



PATIENT	PRESENTING CLINICAL SIGNS
Bean Baalaji	re check from yesterday has been NPO
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Mix	
SEX	The area of the aortic trifurcation was free of pathology.
NM	
AGE	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 5.0 cm in length. The right kidney measured 4.8 cm in length.
13 weeks	
WEIGHT	Adrenal Glands
13.8	No overt pathology was noted in the area of the left or right adrenal glands.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver/ Gallbladder
Jenn	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.
HOSPITAL NAME	Gastrointestinal
Rockaway AH	The stomach presented intact wall layering with a normal wall layer ratio. Mild persistent retained nonshadowing chyme was present in the stomach. No evidence of previously noted pyloric shadowing echo was evident.
REFERRING VET	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with no overt evidence of mural pathologies such as Intussusception or other. Minor persistent segmental small intestinal ileus along with concurrent mild retained duodenal nonshadowing chyme was present.
Dr. Maniar	Normal visible colon wall layers were present with semi-formed to non-formed feces in lumen, consistent with potential diarrhea.
INVOICE	
14090	
DATE	
6/15/22	



PATIENT

Pancreas

Bean Baalaji

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.

SPECIES

Canine

Free Abdomen

BREED

Mix

Intermittent pockets of minor anechoic peritoneal free fluid were present. This is likely an age-related variant and not considered pathological, assuming normal albumin levels.

SEX

NM

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with persistent mild retained gastric and segmental chyme, minor segmental small intestinal nonobstructive ileus pattern
- Intermittent pockets of scant peritoneal free fluid - likely incidental
- Nonformed feces in sonographically unremarkable colon

AGE

13 weeks

WEIGHT

13.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of previously noted minor nonobstructive shadowing gastric material was present. No overt evidence of mechanical gastrointestinal obstructive pattern was noted. Given that the patient was documented NPO, the finding of mild persistent retained gastric and segmental small intestinal chyme may suggest some degree of potential gastrointestinal hypomotility. No overt indication for surgical intervention.

INTERPRETED BY

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

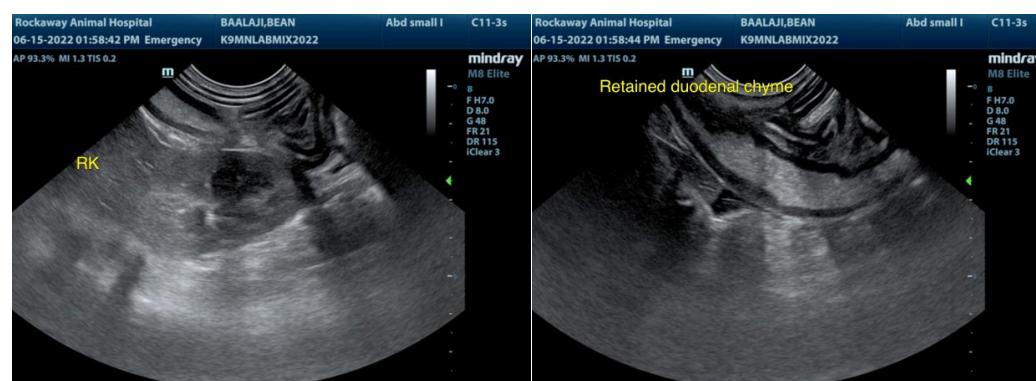
Continued supportive care for previously mentioned potential etiologies and gastroenteritis is recommended.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH



REFERRING VET

Dr. Maniar

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PATIENT

Bean Baalaji

SPECIES

Canine

BREED

Mix

SEX

NM

AGE

13 weeks

WEIGHT

13.8

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

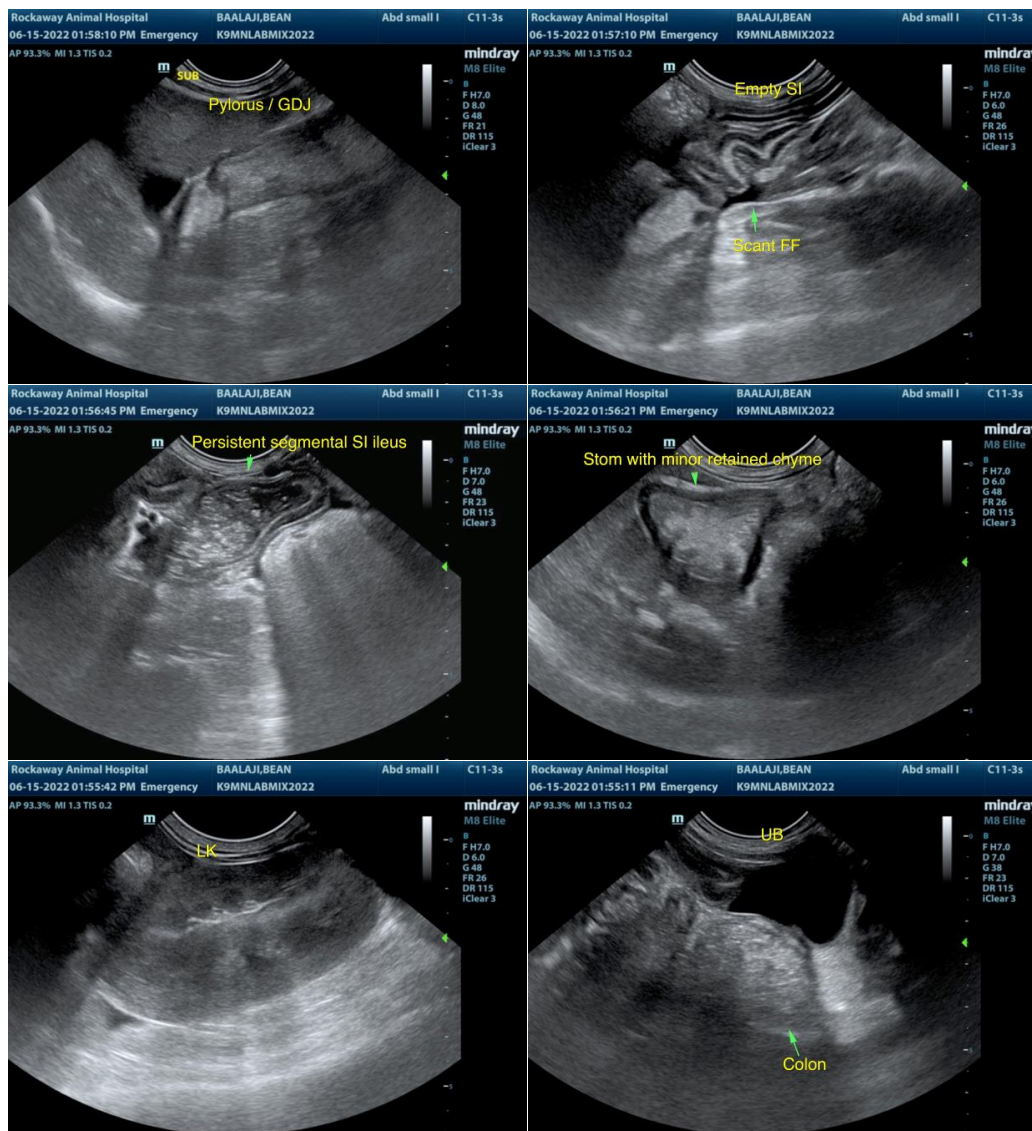
Dr. Maniar

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com