



PATIENT

Milo Fontana

PRESENTING CLINICAL SIGNS

History: vomiting HGE

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 were noted. Aortic trifurcation was normal.

BREED

Maltese Mix

The area of the residual prostate was free of pathology.

SEX

Neutered Male

Normal size and margination was 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 4.2 cm in length. The right kidney measured 4.3 cm in length.

AGE

13 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.46 cm width at the cranial pole.

WEIGHT

13 Pounds

The right adrenal gland was not definitively visualized.

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

Jenn

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.

HOSPITAL NAME

Rockaway AH

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. Maniar

Gastrointestinal

The stomach exhibited moderate distention with retained primarily nonshadowing ingesta and chyme. Strongly shadowing gastric luminal echo noted in the area of the gastric body lumen potentially extending into the area of the antrum and pylorus, measuring approximately 1.5 cm – 2.0 cm in diameter. This echo did not overtly appear to be obstructive yet some degree of delayed pyloric outflow, secondary to the echo is possible.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus or overt foreign material. The duodenum wall measured 0.34 cm. The jejunum wall measured 0.29 cm.

SPECIES

Canine

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

Pancreas

BREED

Maltese Mix

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.

Free Abdomen

SEX

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Hypomotile stomach, exhibiting retained ingesta/chyme and strongly shadowing suspicious gastric luminal echo
- Overtly normal small bowel and colon, potential concurrent mild enterocolitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

13 Pounds

Given the presence of retained gastric ingesta and chyme with suspicious shadowing echo, in light of vomiting, gastric foreign body is strongly suspected, although dense retained ingesta, along with luminal gas can have a similar appearance. However, strong suspicion for gastric foreign material is warranted given this presentation.

INTERPRETED BY

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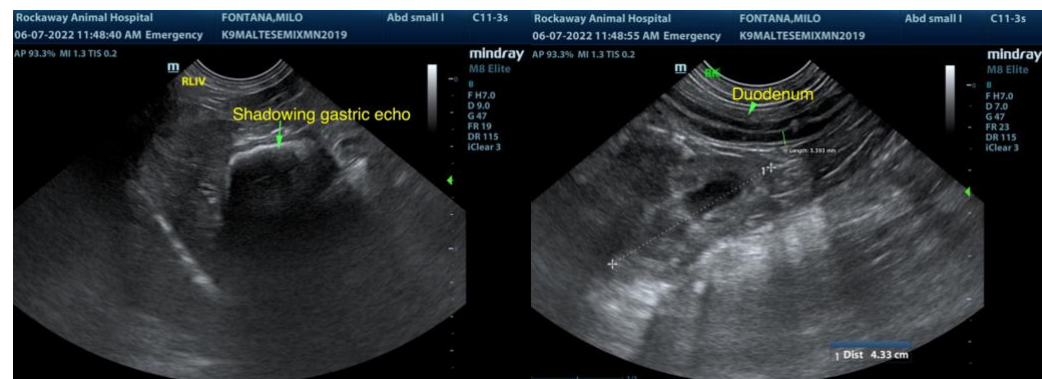
Further assessment may include, if available, endoscopy versus sonographic monitoring over the next 12-24 hours with as needed supportive care for HGE. Given the presence of the strongly shadowing gastric echo, exploratory laparotomy for gross inspection of the gastrointestinal tract, likely gastrotomy and with gastrointestinal biopsies considered essential, given the HGE presentation and to assess for underlying gastrointestinal disease if gastric foreign body is confirmed.

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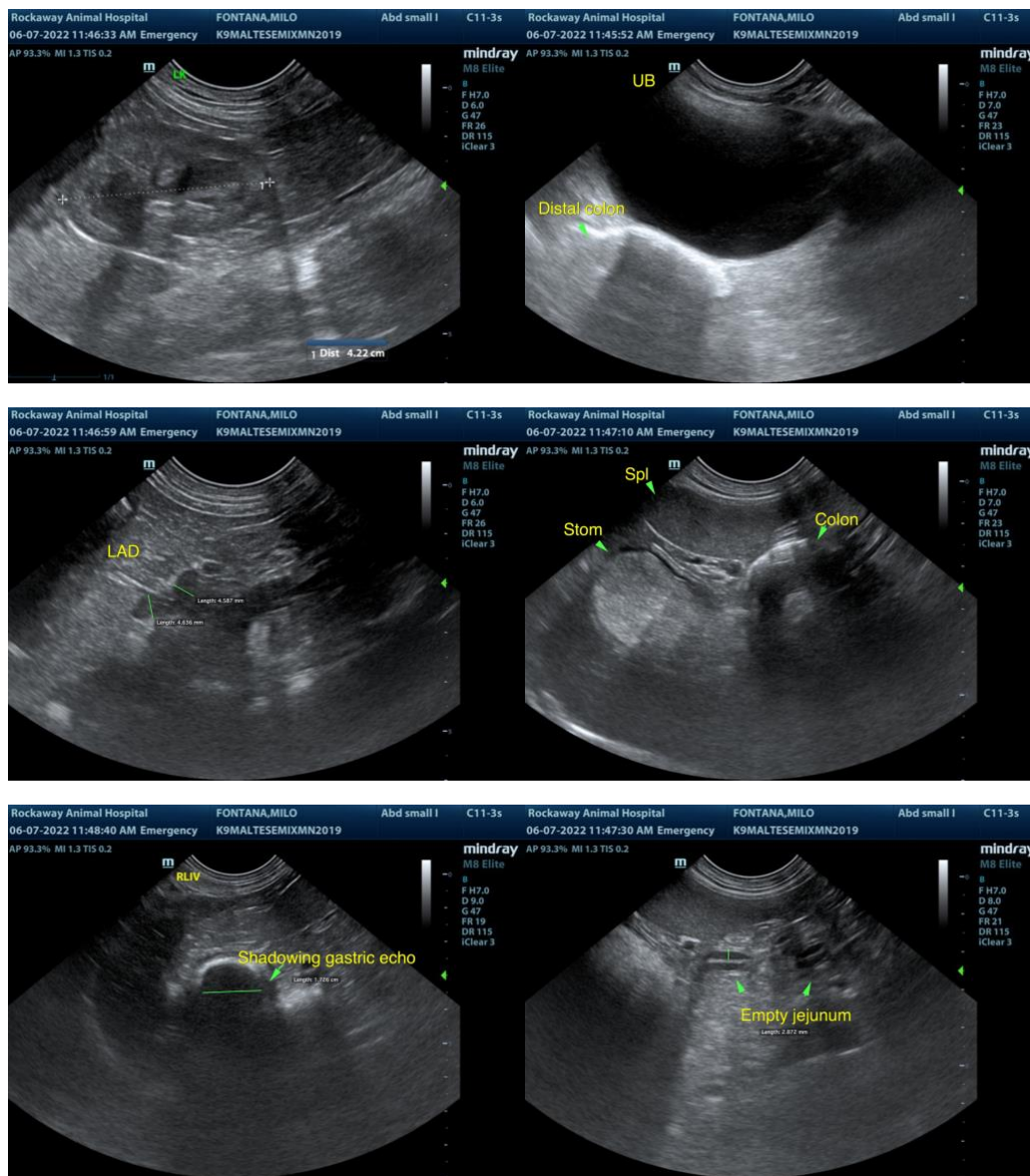
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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