



**PATIENT**

Blake Maher

**PRESENTING CLINICAL SIGNS**

re check from 8/1 soft shadowing material 3.0 cm in stomach possible soft fluid absorbing fb vs ingesta

**SPECIES**

Canine

**RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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**

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 5.0 cm in length. The right kidney measured 5.9 cm in length.

**SEX**

FS

**AGE**

3

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**WEIGHT**

35.8

**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/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. Normal vascular volume. 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 Animal  
Hospital

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained persistent soft to progressive shadowing ingesta extending into the area of the pyloric outflow with no signs of ileus, obstruction or foreign material.

**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.

**INVOICE**

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

**DATE**

08/15/2023



**PATIENT**

***Pancreas***

Blake Maher

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

- Persistent soft to progressively shadowing gastric ingesta.
- Sonographically unremarkable small bowel-no evidence of ileus or foreign material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

3

Assuming documented NPO, the persistent shadowing gastric ingesta may indicate some degree of metabolic or functional gastric hypomotility or delayed gastric emptying with retained ingesta. Potential for intermixed foreign material within the ingesta given patient history is possible. If current GI signs or strong suspicion for gastric foreign material, gastrotomy vs endoscopy for further assessment could be a consideration. If patient is stable without GI signs, continued as needed supportive care and sonographic monitoring for evidence of gastric emptying may be considered.

**WEIGHT**

35.8

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DVM, DABVP  
(Canine and Feline)

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PERFORMED BY**

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**REFERRING VET**

Dr. Maniar

**INVOICE**

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**PATIENT**

Blake Maher

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**AGE**

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**WEIGHT**

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**REFERRING VET**

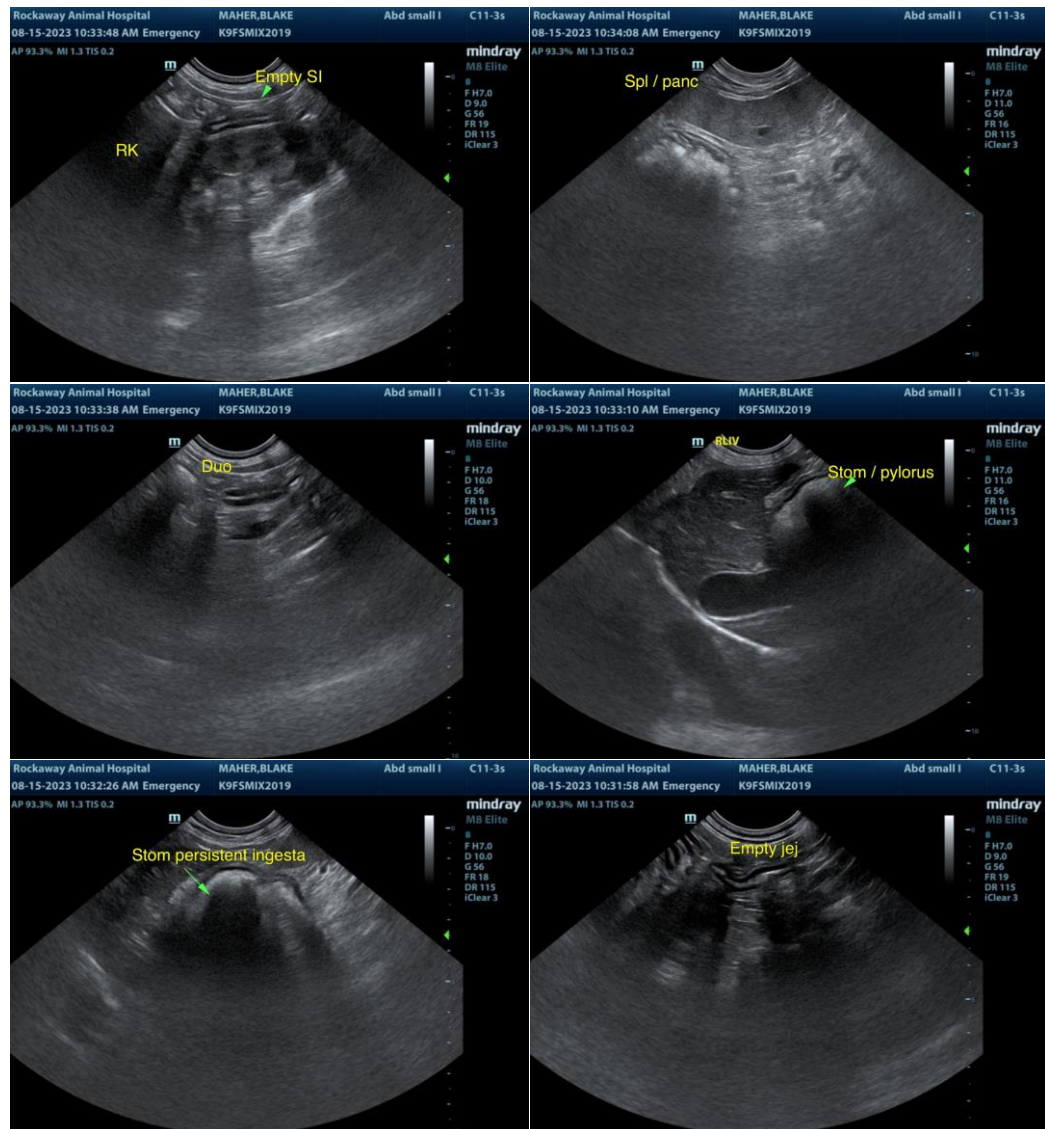
Dr. Maniar

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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)  
[info@sonopath.com](mailto:info@sonopath.com)