon at



PATIENT

Pumba Espinoza

the level of the urinary bladder was non-distended containing subjective formed normal shadowing fecal matter.

SPECIES

Canine

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

Lab

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

4

- Gastroenteritis pattern with gastric hypomotility
- Mildly thickened, subjective transverse colon with segmental strongly shadowing fecal matter/luminal echo.
- Subjective possible mild hypoechoic liver – non-specific with likely patient variant, potential for low-grade acute hepatopathy.

WEIGHT

63

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No overt evidence of stomach or small bowel obstructive pattern with subjective inflammatory gastrointestinal criteria. The strongly shadowing fecal matter to possible transverse colon luminal echo was not overtly consistent with gastrointestinal location, given lack of gastrointestinal obstructive pattern. Although non-specific, this may potentially indicate past foreign body in light of patient history now residing in the transverse colon.

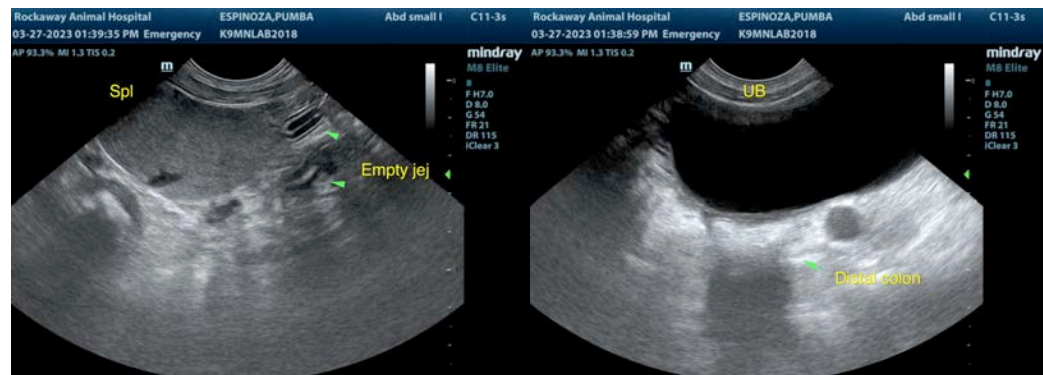
IMAGING PERFORMED BY

Jenn

Correlation with abdominal radiographs suggested if not done. Given this presentation, hospitalization with 24-48 hour supportive care, empirical therapy for gastroenteritis, monitoring of fecal output, and potential recheck sonogram in 24 hours for reassessment of the small intestine and colon is recommended. Although considered unlikely, resting cortisol level may be considered. to assess for evidence of occult Addison's disease.

HOSPITAL NAME

Rockaway AH



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SPECIES

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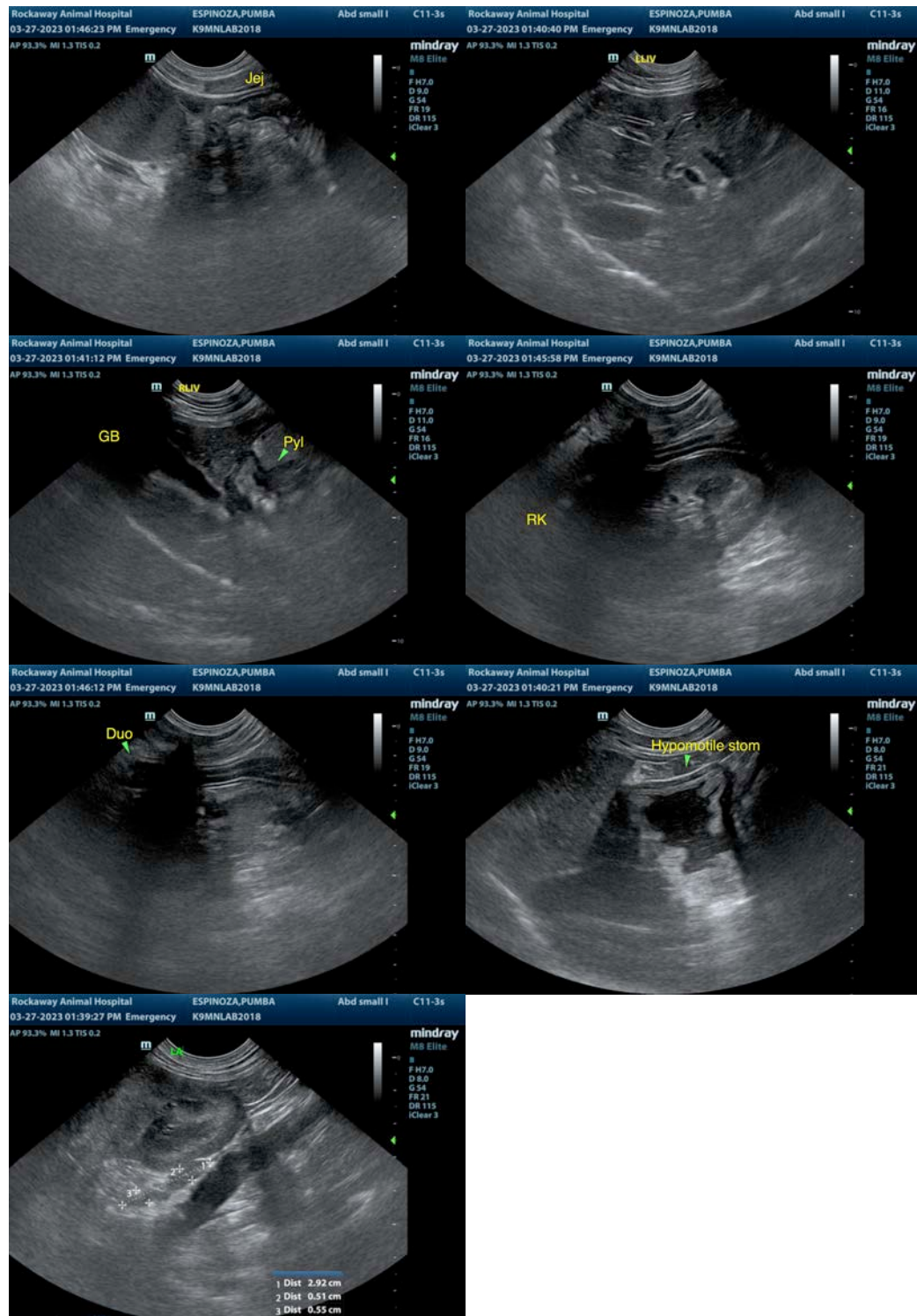
Dr. Maniar

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DATE

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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.

SPECIES

Canine

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.

BREED

Lab

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

info@SonoPath.com

SEX

Neutered Male

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