



**PATIENT**

Mac Cerroni

**PRESENTING CLINICAL SIGNS**

Chronic vomited when excited but recently has been worse along with diarrhea. May have gotten into fast food recently. Currently on raw diet. Vomited several times prior to U/S (flem/bile).

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: RBC: 8.9, HCT: 61.6,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

English Bulldog

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX**

M

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 6.8 cm in length. The right kidney measured 6.6 cm in length.

**AGE**

1.5yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

66lb

The prostate was mildly prominent in size with overall expected presentation for a young intact male canine. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.2 cm x 3.3 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 2.3 cm length.

**IMAGING PERFORMED BY**

Dr. Rodriguez

**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.

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Dr. Rodriguez

**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 with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

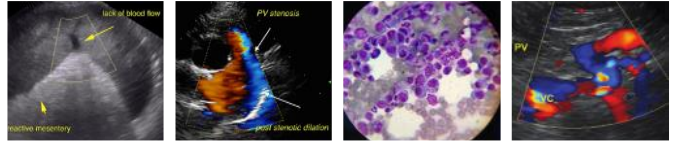
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**Gastrointestinal**

**DATE**

04/24/2023



**PATIENT**

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach, fundus and body were empty with mild luminal gas. A mild amount of nonspecific shadowing ingesta and luminal gas was present in the area of the pylorus measuring ~ 3.0 cm in diameter with no signs of ileus or obstruction. The pylorus wall measured 0.39 cm in width.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle upper to mid duodenal corrugation was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.40 cm in width.

**BREED**

English Bulldog

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

**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.

**SEX**

M

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**AGE**

1.5yr

A minor reactive to benign gastric lymph node was present adjacent to the pylorus measuring 1.2 cm in diameter.

**WEIGHT**

66lb

**ULTRASONOGRAPHIC FINDINGS**

- Non-distended stomach with mild non-specific non-obstructive shadowing pyloric ingesta.
- Sonographically unremarkable small bowel without obstructive pattern, possible minor duodenitis.
- Focal to possible intermittent minor benign/reactive gastric lymph nodes.
- Mild gallbladder debris.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild non-specific shadowing pyloric ingesta may indicate dense food. The possibility of a small amount of non-obstructive pyloric foreign material cannot be excluded. No evidence of small intestinal foreign material.

**IMAGING PERFORMED BY**

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Hospitalization with as needed GI support, documented NPO and sonographic reassessment of the pylorus in 12-18 hours is recommended. If persistent shadowing pyloric ingesta, laparotomy with GI biopsies considered essential given chronic GI signs in this patient may be indicated.

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If shadowing pyloric ingesta resolves, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome), as needed gastroprotectants +/- coverage for helicobacter and assessment of clinical response may be considered.

