



PATIENT PRESENTING CLINICAL SIGNS

Jack Bever History: Inappetence 48hrs, vomiting

Abnormal PE/Chem/CBC/UA Results: WNL- Low WBC/PLT- prob clumping

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Urinary System

Yorkie 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

AGE

8 months

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. Both kidneys exhibited pinpoint areas of medullary mineralization. The left kidney measured 3.1 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

4 lb

The prostate was of expected presentation for an intact young male canine.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 1.3 cm length.

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

Jessica Miller

HOSPITAL NAME

ACC Landing

Liver

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. Villari

Gastrointestinal

INVOICE

10893ag

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid. A small nonspecific yet nonobstructive potential nonshadowing echo was present in the gastric lumen measuring 1.2 cm in diameter.

DATE

06/22/2022



PATIENT

Jack Bever

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

SPECIES

Pancreas

Canine

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.

BREED

Free Abdomen

Yorkie

No overt lymphadenopathy or peritoneal effusion was present.

SEX

M

ULTRASONOGRAPHIC FINDINGS

AGE

8 months

- Gastritis/gastroenteritis pattern
- Normal volume liver
- Pinpoint bilateral renal medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4 lb

Overall, no sonographic evidence suggestive of mechanical GI obstructive pattern or obstructive foreign body was observed. The appearance of the GI tract is suggestive of mild inflammatory criteria. The possibility of a small amount of foreign material in the stomach which could indicate medication if clinically applicable with potential for fabric or hairball density cannot be definitively excluded however this did not appear to be obstructive. No indication for immediate surgical intervention. Supportive care including IVF and GI support over the next 24 hours with assessment of clinical response and potential recheck sonogram to reassess the nonspecific gastric echo would be reasonable.

