



PATIENT

Loki Oberai

PRESENTING CLINICAL SIGNS

Excessive vomiting on and off, on famotidine 10mg SID, otherwise normal

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

BREED

Retriever Mix

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 6.0 cm in length.

SEX

MN

AGE

2yr

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size/conformation subjectively measuring 0.61 cm width at the caudal pole.

WEIGHT

NA

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

Val Shumskaya

Liver/Gallbladder

HOSPITAL NAME

Denville Animal
Hospital

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. Normal vascular volume. 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. Reddy

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting progressive distal acoustic shadowing along with lumen gas and no signs of ileus, obstruction or foreign material.

INVOICE

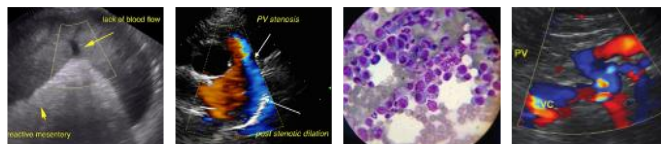
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

DATE

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



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Pancreas

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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 was evident.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Retriever Mix

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal GI tract with gastric and segmental intestinal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

Overall, there is no overt evidence of significant abdominal visceral specifically GI pathology as a definitive cause of the patient's clinical signs. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

AGE

2yr

Ideally sonographic reassessment following documented NPO is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic/esophageal pathology. A full CBC/chemistry panel and UA is recommended if not already done. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

WEIGHT

NA

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(Canine and Feline)

Empirically, gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID over the next 3 weeks with canned hydrolyzed diet trial may prove beneficial.

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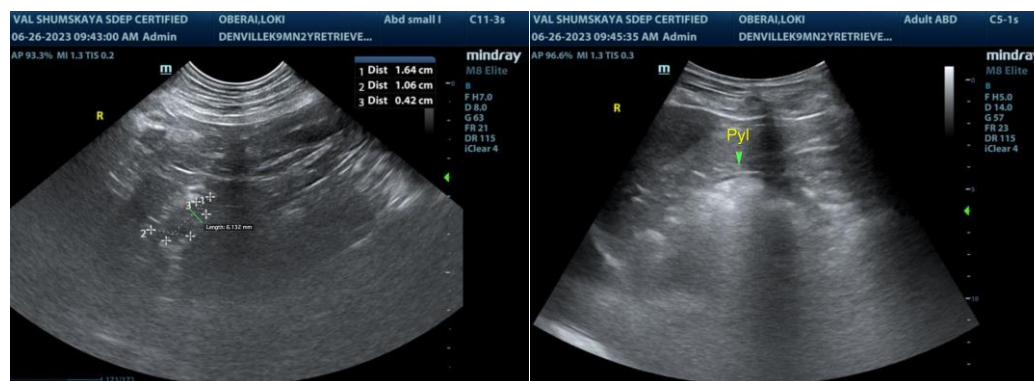
Dr. Reddy

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SPECIES

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BREED

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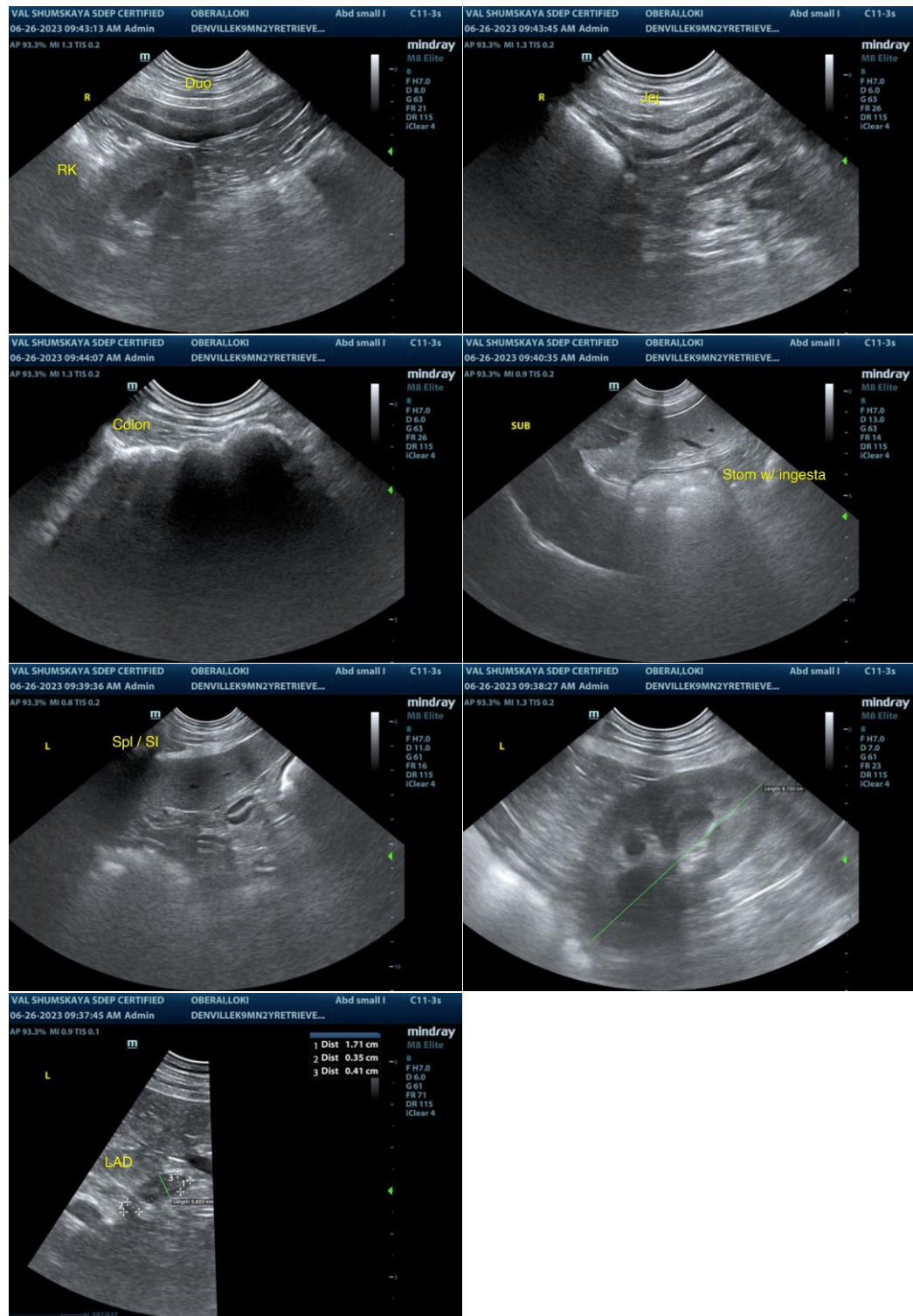
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Canine

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

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