



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Queen Bolger	Very thin and emaciated, also very worried and tense for scan. Vomiting for several days. No current meds.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALP 226(0-140)
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Arentino Dogo X	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.
FI	No evidence of pathology associated with the uterus or left ovary. The left ovary measured 1.5 cm in diameter. The right ovary was not definitively visualized.
<b>AGE</b>	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 5.5 cm in length. The right kidney measured 6.1 cm in length.
20 months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
66.2 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to the patient's body condition and conformation.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Crystal Hill	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.
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<b>INVOICE</b>	<b>Gastrointestinal</b>
13701	The stomach exhibited intact and overtly normal visualized wall layering. The stomach was moderately distended with retained primarily anechoic fluid with concurrent nonspecific hyperechoic focally shadowing ingesta within the gastric body lumen, as well as in the antrum and pylorus. Overt
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<b>PATIENT</b>	evidence of mechanical pyloric outflow obstruction was not definitive, yet cannot be definitively excluded.
Queen Bolger	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no overt evidence of mechanical / metabolic small intestinal ileus or obstructive pattern. Mild subjective increased Intestinal gas pattern is possible. The jejunum wall width measured 0.26 cm.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
Arentino Dogo X	
<b>SEX</b>	<b>Pancreas</b> 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 were evident.
FI	
<b>AGE</b>	<b>Free Abdomen</b> Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.3 cm x 0.87 cm. No free fluid was noted.
20 months	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
66.2 lbs.	<b>Primary Findings</b>
	<ul style="list-style-type: none"> <li>• Hypomotile stomach containing moderate retained fluid and nonspecific hyperechoic ingesta</li> <li>• Overtly normal small bowel</li> <li>• Intermittent subjectively benign / reactive mesenteric lymph nodes</li> <li>• Low grade benign Hepatopathy</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP	The primary finding of gastric hypomotility containing retained fluid and nonspecific ingesta may indicate metabolic or potential mechanical gastric stasis. Potential for gastric foreign material is of concern yet not definitive.
<b>IMAGING PERFORMED BY</b>	Given the patient's emaciated body condition, a more chronic nonspecific underlying gastroenteropathy could be possible. Further assessment may include 24/hour hospitalization with IV fluid and gastrointestinal support with radiographic / sonographic monitoring of the stomach for evidence of gastric emptying. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to assess for or rule out parasitism is recommended. Although considered less likely, adrenal screening with resting cortisol could be considered to rule out occult Addison's Disease. Pending additional diagnostics and monitoring, upper gastrointestinal endoscopy, if available, or exploratory laparotomy with intestinal biopsies considered essential may be indicated.
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13701	
<b>DATE</b>	
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**PATIENT**

