



**PATIENT**

Sake Mar

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

MN

**AGE**

11 years

**WEIGHT**

9.4 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Kim

**INVOICE**

14073

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

P presented with often vomiting at last visit. P took Omeprazole, Cerenia, and ate i/d lowfat food (on top of unremarkable bloodwork results- CBC/Superchem/T4/Urinalysis). After stopping medications, P still vomitted often. The Dr. is interested in a second opinion to verify any abnormalities (or lack thereof) in the attached ultrasound images.

**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.

The area of the residual prostate was free of overt pathology.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 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 0.56 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.47 cm width at the cranial 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured up to 0.47 cm width.

**SPECIES**

Canine

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 duodenum wall width measured 0.45 cm. The jejunum wall width measured 0.34 cm.

**BREED**

Toy Poodle

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

**SEX**

**Pancreas**

MN

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.

**AGE**

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**Free Abdomen**

**WEIGHT**

No overt lymphadenopathy or peritoneal effusion was present.

9.4 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Sonographically unremarkable gastrointestinal tract
- Minor chronic renal changes with pinpoint medullary mineral

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Overall mild geriatric abdomen without evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology.

Dr. Kim

Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis, both of which may present in a similar sonographic manner, could be possible. Further assessment may include a Spec cPL or if evidence of width loss, full a GI panel to include PLI/TLI/Cobalamin/Folate. Long term bland or hydrolyzed diet trial with as-needed gastroprotectants may be indicated. Additional coverage for helicobacter could be considered if persistent / progressive vomiting +/- recheck sonogram.

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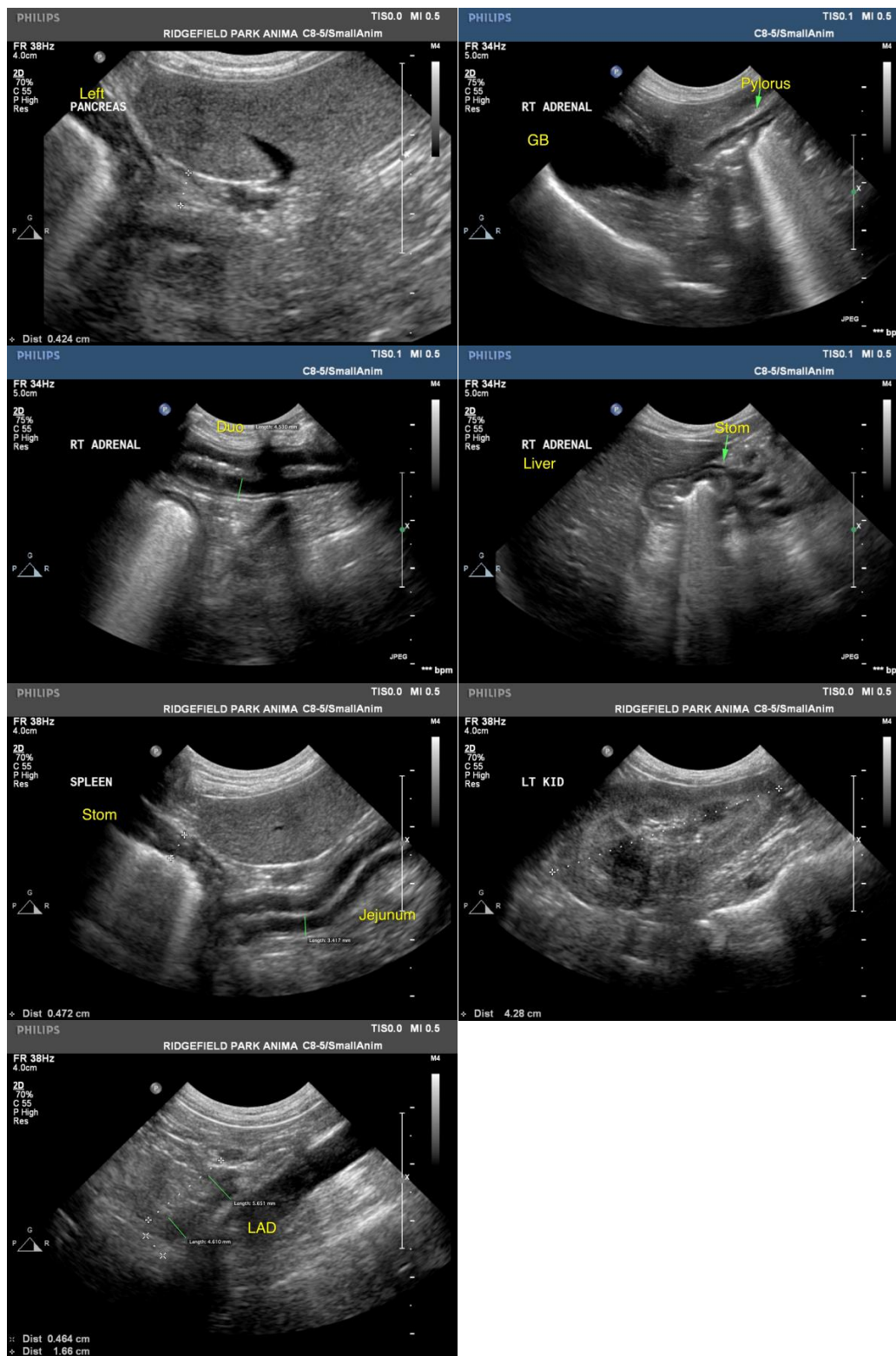
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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**