



**PATIENT**

Marvin Sartorio

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

14 months

**WEIGHT**

13 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

Dr. Zhao

**INVOICE**

15256

**DATE**

5/18/22

**PRESENTING CLINICAL SIGNS**

Vomiting last 56 hrs improved on medication. Suspect gastroenteritis patient clinically better this afternoon

Abnormal PE/Chem/CBC/UA Results: Normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The residual prostate was free of pathology, measuring 0.56 cm in diameter.

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 4.7 cm in length. The right kidney measured 4.6 cm in length.

**Adrenal Glands**

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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/ 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 mild gallbladder debris, primarily in the caudal lumen and the area of the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.40 cm width. Minor retained anechoic fluid was present.

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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 or metabolic small intestinal ileus. The duodenum wall and jejunum wall measured 0.32 cm.

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The colon was normal yet potentially distended with semi-formed to possible soft feces.

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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.

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**Pancreas**

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**Free Abdomen**  
Intermittent mid abdominal mesenteric lymph 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 lymph node measured 2.3 cm x 1.0 cm.

No effusion noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Acute gastritis/gastroenteritis pattern
- Mild subjectively benign/reactive mesenteric lymphadenopathy- lymphoid hyperplasia, minor reactive lymphadenitis secondary to inflammatory bowel episode or immunologic immaturity. No evidence of lymphatic neoplastic criteria.
- Minor gallbladder debris- incidental

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of mechanical or metabolic gastrointestinal ileus, obstructive pattern or overt foreign material. Continued supportive care for acute gastroenteritis should prove beneficial. Dietary intolerance/food hypersensitivity, infectious gastroenteritis or inflammatory bowel disease could be considered if persistent or recurrent gastrointestinal signs despite conservative therapy.