Queen Bolger

**SPECIES**

Canine

**BREED**

Arentino Dogo X

**SEX**

FI

**AGE**

20 months

**WEIGHT**

66.2 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

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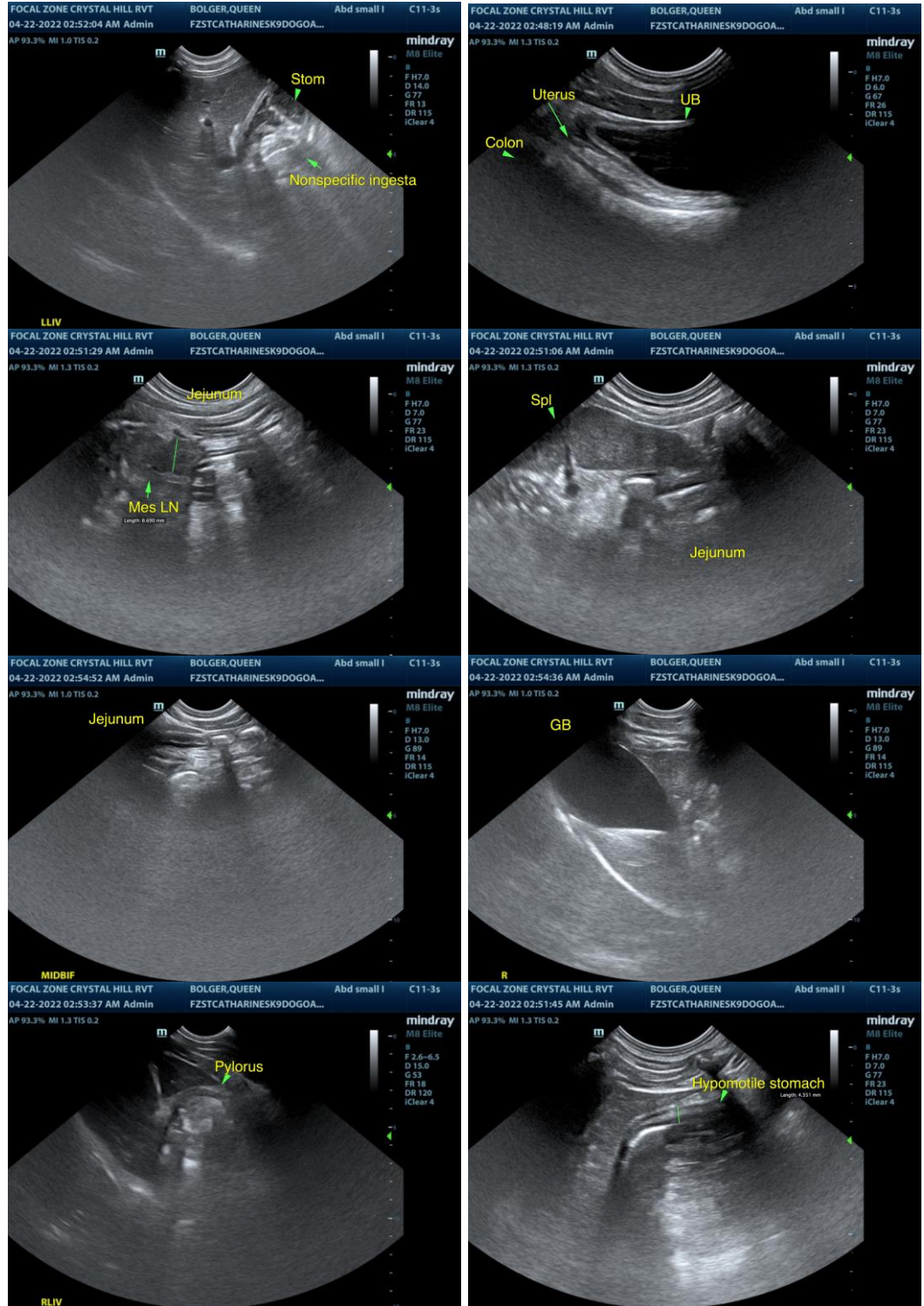
Dr. Boctor

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**PATIENT**

Queen Bolger

**SPECIES**

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Arentino Dogo X

**SEX**

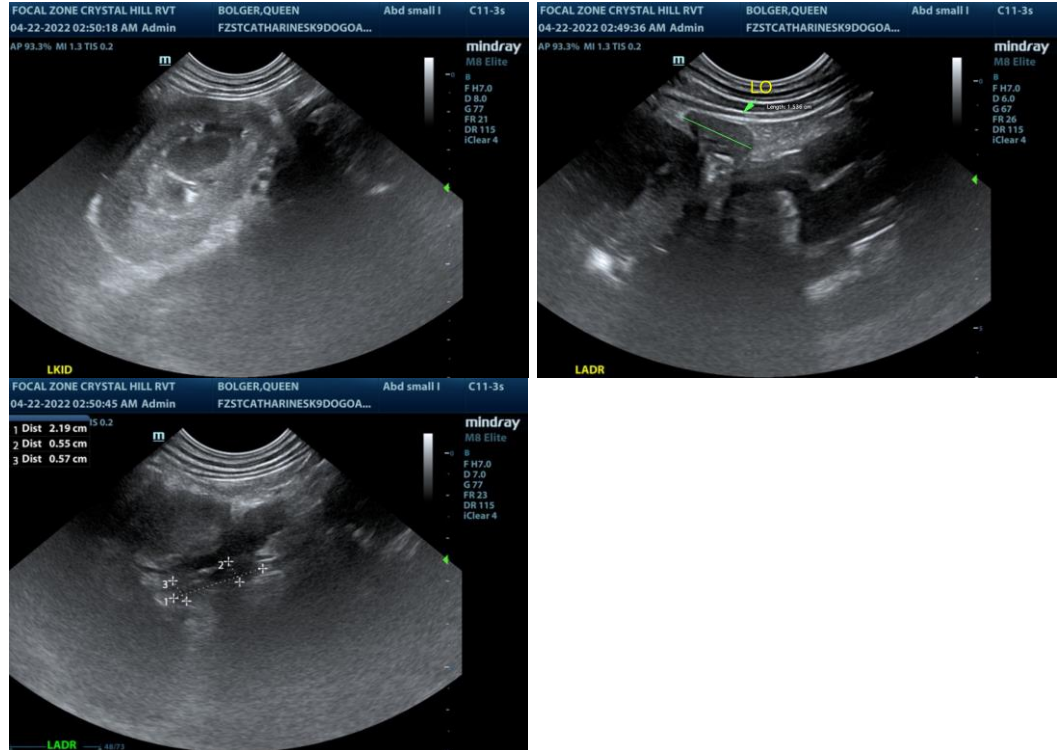
FI

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**WEIGHT**

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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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