



PATIENT

Lily Bajaj

PRESENTING CLINICAL SIGNS

re check yesterday showed gastric structure poss meds or foreign material

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

BREED

Golden Retriever

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 5.2 cm in length. The right kidney measured 6.0 cm in length.

SEX

F

AGE

15weeks

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

WEIGHT

16.4

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.

INTERPRETED BY

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

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. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

Gastrointestinal

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild mucus with no signs of ileus, obstruction or foreign material. No evidence of persistent gastric shadowing ingesta. The dorsal gastric body wall measured 0.42 cm. The pylorus wall measured 0.52 cm.

REFERRING VET

Dr. Maniar

INVOICE

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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. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.32 cm width.

DATE

07/18/2023



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

Lily Bajaj **Pancreas**

SPECIES 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.

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild gastritis/gastroenteritis pattern with mild hypomotile stomach.

F

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

15weeks

No evidence of persistent shadowing gastric structures. No evidence of GI foreign material or mechanical obstruction. Overall probable inflammatory gastroenteropathy pattern without evidence of obstructive criteria. Continued supportive care for non-specific gastroenteritis is recommended. A fresh fecal analysis is recommended to rule out parasitic ova/giardia. Resting cortisol level could be considered. Parvo testing is recommended if clinically indicated.

WEIGHT

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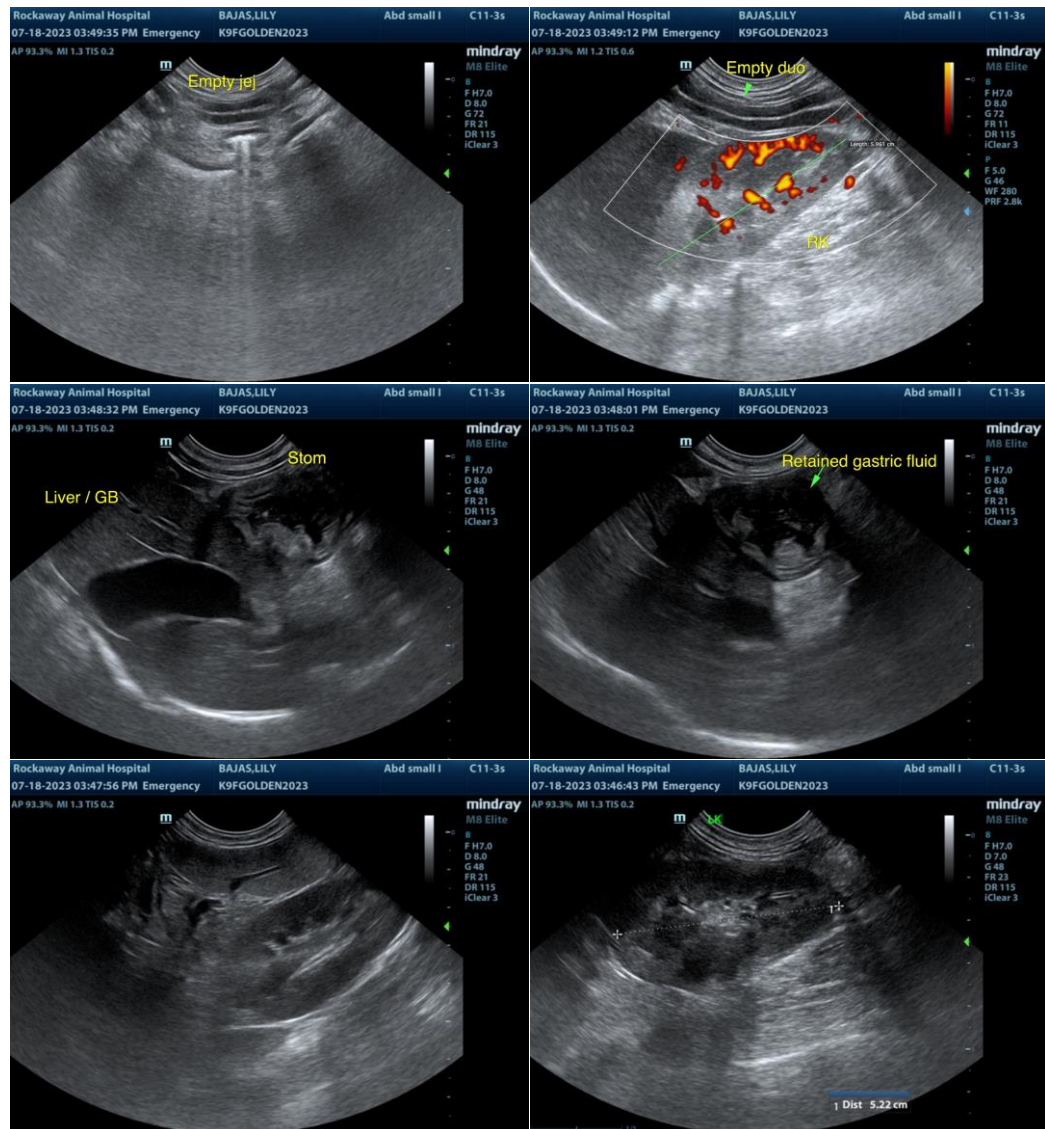
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com



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