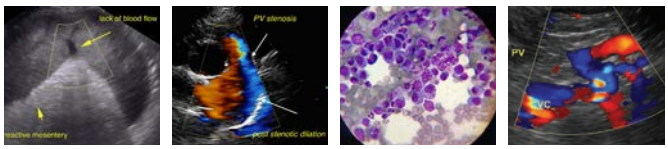
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Gabe Polansky

SPECIES
Canine

BREED
Terrier x

SEX
Male

AGE
6

WEIGHT
17

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
44630

DATE
8/14/23

PRESENTING CLINICAL SIGNS

Ate a corn cob.

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.

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 4.3 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm at the crania pole and 0.52 cm at the caudal pole.

The right adrenal gland was indistinctly visualized, overtly normal in size, position, and shape, subjectively measuring 0.48 cm at the caudal pole.

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

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.

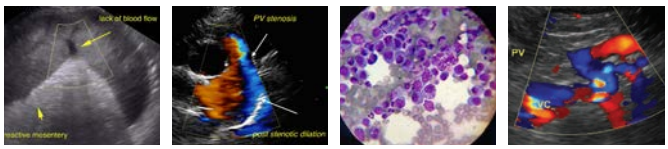
Gastrointestinal

The stomach presented overtly normal visualized wall layering. The stomach contained a moderate amount of variably echogenic ingesta exhibiting variable to strong distal acoustic shadowing. No obvious evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty small intestinal lumen with mild segmental ingesta and luminal gas. No evidence of intestinal obstructive pattern.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Gabe Polansky

SPECIES

Canine

BREED

Terrier x

SEX

Male

AGE

6

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

44630

DATE

8/14/23

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 was evident.

Free Abdomen

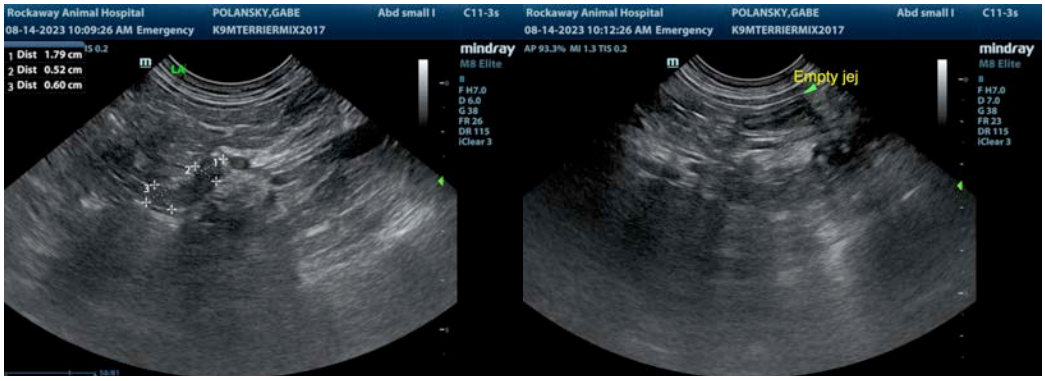
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

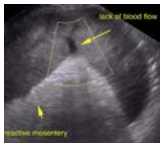
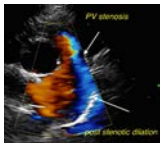
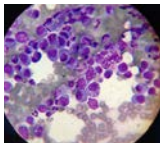
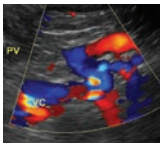
- Moderate variable to strongly shadowing gastric ingesta
- Sonographically unremarkable small bowel containing minor ingesta and luminal gas – no evidence of small intestinal obstructive pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The variable to strongly shadowing gastric ingesta is non-specific and may indicate recent meal ingestion with dense ingesta. A solitary obstructive strongly shadowing echo within the gastric lumen was not definitively visualized, given generalized variable to strongly shadowing ingesta. The potential for intermixed foreign material within the ingesta is possible, given patient history, yet no obvious evidence of gastrointestinal obstruction at this stage. Correlation with most recent meal ingestion is recommended. If documented NPO and/or current gastrointestinal signs (i.e., inappetence, vomiting, etc. and strong suspicion of gastric foreign material), gastrotomy could be a consideration. Conservatively, hospitalization with IV fluid therapy, as needed gastrointestinal support, documented 12-18 hour NPO and sonographic reassessment would be reasonable.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gabe Polansky

SPECIES

Canine

BREED

Terrier x

SEX

Male

AGE

6

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

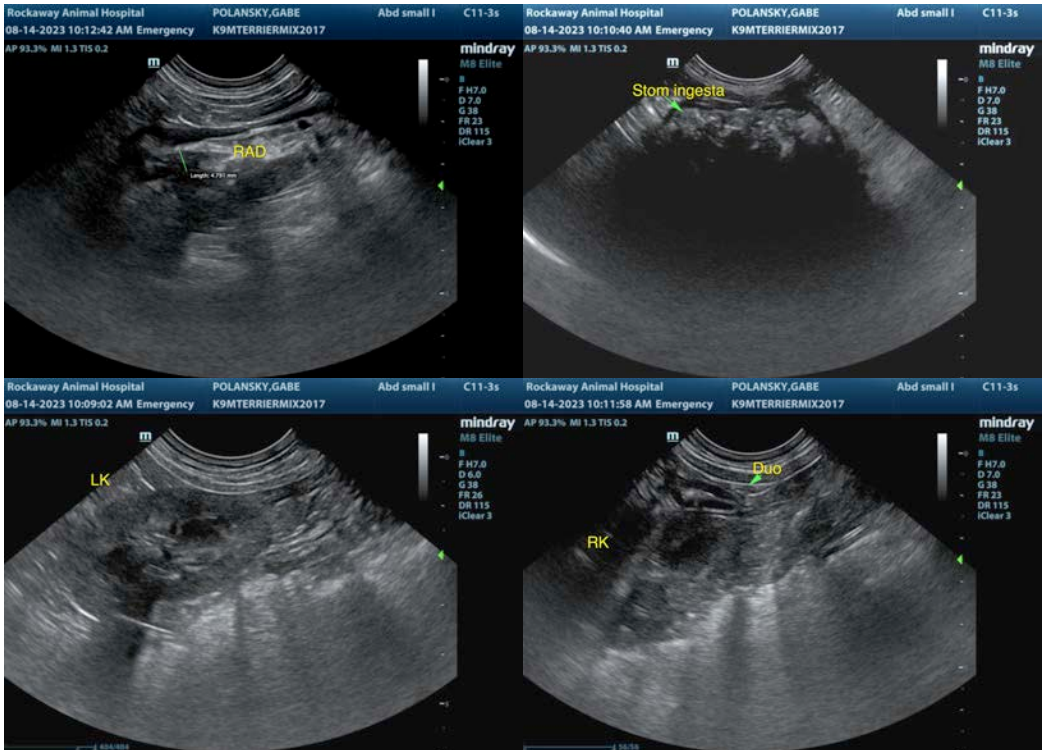
Dr. Maniar

INVOICE

44630

DATE

8/14/23



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)

info@SonoPath.com