



**PATIENT**

Bella Trix Sattur

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

9 years

**WEIGHT**

52 lbs.

**PRESENTING CLINICAL SIGNS**

Melena suspect spleen on x-ray? Current meds: Metro, sucralfate  
Abnormal PE/Chem/CBC/UA Results: wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

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

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. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 7.6 cm in length with possible mild underestimation of the left kidney size. Pinpoint medullary mineral were noted.

**Adrenal Glands**

A subtle, nondisruptive nodule was present in the caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.85 cm x 0.70 cm. The overall left adrenal gland measured 0.79 cm width at the caudal pole and 0.83 cm width at the cranial pole. The right adrenal gland was indistinctly visualized exhibiting possible asymmetrical enlargement and nonhomogeneous parenchyma, potentially measuring 2.5 cm length x 1.3 cm width.

**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.

**Gastrointestinal**

The stomach presented intact overtly normal wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained nonshadowing ingesta / chyme, along with a strongly shadowing lumen echo measuring approximately 3.0-3.5 cm in diameter. This echo did not appear to be obstructive to pyloric outflow.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Glennon

**INVOICE**

17312

**DATE**

7/20/23



## PATIENT

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta / chyme was noted.

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

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## Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild right limb pancreatic duct dilation was noted.

## SEX

FS

## Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal effusion were noted.

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## ULTRASONOGRAPHIC FINDINGS

- Moderate retained gastric ingesta with strongly shadowing lumen echo - lumen echo strongly suggestive of gastric foreign body
- Sonographically unremarkable small bowel
- Mild heterogeneous to remodeled pancreas
- Mild chronic renal changes
- Subtle caudal left adrenal nodule - suspect adenoma
- Possible although not definitive mildly enlarged to nonhomogeneous right adrenal gland
- Sonographically normal spleen

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation towards gastrotomy is warranted especially if clinical signs consistent with gastric foreign body are present. Gross inspection of the area of the right adrenal gland at the time of surgery is suggested. Screening blood pressure prior to anesthesia to assess for evidence of hypertension is recommended. Sonographically, the strongly shadowing gastric echo is not overtly consistent with medication. 18-12/hour documented NPO and sonographic reassessment of the stomach would be a more conservative approach.

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Val Shumskaya

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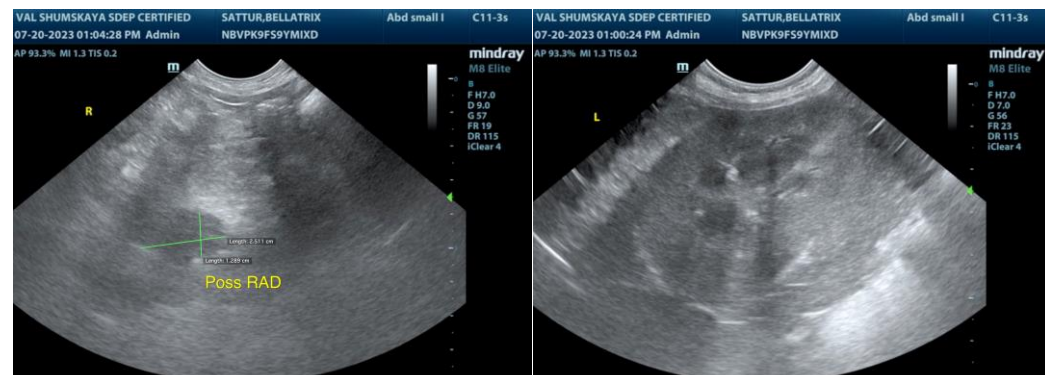
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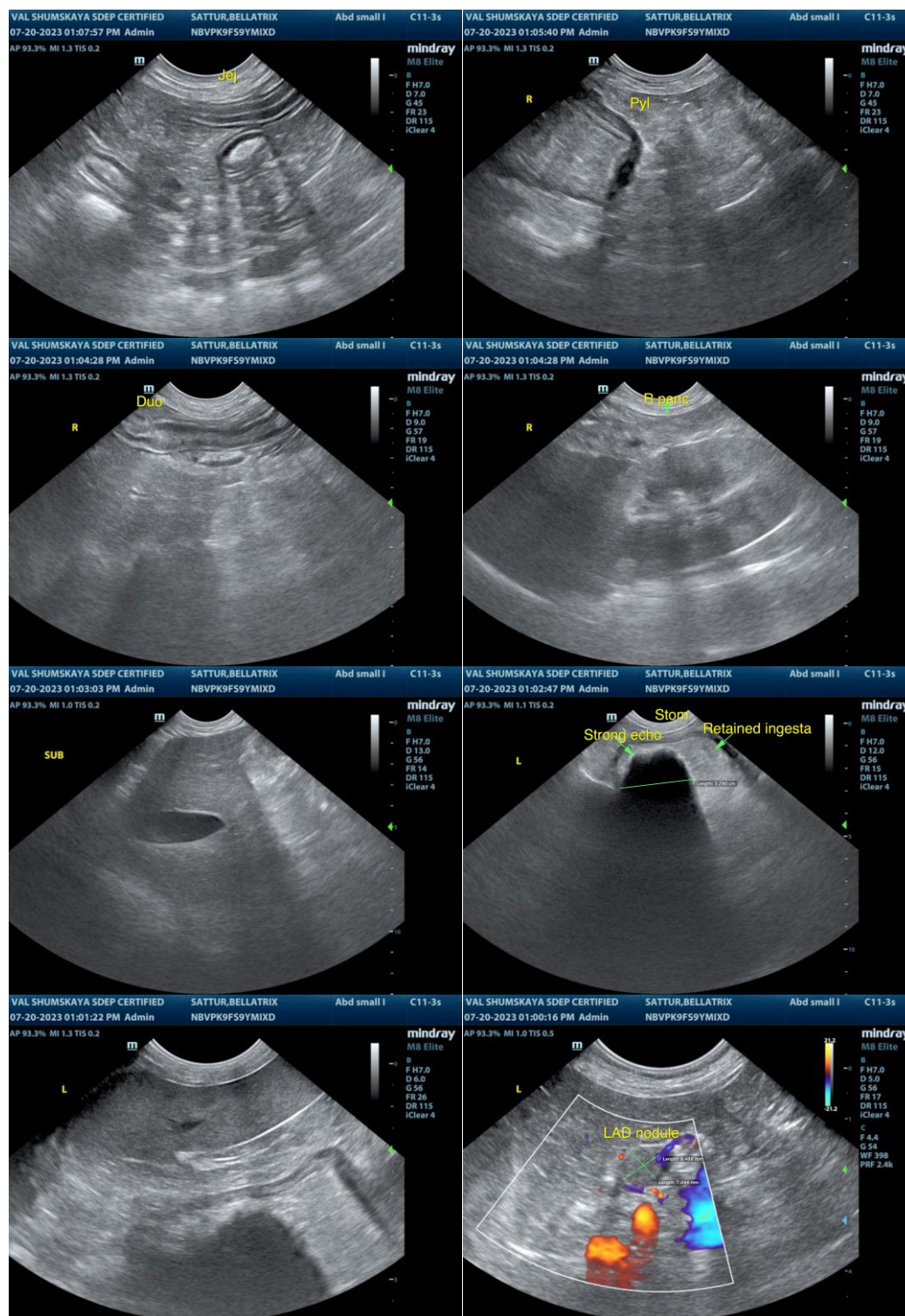
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**SPECIES**

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**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**

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