



PATIENT

Taco Pumo

SPECIES

Canine

BREED

Terrier Mix

SEX

NM

AGE

6

WEIGHT

60.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

14131

DATE

6/28/22

PRESENTING CLINICAL SIGNS

colonic polyp, gastritis with suspect bleed hx of ITP with flare ups when immunocompromised

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 6.4 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.72 cm width at the caudal pole.

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.

Liver/ Gallbladder

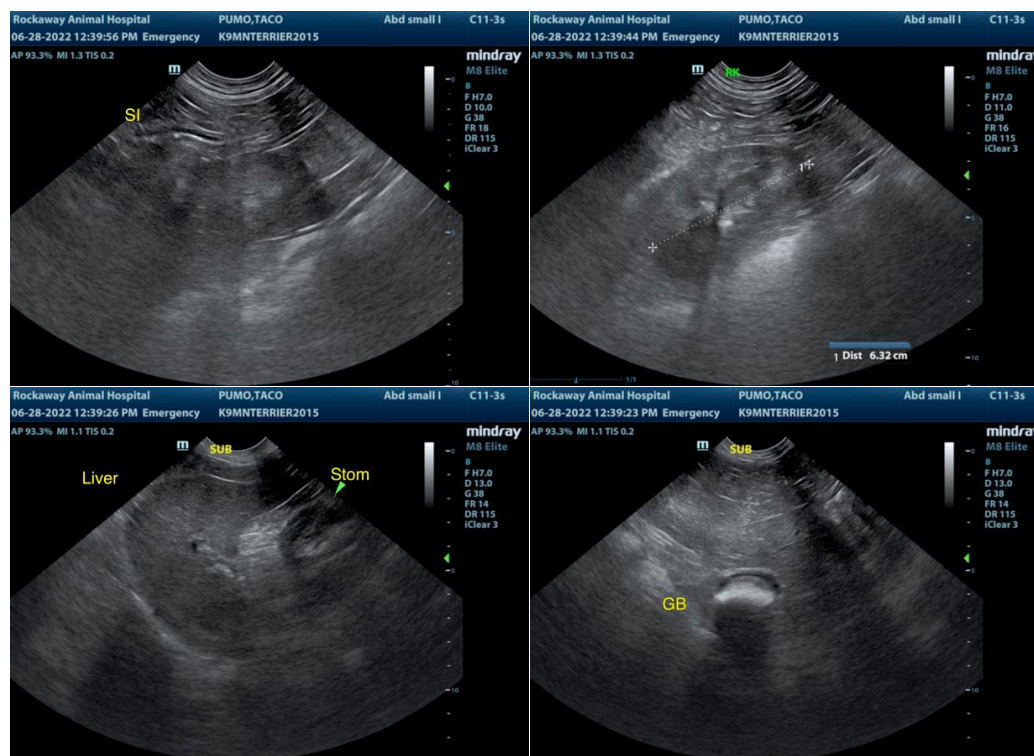
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with a moderate amount of congealed hyperechoic mildly shadowing luminal debris, measuring 2.0 cm in diameter. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The ventral gastric body wall width measured 0.52 cm. The stomach was primarily empty with mild luminal gas. No evidence of retained gastric ingesta, fluid, or foreign material, as well as no evidence of loss of gastric wall layering or neoplastic criteria.