INTERPRETED BY

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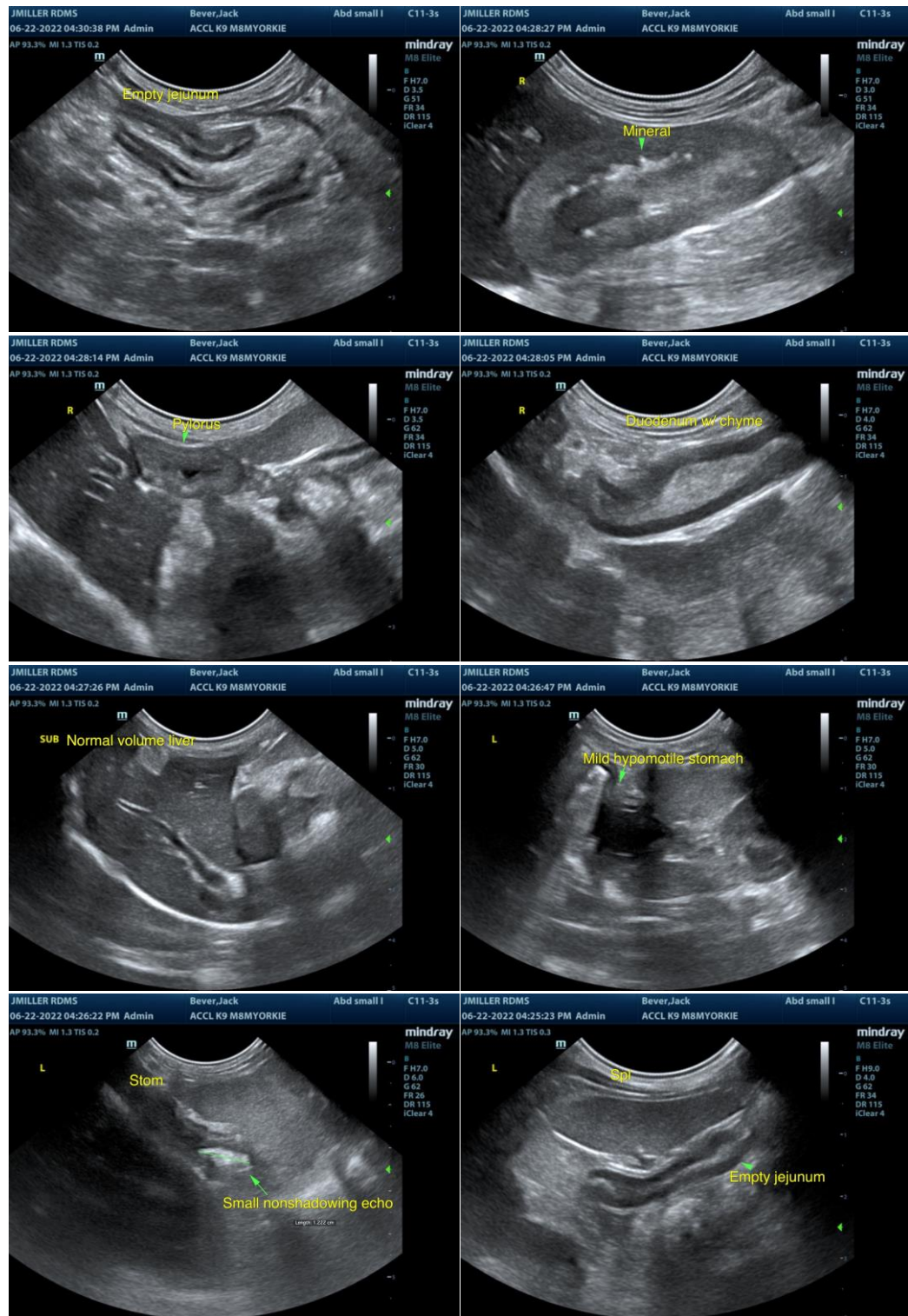
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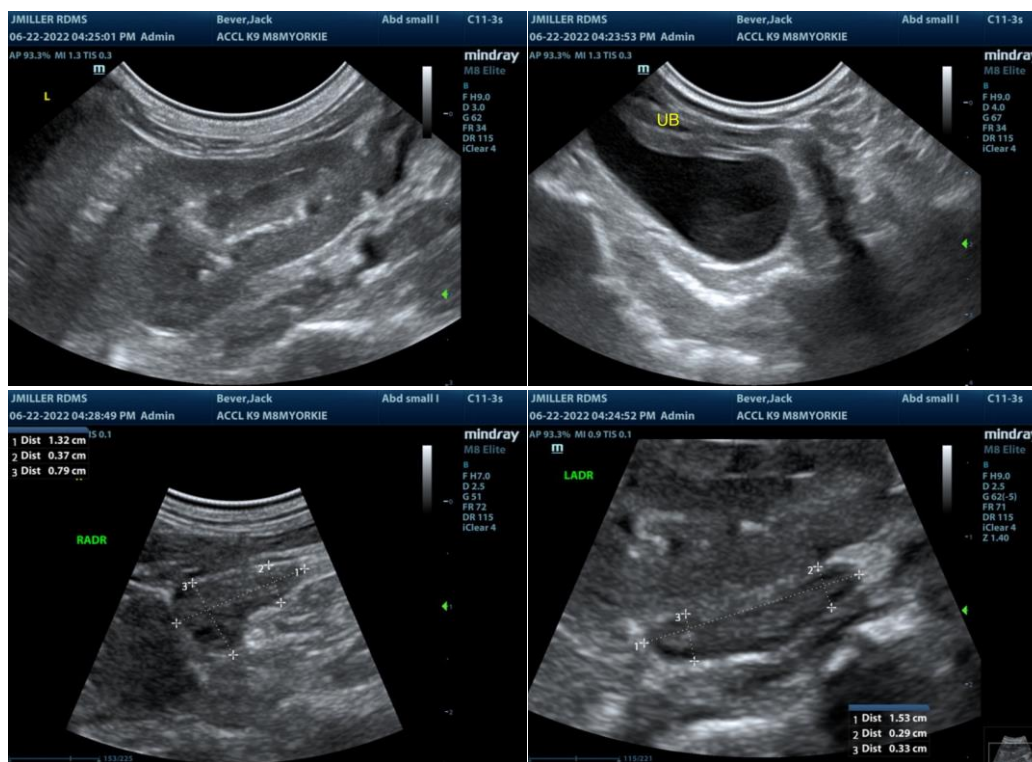
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com