



PATIENT

Riley Grotti

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

4 Years

WEIGHT

87 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

14810

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: Vomiting/intermittent drooling, acute onset. Hx of Addison's Dz. Rad report shows possible foreign material in stomach. Current meds: Fludrocortisone
Abnormal PE/Chem/CBC/UA Results: K decreased, all other values WNL

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. Aortic trifurcation was normal.

The residual prostate was of expected size for a young intact male canine, measuring 0.92 cm width. The residual prostatic parenchyma was primarily uniform with focal hyperechoic parenchymal foci. Hyperechoic parenchymal foci were nonspecific yet may indicate focal nonspecific mineralization. Overall, the prostate was not consistent with neoplastic criteria or other pathology. The hyperechoic foci were likely incidental.

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 7.8 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size position and shape. The left adrenal gland measured 2.2 cm in length x 0.48 cm width at the caudal pole. The right adrenal gland measured 2.1 cm in length x 0.49 cm width at the caudal pole.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with luminal gas. A mild amount of retained anechoic to echogenic fluid was present in



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the antrum and pylorus. No overt evidence of gastric distention with retained ingesta, significant fluid distention or mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food. Minor segmental nonobstructive ileus pattern noted and luminal gas.

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

BREED

Pancreas

Lab

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild gastroenteritis pattern with minor retained gastric fluid and mild nonobstructive small intestinal ileus
- Otherwise, unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of gastrointestinal foreign material or mechanical obstructive pattern was not present. Technically, the possibility of a small amount of passing nonobstructive foreign material cannot be excluded. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic or esophageal pathology as a potential contributing factor to the patients clinical signs. Hospitalization with 24-48 hour IV fluid, gastrointestinal support and electrolyte supplementation with assessment of clinical response +/- recheck sonogram if persistent clinical signs is recommended.

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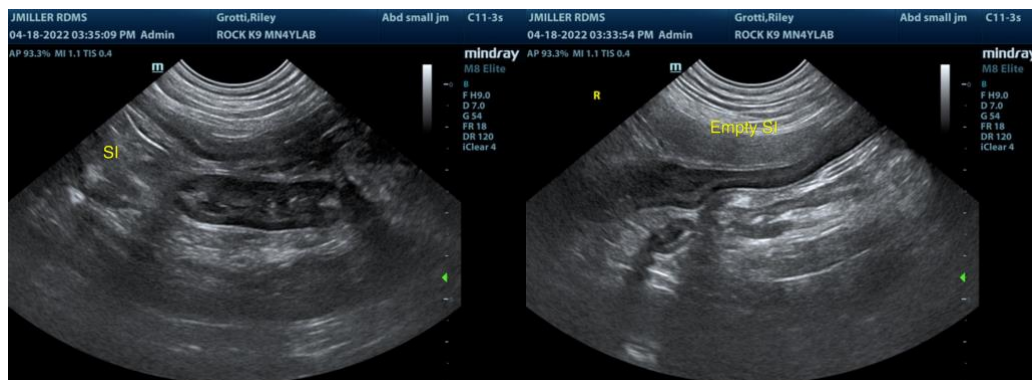
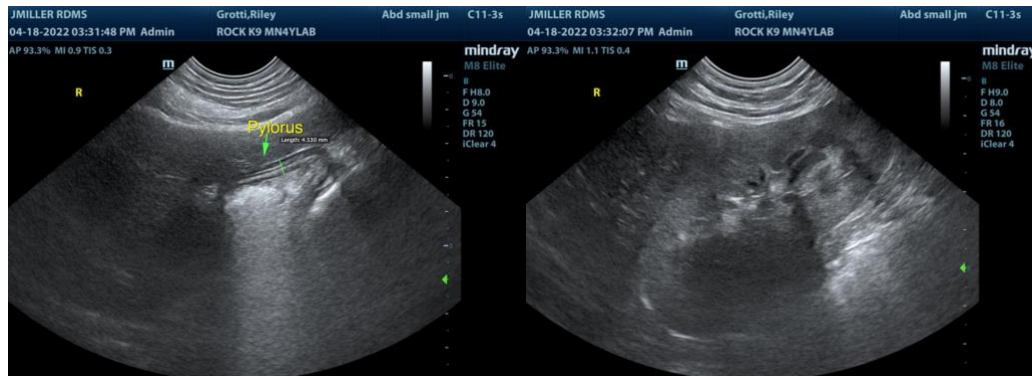
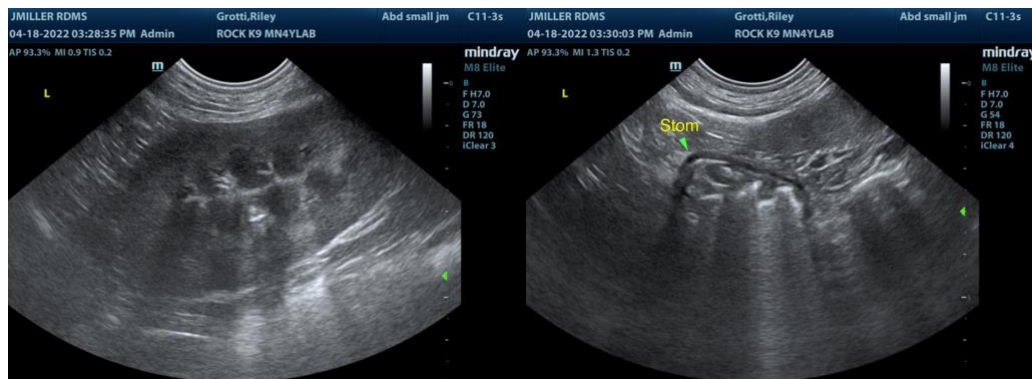
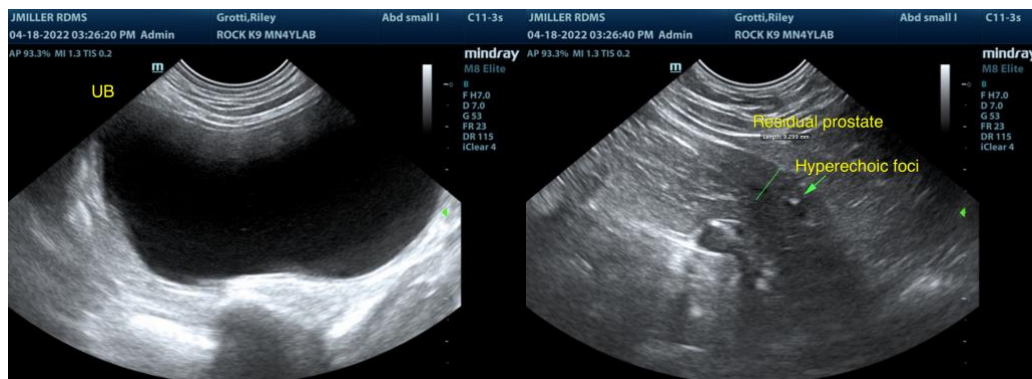
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The information and recommendations provided are based on the images presented by the



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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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