PATIENT	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. The jejunum wall width measured 0.29 cm.
Taco Pumo	
SPECIES	Normal visible colon wall layers were present with apparent formed 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 were evident.
Terrier Mix	
SEX	Free Abdomen
NM	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
6	<ul style="list-style-type: none"> Mild gastritis pattern Emerging nonobstructive gallbladder cholelith
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
60.5	Empirical support for gastritis including gastroprotectants +/- canned, bland or hydrolyzed diet trial is recommended. Assessment of hepatic enzymes and for evidence of cholestasis is suggested. Ursodiol therapy may be considered if evidence of cholestasis is currently present or arises.
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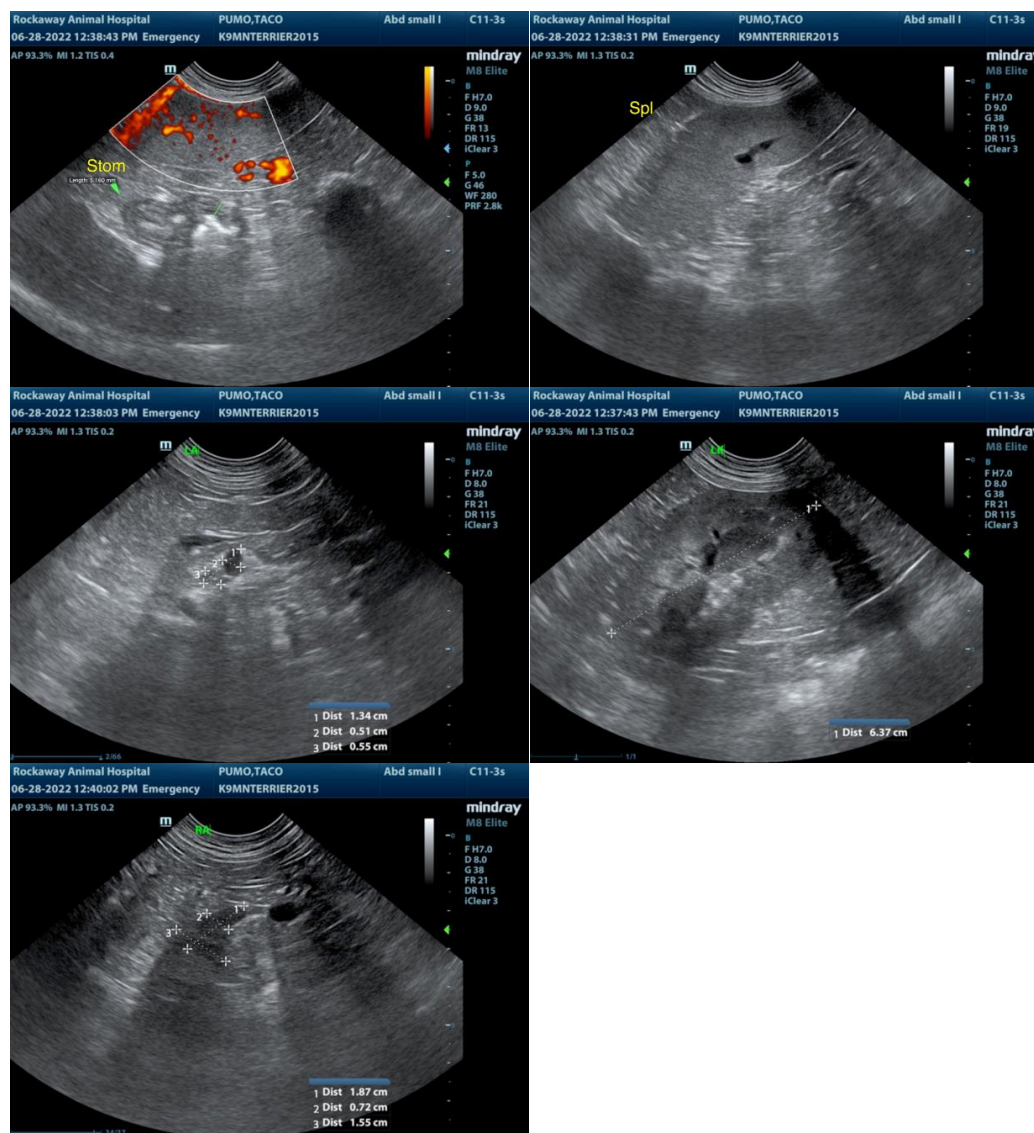
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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