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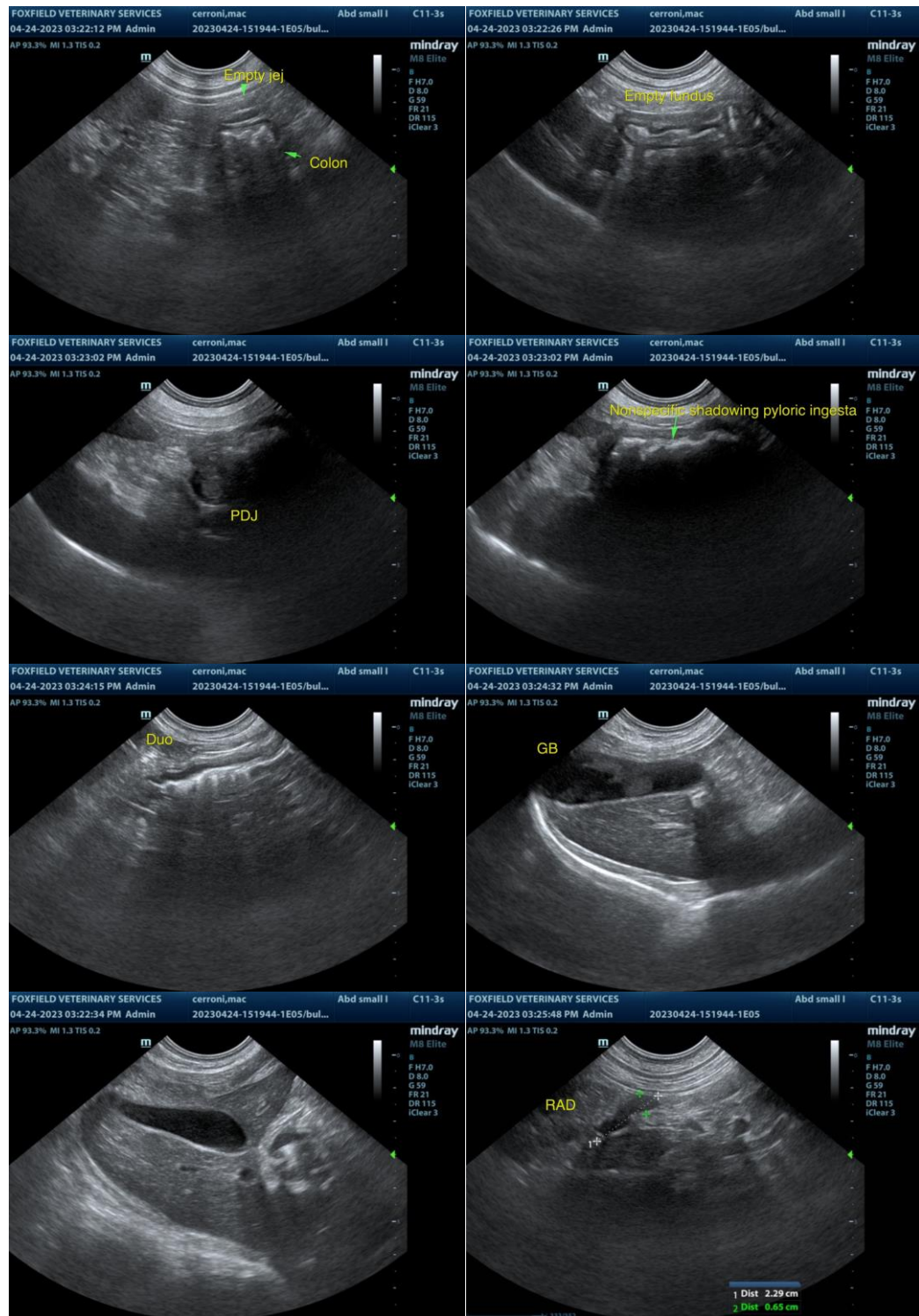
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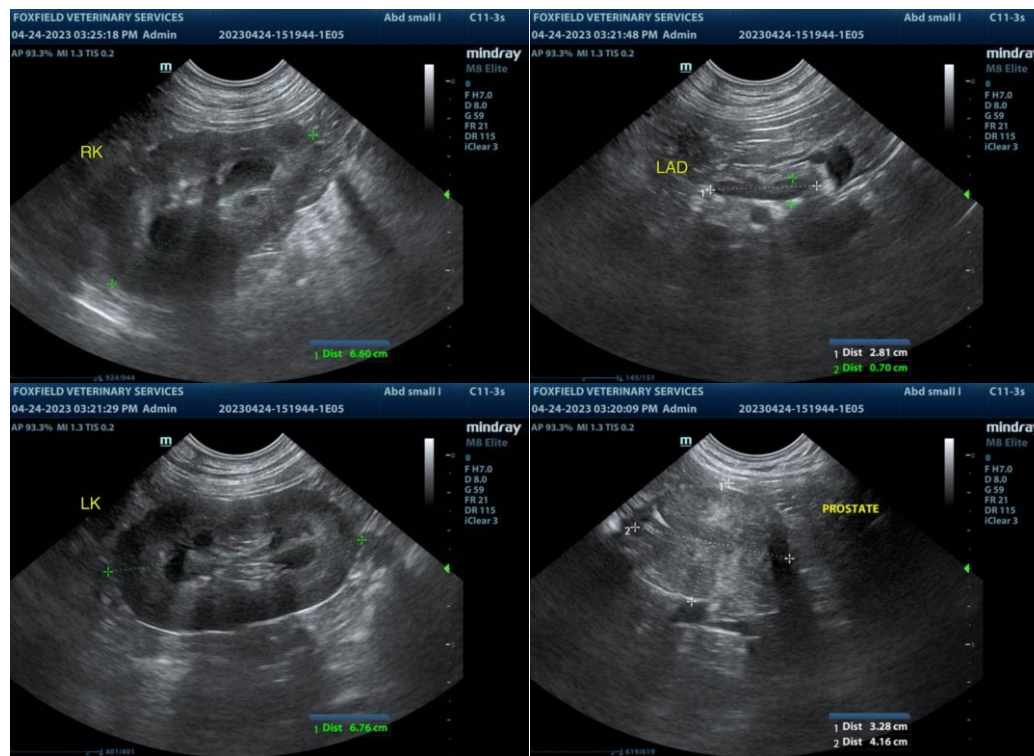
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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