



PATIENT

Stiletto Maloney

PRESENTING CLINICAL SIGNS

generalized lethargy abd distention

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Chi X

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured 4.2 cm.

SEX

Spayed Female

Adrenal Glands

AGE

9 Years

The left adrenal gland was isoechoic compared to adjacent omentum, yet no evidence of left adrenal hyperplasia or neoplasia. The left adrenal gland measured 0.66 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland was not definitively visualized.

WEIGHT

13

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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 AH

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained primarily anechoic to mildly echogenic fluid was present. A focal area of echogenic to shadowing ingesta was present measuring approximately 1.0 cm in diameter. No evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.50 cm. Gastric body wall measured 0.30 cm.

REFERRING VET

Dr. Maniar

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. Duodenum wall measured 0.32 cm. Jejunum wall measured 0.26 cm.

INVOICE

24687

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

DATE

8/14/21



PATIENT

Pancreas

Stiletto Maloney

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 evidence of intraabdominal masses, lymphadenopathy or effusion.

BREED

Chi X

ULTRASONOGRAPHIC FINDINGS

- Gastritis with mild retained fluid and focal, non-specific, mildly shadowing ingesta
- Mild age related renal changes
- Otherwise sonographically unremarkable abdomen

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

The mild retained gastric fluid and non-specific ingesta may indicate some degree of gastric hypomotility with retained ingesta or medication if clinically applicable. The possibility of a small amount of non-obstructive hair or fabric opacity within the stomach lumen cannot be definitively excluded. No evidence of peritoneal pathology (i.e., lymphadenopathy, masses or effusion).

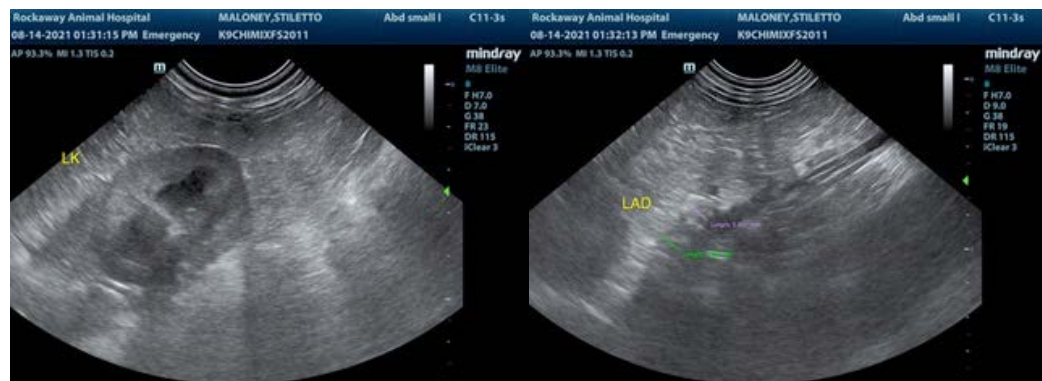
WEIGHT

13

Hospitalization with as-needed gastrointestinal supportive care and ideally sonographically reassessment of the stomach to assess for evidence of gastric emptying and rule out potential for continued retained focally shadowing ingesta.

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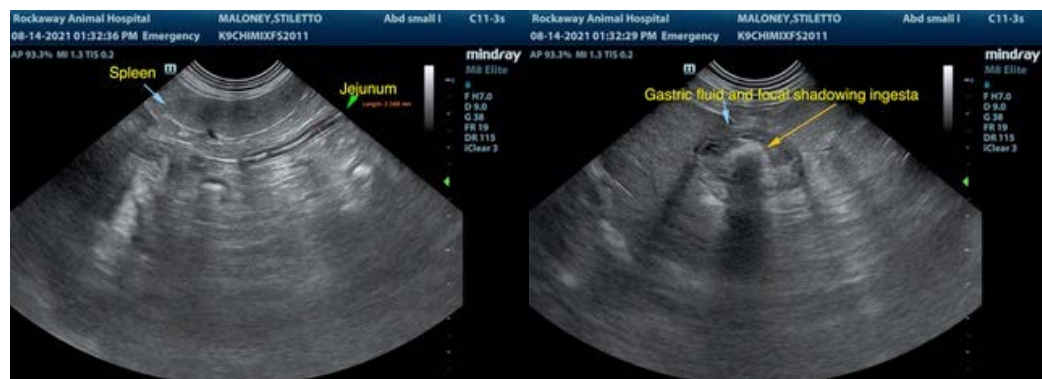


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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