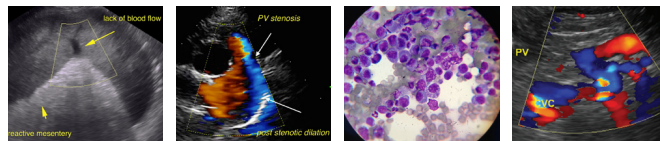


PATIENT	PRESENTING CLINICAL SIGNS
Bear Jenkins	Vomiting anorexia febrile
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present 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.
Lab	
SEX	No overt pathology associated with the prostate although indistinctly visualized.
Male	The area of the aortic trifurcation was free of pathology.
AGE	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 6.9 cm in length. The right kidney measured 6.7 cm in length.
1	
WEIGHT	<i>Adrenal Glands</i>
63	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm in length x 0.52 cm in width at the caudal pole. The right adrenal gland was indistinctly visualized. No overt pathology. The right adrenal gland subjectively measured 2.7 cm in length x 0.77 cm in caudal pole width.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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	<i>Liver/ Gallbladder</i>
Jenn	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.
HOSPITAL NAME	<i>Gastrointestinal</i>
Rockaway AH	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained anechoic gastric fluid was present. No overt evidence of gastric ingesta or foreign material or evidence of mechanical pyloric out flow obstruction.
REFERRING VET	
Dr. Maniar	
INVOICE	
10289	
DATE	
6/29/2023	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to generalized primarily mild intestinal ileus. No overt obstructive pattern or visualized intestinal foreign material.



PATIENT

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

Bear Jenkins

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

Lab

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Male

Primary Findings

AGE

- Acute gastroenteritis pattern with non-obstructive gastric and segmental to generalized mild intestinal ileus.
- Non-formed fecal matter in the colon

1

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

63

No overt evidence of gastrointestinal obstruction or visualized foreign material. The primarily generalized gastrointestinal ileus is suggestive of mild metabolic or functional gastrointestinal stasis potentially secondary to inflammatory bowel episode, infectious disease, dietary indiscretion, dysbiosis, occult parasitism, enterotoxic insult, or similar. No overt indication for surgical intervention. Aggressive empirical therapy for acute gastroenteritis is recommended. Sonographic reassessment is recommended if evidence of persistent or progressive gastrointestinal signs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

