

PATIENT

Bentley Bratton

PRESENTING CLINICAL SIGNS

History: P passed small FB.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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

Retriever Mix

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 7.6 cm in length. The right kidney measured 6.6 cm in length.

SEX

MN

AGE

9 yr

The area of the aortic trifurcation was free of pathology.

The residual prostate was normal measuring 1.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.67 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.87 cm width at the caudal pole.

WEIGHT

80.5 lb

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Shari Reffi CVT

Liver

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.

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

Gastrointestinal

The stomach revealed a strongly shadowing echo occupying the majority of the gastric lumen measuring 3.0 cm in diameter. Intact and mildly prominent gastric wall layering was present. Subtle evidence of peri gastric reactive mesentery was noted.

INVOICE

11055ag

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.

DATE

07/08/2022

Normal visible colon wall layers were present with segmental nonformed feces along with areas of fecal shadowing in lumen.



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Pancreas

Bentley Bratton

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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Retriever Mix

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Strongly shadowing gastric ingesta/echo-consistent with gastric foreign body
- Sonographically unremarkable small bowel-no overt evidence of concurrent small intestinal obstructive pattern
- Segmental shadowing feces in the colon

AGE

9 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

80.5 lb

Laparotomy with gastrotomy and gross inspection of the entire GI tract is recommended. Given that the patient has passed some of the foreign material, the possibility of concurrent foreign material in the colon cannot be definitively excluded.

INTERPRETED BY

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(Canine and Feline)

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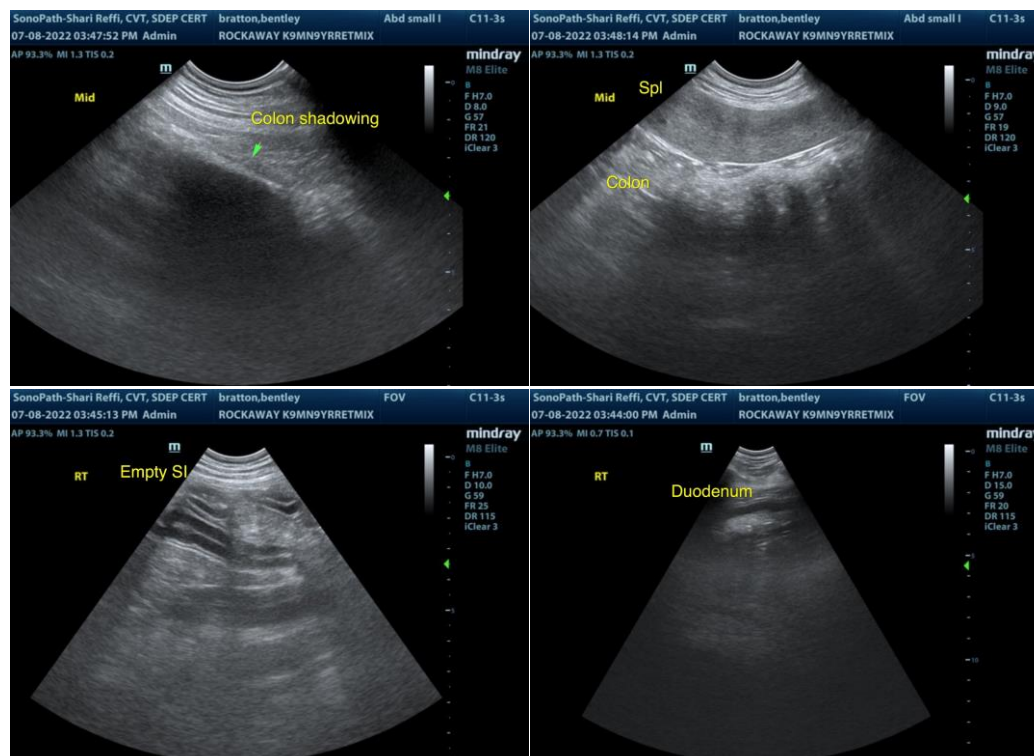
Dr. Maniar

