



**PATIENT PRESENTING CLINICAL SIGNS**

Willow Simon Ate 4" corn cobb

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED**

German SH Pointer

The urinary bladder, trigone, and cystourethral junction 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.

**SEX**

The area of the aortic trifurcation was free of pathology.

**FS**

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 6.1 cm in length. The right kidney measured 6.4 cm in length.

**AGE**

2019

**WEIGHT**

60

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING**

**PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

New Britain VC

**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. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Bandekar

**Gastrointestinal**

**INVOICE**

13996

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild luminal gas without evidence of retained ingesta, fluid, or overt foreign material.

**DATE**

6/2/22

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Areas of minor segmental small intestinal gas were present. No evidence of small intestinal mechanical / metabolic ileus or overt foreign material was noted.



**PATIENT**

The colon exhibited normal visualized wall layering containing formed to semi-formed feces exhibiting subjective normal fecal distal acoustic shadowing.

Willow Simon

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

German SH Pointer

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No evidence of visceral pathology, specifically no evidence of gastrointestinal mural pathology, mechanical / metabolic ileus pattern, or overt gastrointestinal foreign material was noted. The possibility of a passed foreign body (corn cob) in the colon cannot be definitively excluded. However, given the lack mechanical / metabolic ileus or obvious visualized foreign body, no overt indication for surgical intervention is evident.

2019

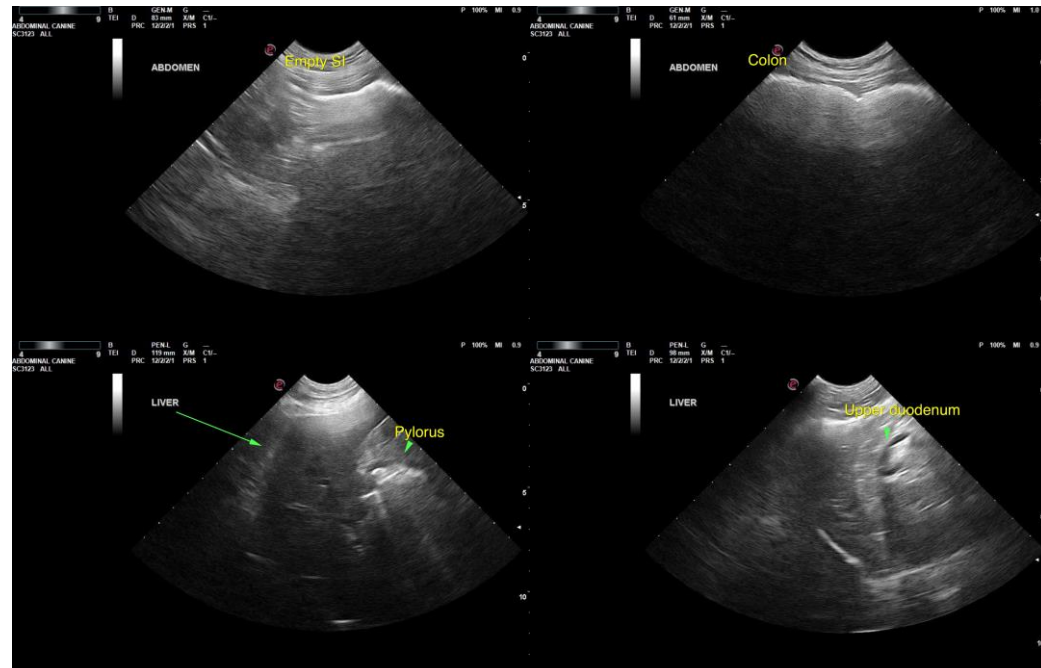
**WEIGHT**

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Continued monitoring for the development of gastrointestinal signs with as-needed gastrointestinal support, if clinically indicated, is recommended.

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**PATIENT**

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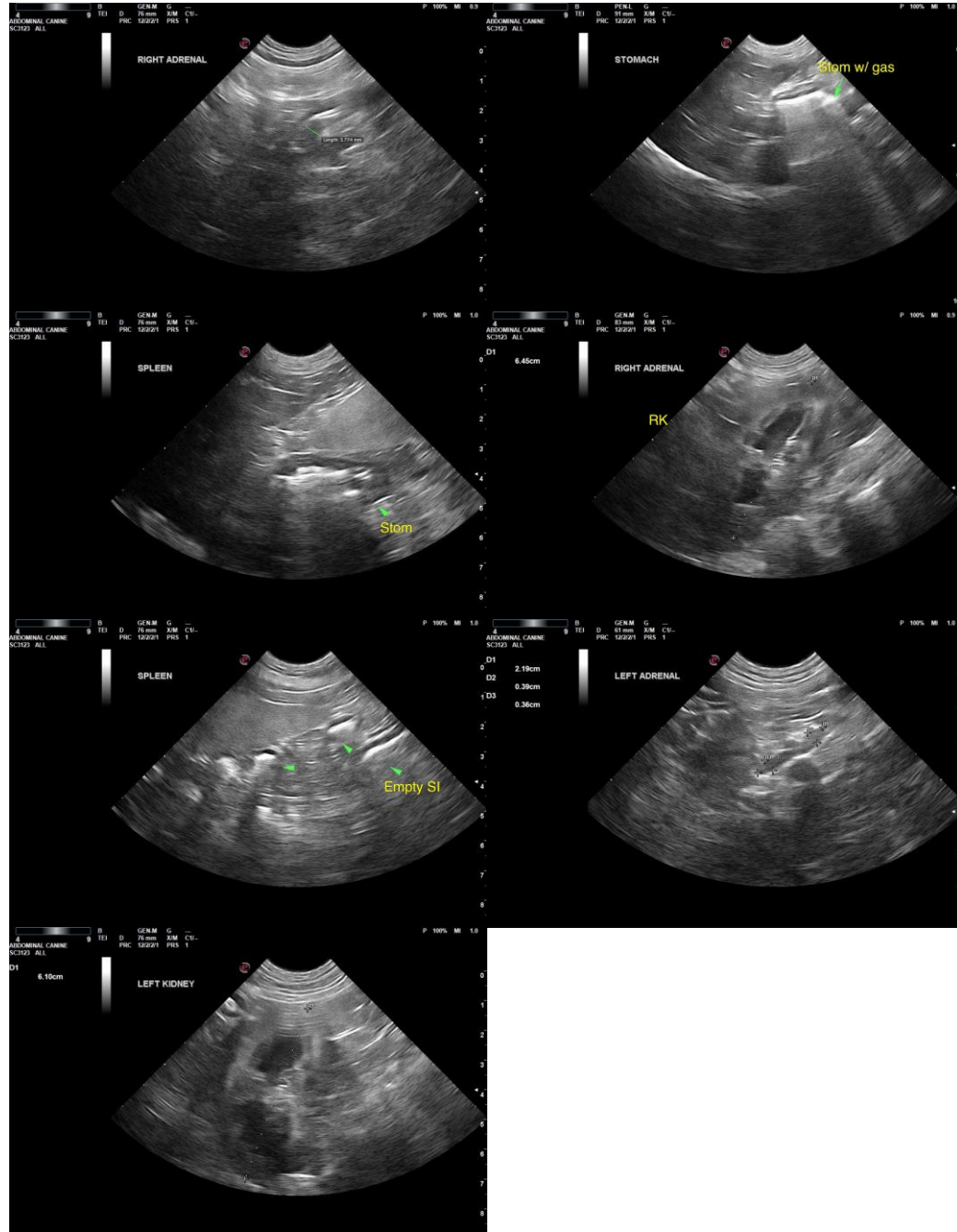
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)