

**PATIENT**

Annie Mains

**SPECIES**

Canine

**BREED**

Springer Spaniel

**SEX**

Female

**AGE**

13 weeks

**WEIGHT**

11.8

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

12097

**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

vomiting HGE

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

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 5.0 cm in length. The right kidney measured 4.9 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 0.38 cm width at the caudal pole and 0.46 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

**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.

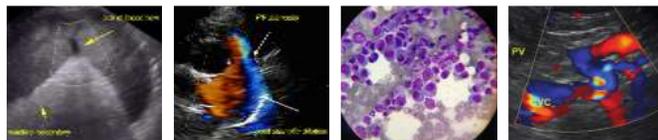
**Liver/ Gallbladder**

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 yet subjective mild prominent wall layering with a normal wall layer ratio. The gastric body wall width measured 0.37 cm. The stomach was primarily empty with mild luminal gas and potential for minor retained chyme. No evidence of gastric foreign material or retained ingesta was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental jejunal nonobstructive metabolic ileus pattern was present. The duodenum wall width measured 0.31 cm. The jejunum wall width measured 0.29 cm.



**PATIENT**

Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.

Annie Mains

**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 were evident.

Canine

**BREED**

**Free Abdomen**

Springer Spaniel

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Female

**Primary Findings**

**AGE**

- Gastroenterocolitis

13 weeks

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11.8

No overt evidence of significant visceral pathology including no evidence of significant structural gastrointestinal pathology such as intussusception, mechanical obstruction, or foreign material. Conservative therapy for gastroenterocolitis should prove beneficial in this case. Fresh fecal analysis to assess for parasitic ova / Giardia and/or prophylactic deworming and as-needed gastrointestinal support are recommended.

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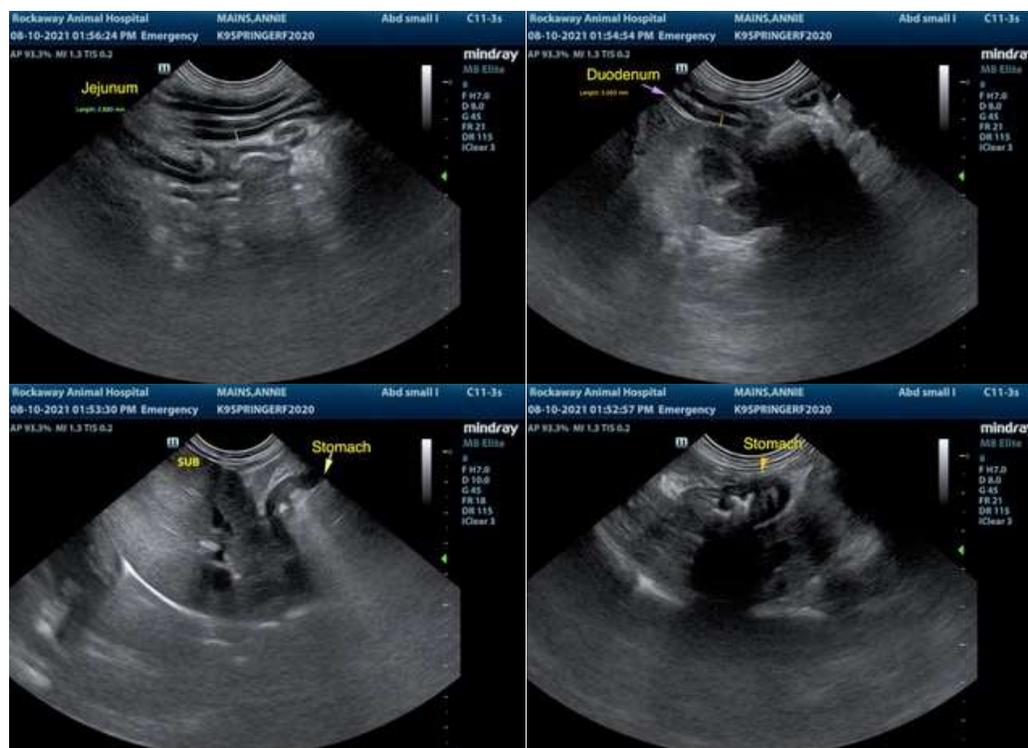
Dr. Maniar

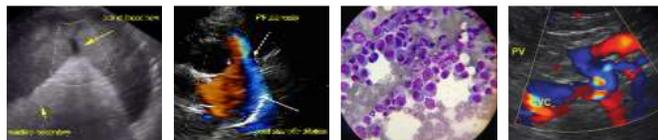
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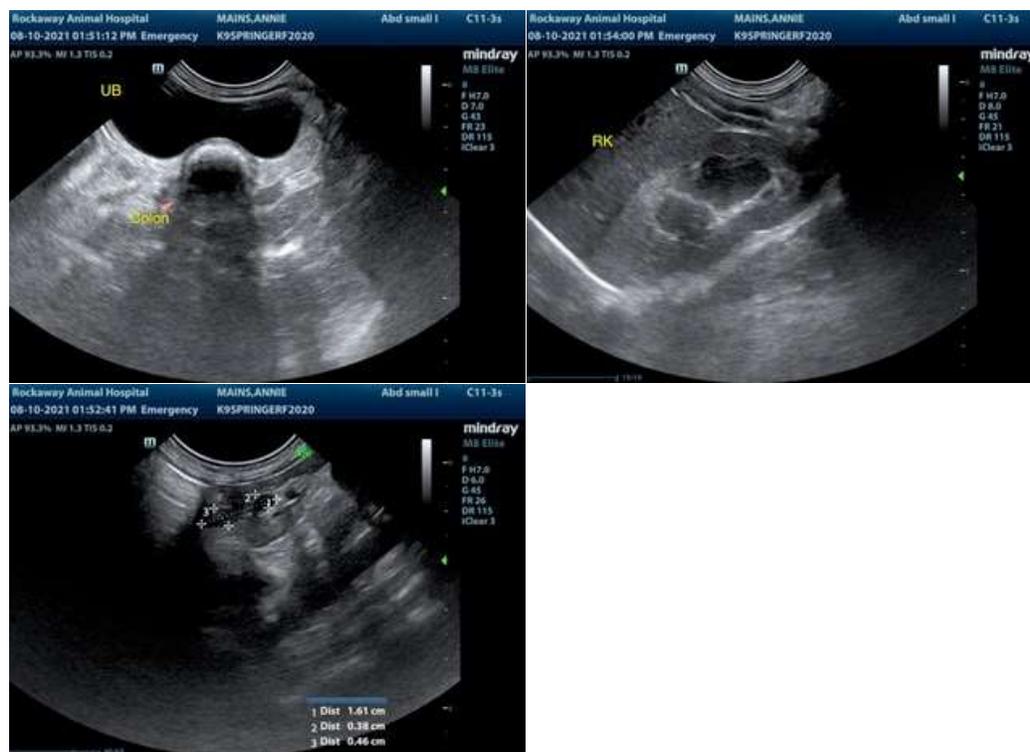
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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