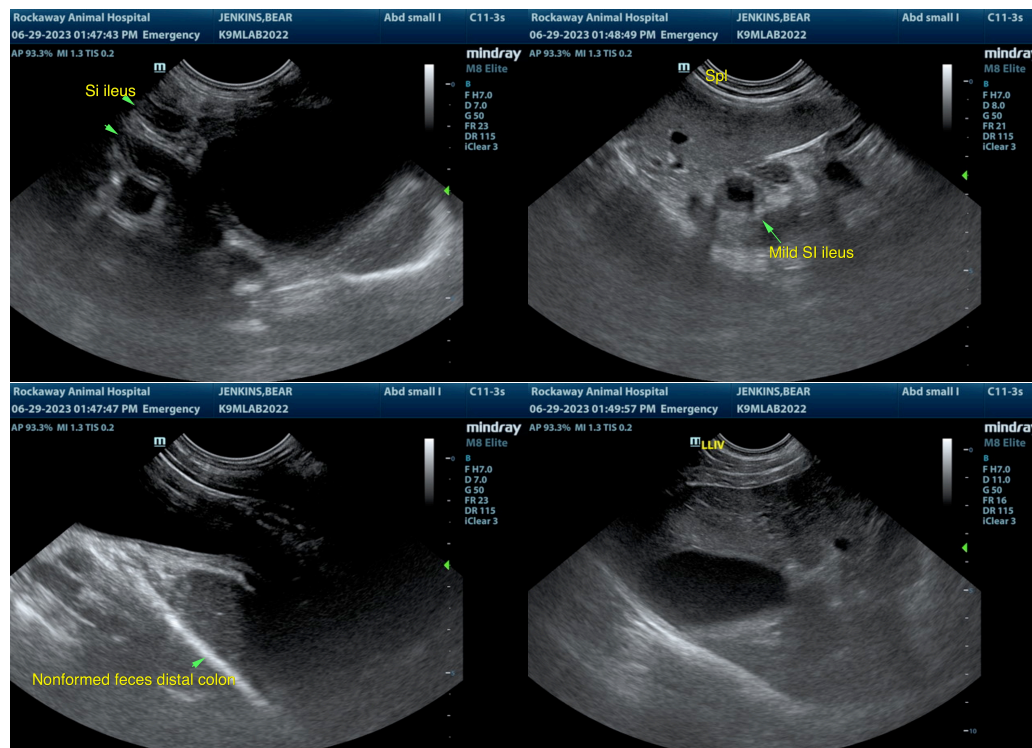
Dr. Maniar

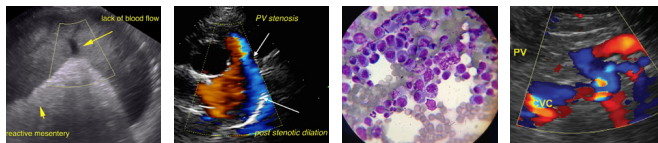
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DATE

6/29/2023





PATIENT

Bear Jenkins

SPECIES

Canine

BREED

Lab

SEX

Male

AGE

1

WEIGHT

63

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

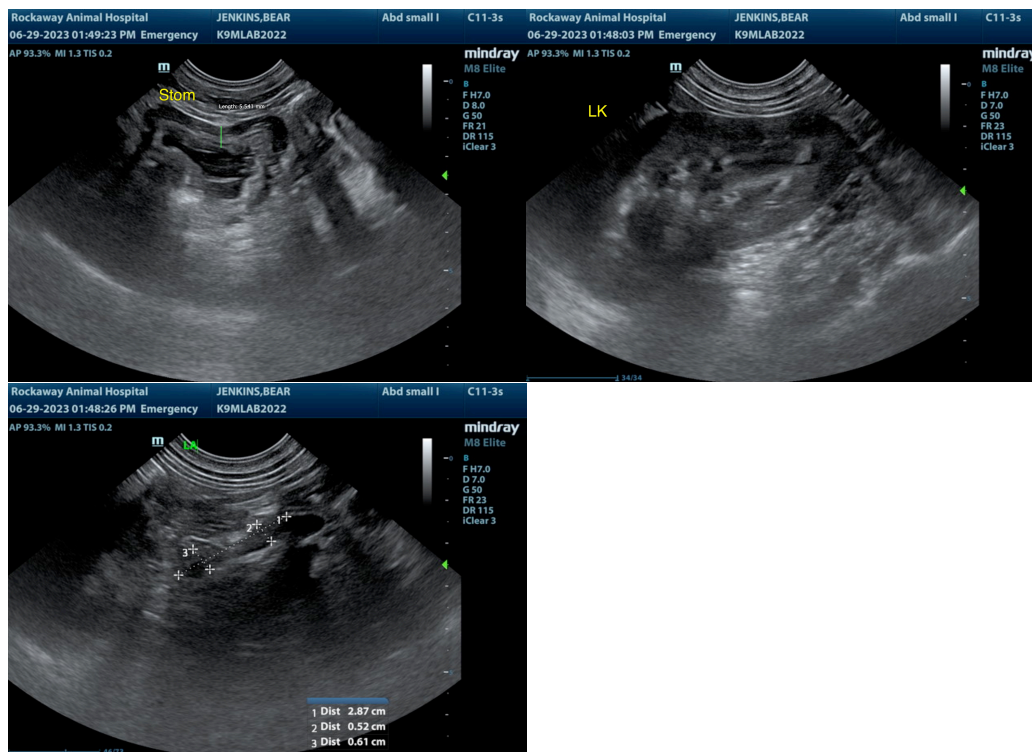
Dr. Maniar

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10289

DATE

6/29/2023



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