



PATIENT

Iggy Connolly

PRESENTING CLINICAL SIGNS

Possible FB

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Havanese

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.

SEX

The residual prostate was free of pathology.

MN

No evidence of pathology in the area of the aortic trifurcation.

AGE

2 years

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 4.0 cm in length. The right kidney measured 4.4 cm in length.

WEIGHT

11 lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.47 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 0.39 cm width at the caudal pole.

IMAGING PERFORMED BY

Jessica Miller

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.

HOSPITAL NAME

Willowbrook AC

Liver/ Gallbladder

REFERRING VET

Dr. Palescandolo

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

DATE

7/14/23

The stomach was non-distended in size with intact sonographically unremarkable gastric wall layering. The stomach contained a mild amount of nonshadowing ingesta and lumen gas. Within the ingesta and ventral gastric lumen, nonspecific nonshadowing curvilinear echo was present measuring ~1.0 cm in diameter. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was 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 ileus, obstruction, or foreign material.

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

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.

Free Abdomen

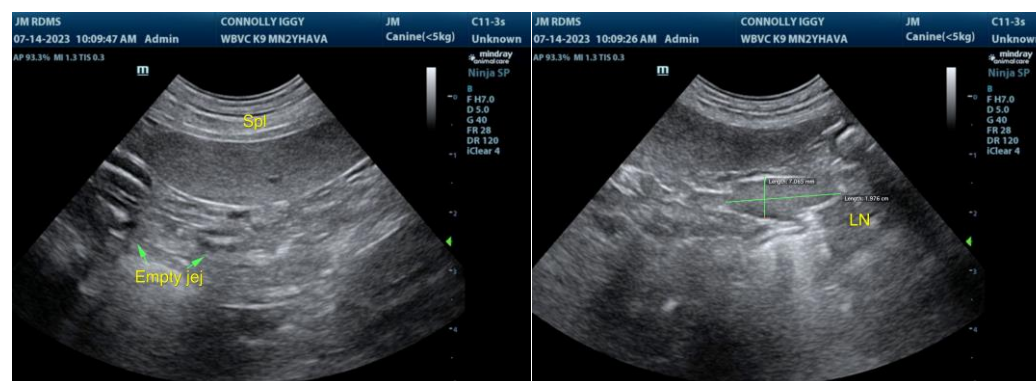
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild gastric ingesta with nonspecific nonshadowing small ingesta echo
- Sonographically unremarkable small bowel - no small bowel obstructive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no sonographic evidence of a definitive gastrointestinal foreign body. Sonographically, the appearance of gastric ingesta is suggestive of retained food with potential treat, medication, or similar. If documented NPO, the presence of retained ingesta may suggest some degree of mild metabolic or functional gastric stasis or delayed gastric emptying. No indication for immediate surgical intervention. If gastrointestinal signs, i.e., inappetence, vomiting, etc., are present or if documented NPO prior to the ultrasound, recheck ultrasound in 12-18 hours following documented NPO for sonographic reassessment if the stomach is recommended.





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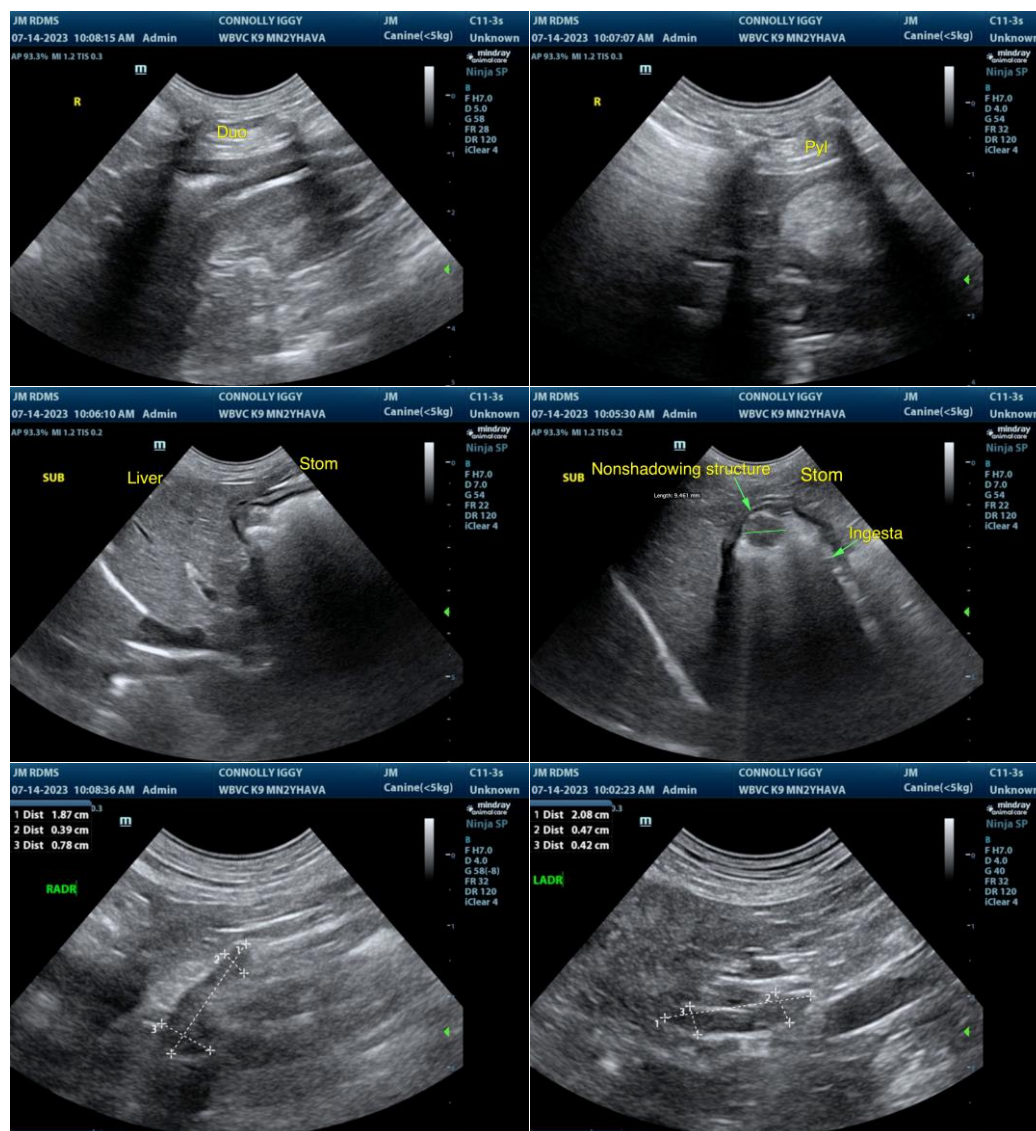
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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