



PATIENT

Milo Fontana

PRESENTING CLINICAL SIGNS

re check from yesterday poss fb?

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Maltese Mix

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

SEX

NM

The area of the aortic trifurcation was free of pathology.

AGE

3

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 4.2 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

13

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.53 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

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/ 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

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REFERRING VET

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Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering with persistent shadowing echo and adjacent nonshadowing hyperechoic ingesta / chyme, along with persistent mild retained anechoic fluid present in the stomach. The area of shadowing subjectively within the area of the mid gastric body, antrum, and potential pylorus measured approximately 1.5 cm in diameter, similar in measurement compared to previous study. Obvious evidence of mechanical pyloric outflow obstruction exhibited by lack of significant gastric distention was not noted.

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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 signs of obstruction. No evidence of small intestinal mechanical / metabolic ileus pattern or overt foreign material. The duodenum wall width measured 0.35 cm.

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

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Pancreas

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.

SEX

NM

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

3

ULTRASONOGRAPHIC FINDINGS

- Persistent retained shadowing gastric echo, mild chyme, and anechoic fluid
- Sonographically unremarkable small bowel

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Assuming the patient is documented NPO and without reported oral medication administration, the persistent shadowing gastric echo continued to be strongly suspicious of gastric foreign material. In light of the patient's previous ultrasound study and combined with history, exploratory laparotomy is recommended with expectation towards gastrotomy, gross inspection of the entire gastrointestinal tract, +/- gastrointestinal biopsies.

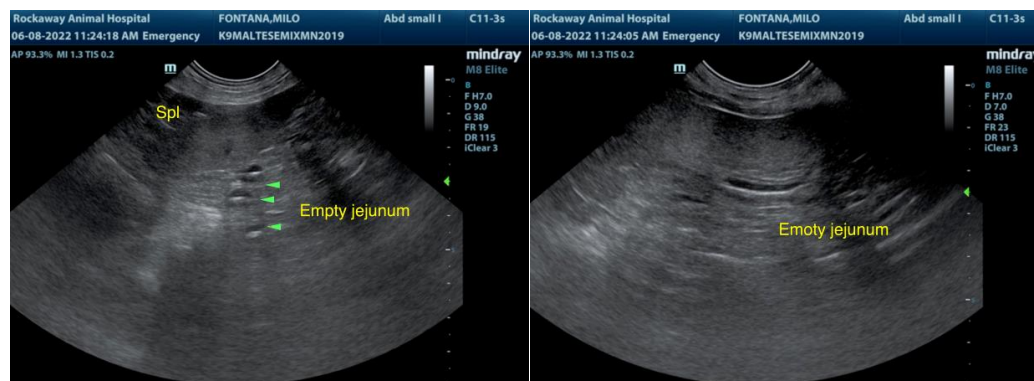
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Pending exploratory laparotomy, continued medical therapy for HGE is recommended.

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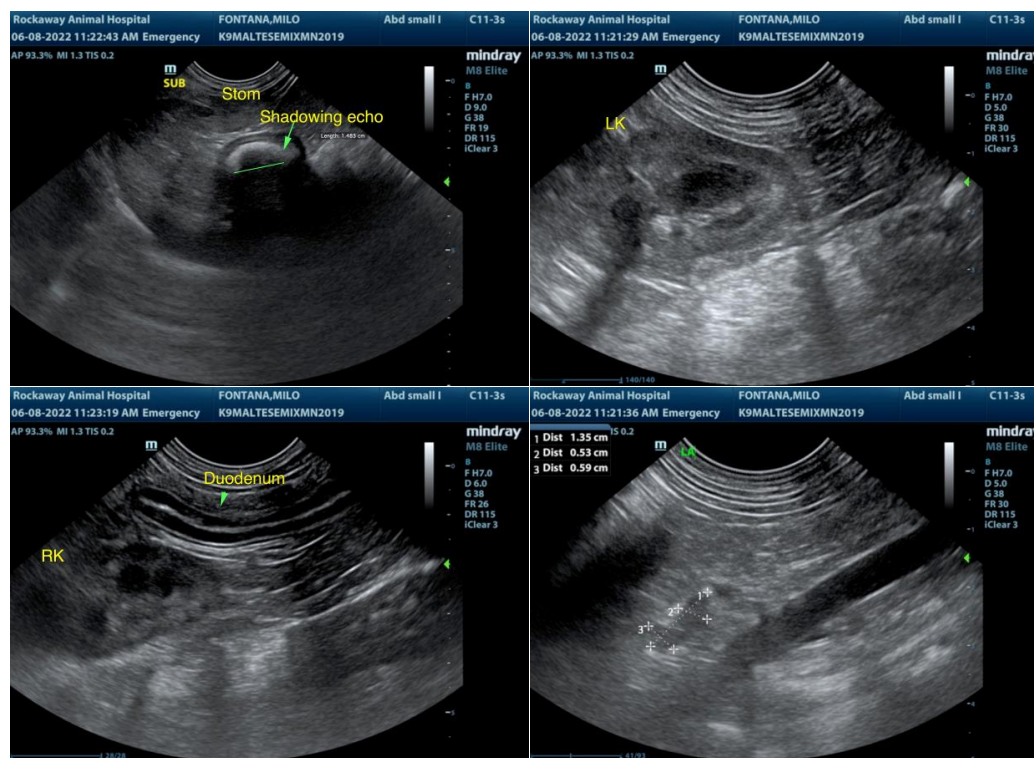
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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