



**PATIENT**

Vito Agresta

**SPECIES**

Canine

**BREED**

Cane Corso

**SEX**

MI

**AGE**

9 years

**WEIGHT**

60.4 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

17414

**DATE**

7/27/23

**PRESENTING CLINICAL SIGNS**

Patient presented for diarrhea(no vomiting) on 7/17/23 after ingesting ATV glove. Was hospitalized and induced vomiting, vomited up the thumb of the glove. On 7/25/23 P has had more diarrhea, has vomited some more foreign cloth/rubber material(owner concerned it is still from the glove) Patient is aggressive. Has been on Baytril.

**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.

The prostate was enlarged in size with an intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured ~7.0 cm in diameter.

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 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 8.9 cm in length. The right kidney measured 9.0 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 3.2 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

**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 overtly normal intact visualized wall layering. The lumen of the stomach contained moderate, variably echogenic, shadowing ingesta extending into the pyloric outflow. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.46 cm.

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The small intestine presented intact wall layering and maintained a normal wall-layer ratio. Segmental, hyperechoic, subtly shadowing intestinal ingesta with concurrent segments of empty small intestine. There was no evidence of an obstructive pattern to the level of the colon.

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Normal visible colon wall layers were present with formed to shadowing fecal matter.

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***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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Moderate shadowing gastric ingesta
- Structurally normal small intestine / colon with segmental subtly shadowing intestinal ingesta and formed shadowing fecal matter

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***Secondary Findings***

- Benign prostatic hyperplasia, mild potential for prostatitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The shadowing gastric and segmental intestinal ingesta is nonspecific and may indicate recent meal ingestion or post prandial presentation. There were no overt gastrointestinal obstructive criteria noted. The potential intermixed foreign material, given the patient's history, within the gastrointestinal ingesta cannot be definitively excluded.

**REFERRING VET**

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Correlation with most recent meal ingestion is recommended. Hospitalization with 12-24/hour documented NPO, IV fluid, and gastrointestinal support with sonographic reassessment of the gastrointestinal tract for evidence of persistent retained gastrointestinal ingesta is recommended. Gastrointestinal biopsies are strongly suggested if surgery is ultimately elected in this patient. Further assessment for occult intestinal disease may include a GI panel to include PLI/TLI/Cobalamin/Folate and screening resting cortisol level.

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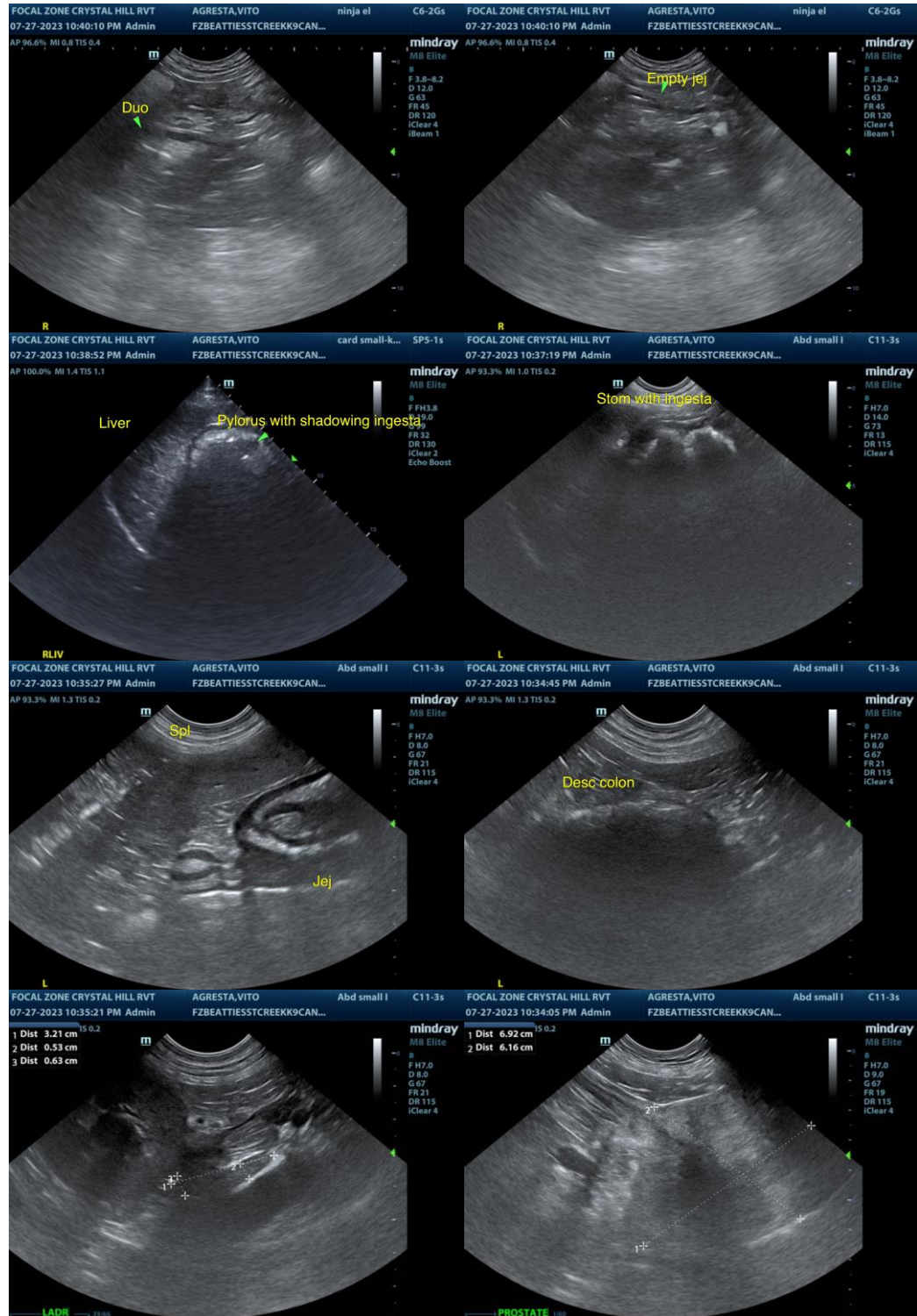
Dr. Salib

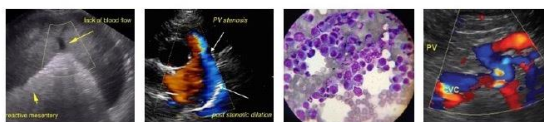
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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