



PATIENT PRESENTING CLINICAL SIGNS

Pepperoni Mangialardi

Not eating, 2 days ago patient stopped wanting to eat much, now will only accept a couple of pieces of kibble when hand fed or nothing at all. Still drinking but less. Patient has about 15 min long episodes of gagging and sounds like struggling to breath. Vomited yesterday. Owner worried about FB as she removed/pulled a string from patients mouth. Nothing in mouth at this time. No diarrhea. Lethargic. Umbilical hernia. Has been on Metronidazole.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Cockapoo

Urinary System

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

MI

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 3.8 cm in length. The right kidney measured 3.1 cm in length.

AGE

8wk

The area of the aortic trifurcation was free of pathology.

WEIGHT

2.8kg

The prostate was of expected size and presentation for a young intact male canine puppy without overt pathology.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.28 cm width at the caudal pole and 1.3 cm length. The right adrenal gland measured 0.37 cm width at the caudal pole and 1.1 cm length.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Beatties Burlington PH

Liver/Gallbladder

REFERRING VET

Al Sultan

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.

INVOICE

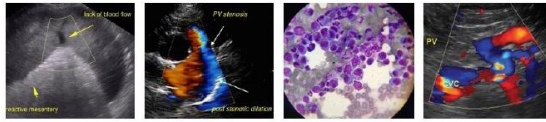
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Gastrointestinal

The stomach presented intact mildly prominent wall layering with a prominent fundic and gastric body mucosa. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall including the prominent mucosa measured 0.79 cm in width. The pylorus wall measured 0.35 cm in width.

DATE

06/19/2023



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive duodenojejunal ileus with segmental lumen gas was present. No signs of obstruction or foreign material.
Pepperoni Mangialardi	
SPECIES	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
Canine	Pancreas
BREED	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.
Cockapoo	Free Abdomen
SEX	Intermittent minor pockets of incidental anechoic peritoneal free fluid was present, considered physiologic or incidental given age of the patient.
MI	Intermittent mildly prominent to enlarged mid abdominal mesenteric nodes were present. The lymph nodes were essentially homogenous and isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).
AGE	ULTRASONOGRAPHIC FINDINGS
8wk	<ul style="list-style-type: none"> • Empty stomach with regional fundic/gastric body prominent mucosa. • Sonographically unremarkable small bowel exhibiting minor segmental non-obstructive duodenojejunal ileus. • Possible semi formed/soft feces in colon. • Intermittent mild benign/reactive mesenteric lymph nodes- mild hyperplasia, reactive lymphadenitis or immunologic immaturity.
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
2.8kg	No evidence of definitive GI obstructive pattern or foreign material. The possibility of minor or small amounts of non-obstructive foreign material i.e., fabric/stuffing or similar cannot be definitively excluded. Without evidence of sonographic obstructive pattern, no indication for immediate surgical intervention.
INTERPRETED BY	Overall, the GI presentation is suggestive of mild gastritis with potential for esophagitis given patient's clinical signs. Three view chest radiographs are recommended if not done to assess for occult thoracic/esophageal pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Empirical GI support, therapy for gastroenteritis which may include age appropriate gastroprotectants and anti-emetics with assessment of clinical response is recommended. Sonographic reassessment may be considered if progressive GI signs are noted.
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SPECIES

Canine

BREED

Cockpoo

SEX

MI

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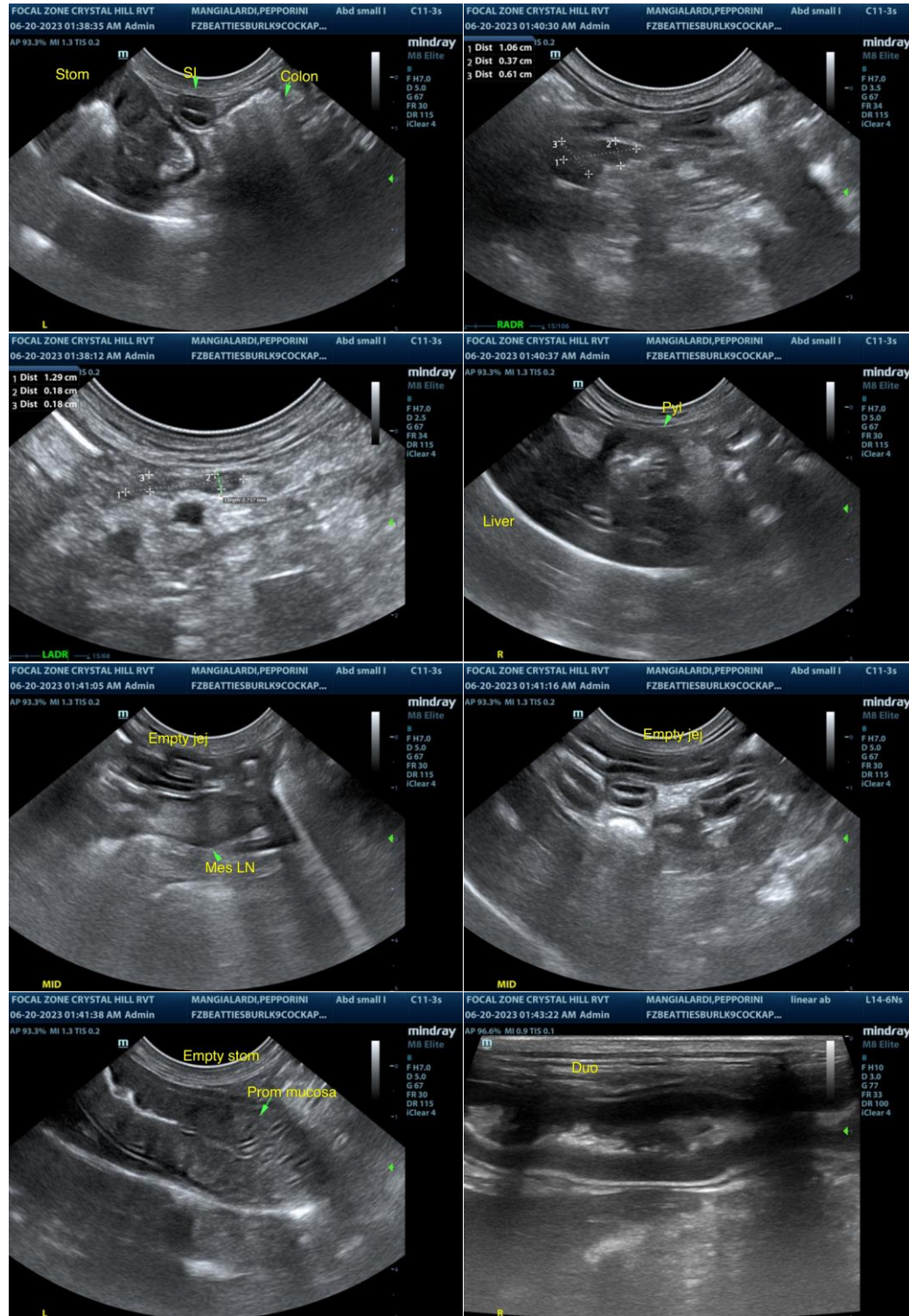
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

Pepperoni Mangialardi

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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