



PATIENT

Neiko Pongracz

PRESENTING CLINICAL SIGNS

Vomiting blood Bloody diarrhea

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Lethargy Dehydration 10% OU-nystagmus Blood work-hypoglycemia, mild to moderate azotemia, normal sodium-potassium ratio, elevated PCV CPLI-negative Leptospirosis-negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mix

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Mild 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.

SEX

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mildly indistinct corticomedullary definition was present. 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 3.9 cm in length. The right kidney measured 4.1 cm in length.

AGE

11.5

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

WEIGHT

18.2

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland measured 0.58 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited subjective mild subnormal size with areas of mild capsule asymmetry with generalized parenchyma heterogeneity. No masses or nodules visualized. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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Dr.Sharkaway

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. Normal vascular volume. 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 with mild non-organized hyperechoic sediment. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

INVOICE

14393ag

The small intestine presented intact prominent to thickened wall layering with prominent to thickened muscularis layer. Concurrent mild subjectively non-obstructive ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation.

Pancreas

SPECIES

Canine

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

Free Abdomen

BREED

Mix

Generalized mild non-uniform to hyperechoic omentum was present. Intermittent scant pockets of peri intestinal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Mild age related renal changes.
- Borderline prominent bilateral adrenal glands- nonspecific.
- Volume contracted spleen.
- Acute enterocolopathy- acute gastroenteritis/inflammatory bowel episode, infectious disease, enterotoxic insult, occult neoplasia or other.
- Overtly normal liver-mild gallbladder sediment.
- Mild non-uniform hyperechoic omentum and scant peri intestinal free fluid.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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No overt intra-abdominal mass visualized however insulinoma may be difficult to visualize sonographically and cannot be definitively excluded. Concern for possible non-specific peritonitis is warranted.

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DVM, DABVP
(Canine and Feline)

Further assessment may include insulin: glucose ratio on same serum sample if the BG is <60 and effusion analysis cytology +/- C/S. Blood culture could also be considered if concern for sepsis. Sonographically the kidneys did not appear to be end stage.

A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. A very guarded prognosis is indicated.

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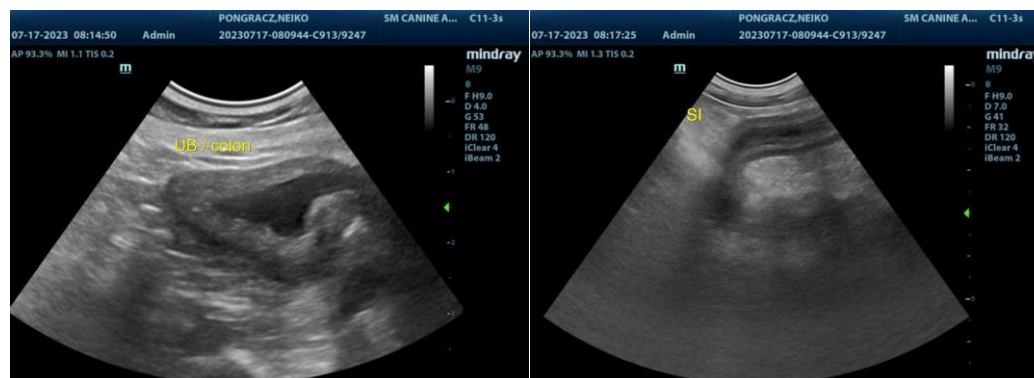
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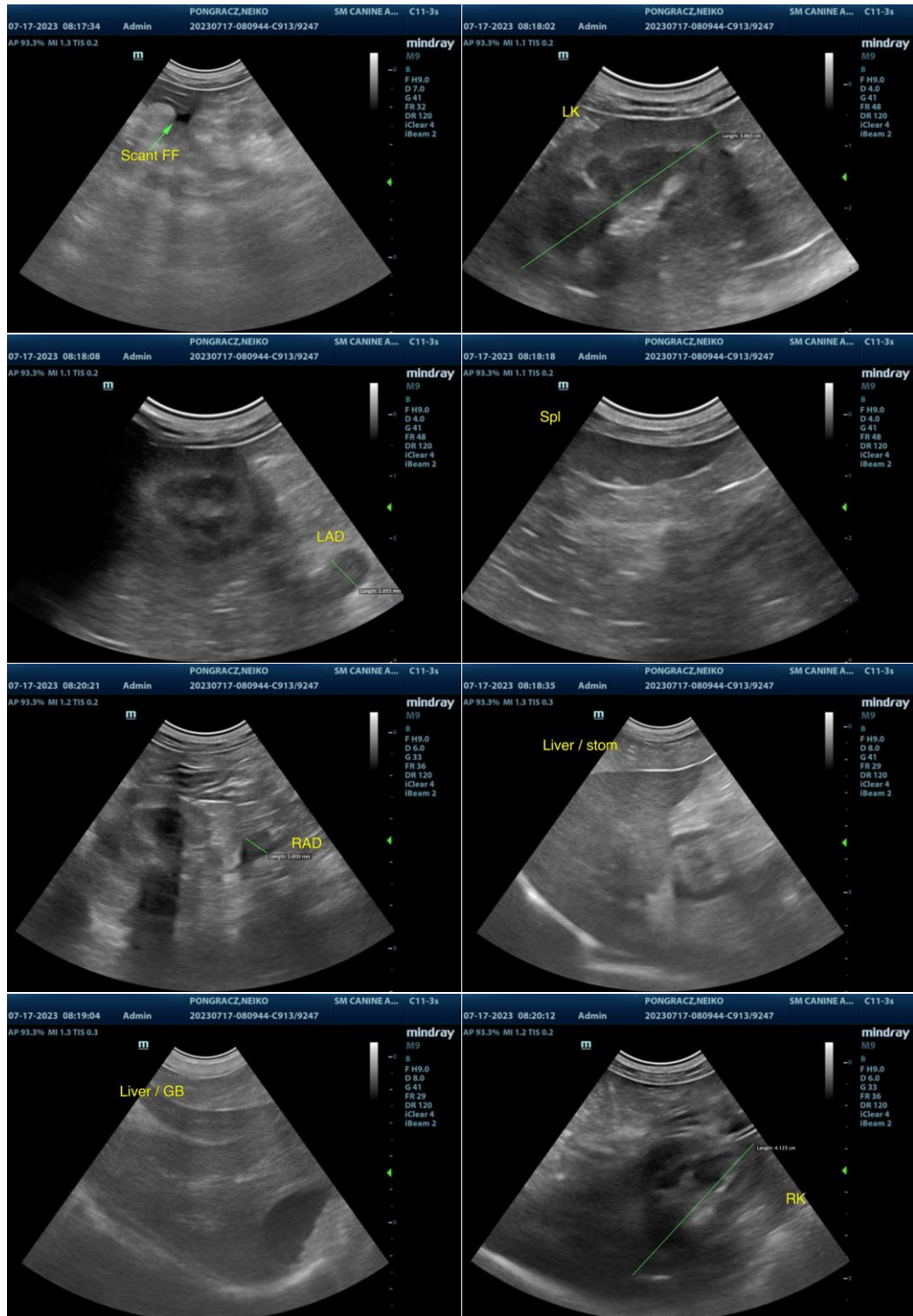
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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