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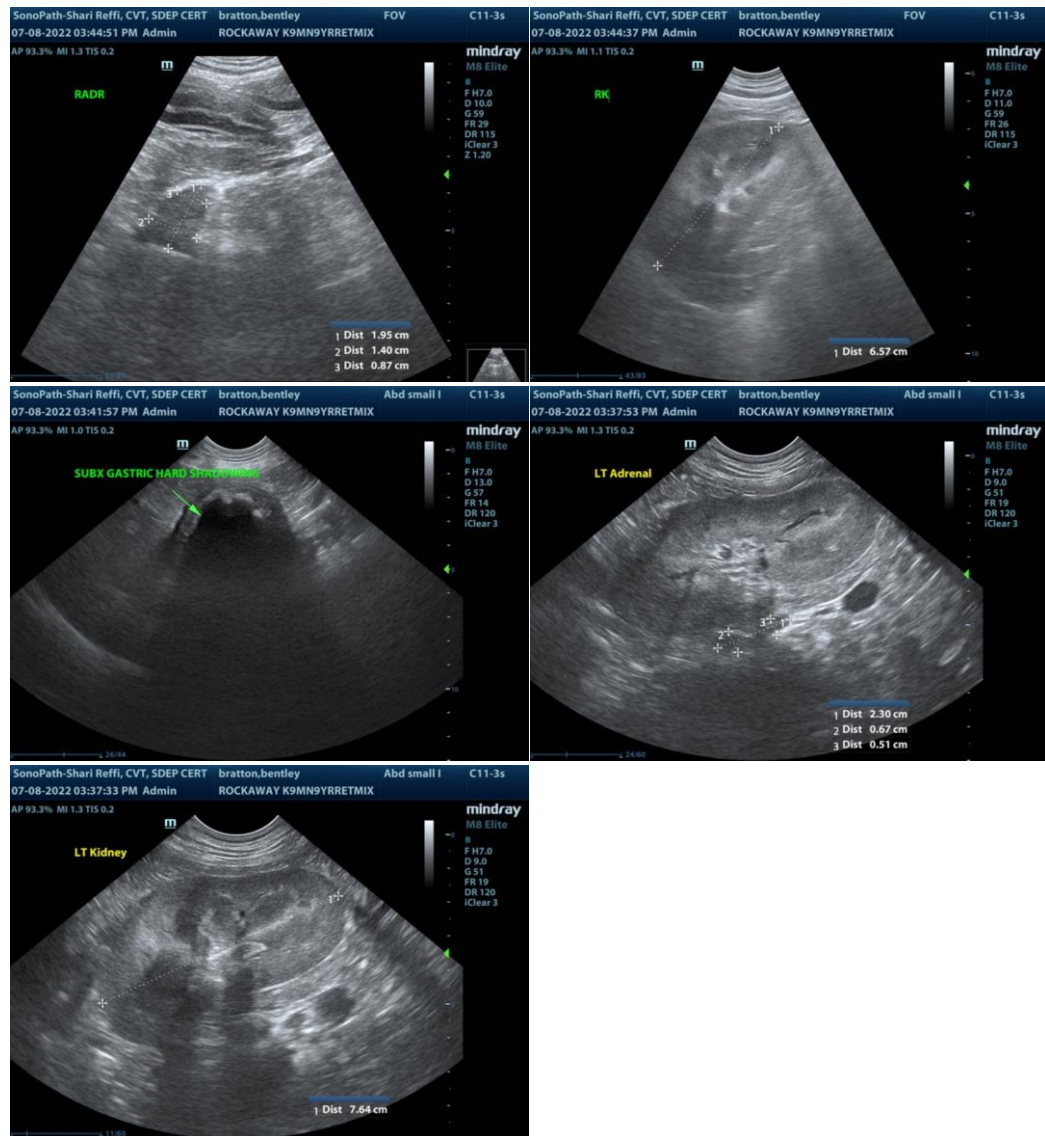
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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