**REFERRING VET**

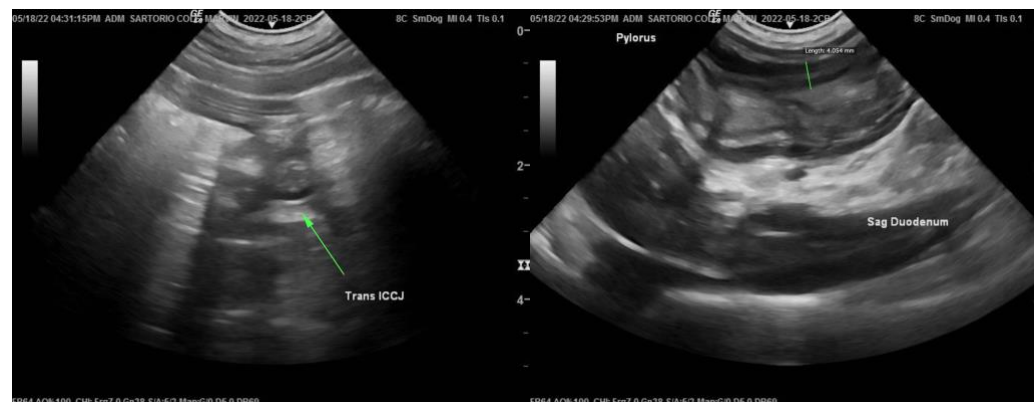
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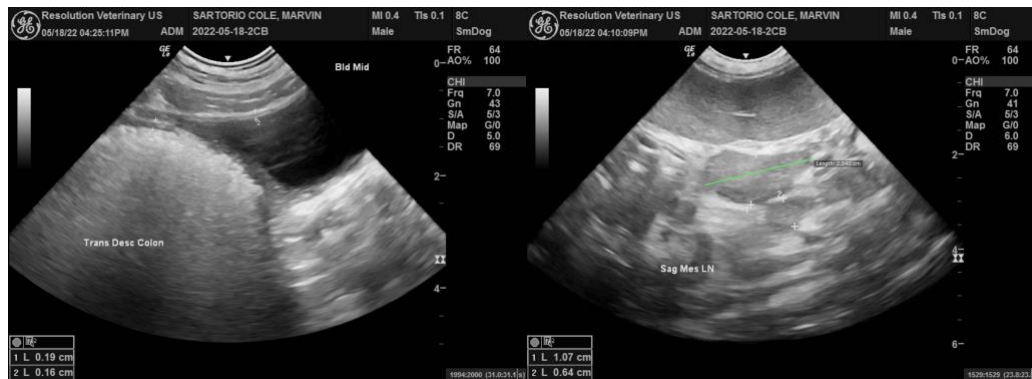
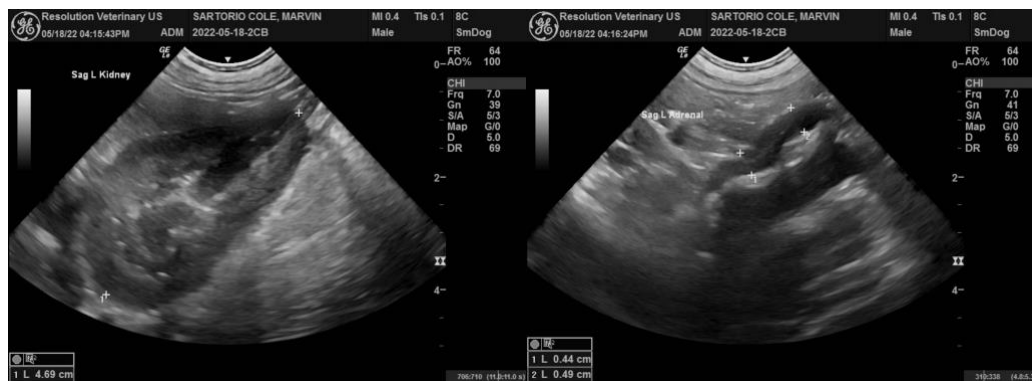
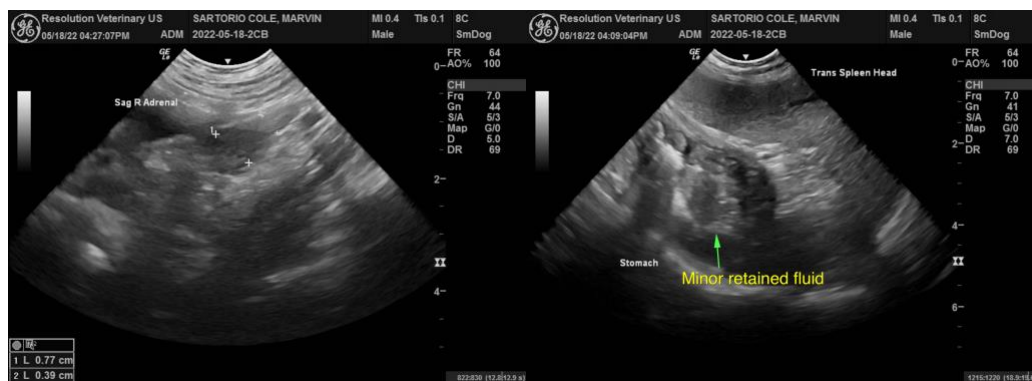
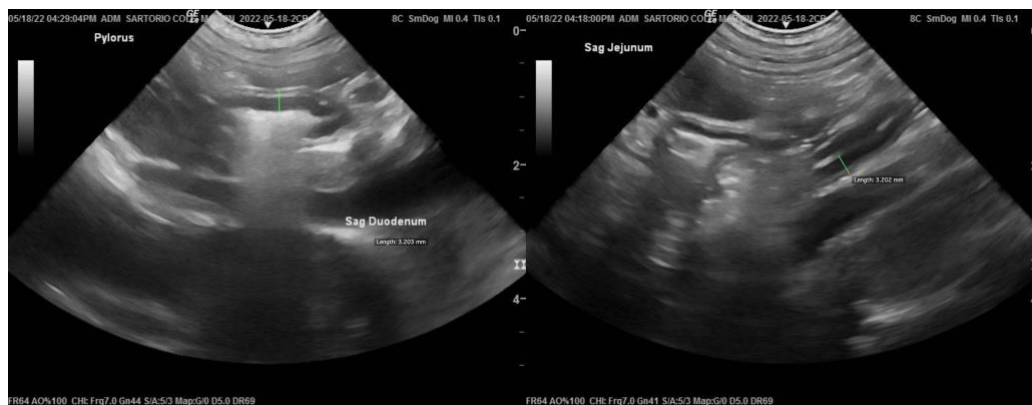
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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**info@SonoPath.com**

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