



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Winnie Dowling	Ate a dental mouth guard 2 weeks ago . Has vomited pieces up . Barium series showed rugosa but inconclusive for gastric FB
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Non diagnostic
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Corgi	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal 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.
<b>SEX</b>	
FS	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 4.7 cm in length. The right kidney measured 4.9 cm in length.
<b>AGE</b>	
6	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
11kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.53 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 0.47 cm width at the caudal pole and 0.46 cm width at the cranial pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Dr Belan	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Barlow Trail Animal Clinic	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	
Dr Marok	
<b>INVOICE</b>	
14653ag	
<b>DATE</b>	
08/18/2023	



**PATIENT**

Winnie Dowling

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.

Normal visible colon wall layers were present with formed to strongly shadowing feces in lumen.

**SPECIES**

Canine

**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.

**BREED**

Corgi

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable GI tract.
- Formed to segmental strongly shadowing feces in colon.

**AGE**

6

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology or GI obstructive pattern/foreign material. Potential for passed ingesta or foreign material currently in the colon is possible although not definitive.

**WEIGHT**

11kg

Rectal palpation to assess for distal colon foreign material and monitoring of defecation is suggested, No overt indication for immediate surgical intervention. As needed GI support and empirical therapy for possible mild gastroenteritis would be reasonable.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Belan

**HOSPITAL NAME**

Barlow Trail Animal  
Clinic

**REFERRING VET**

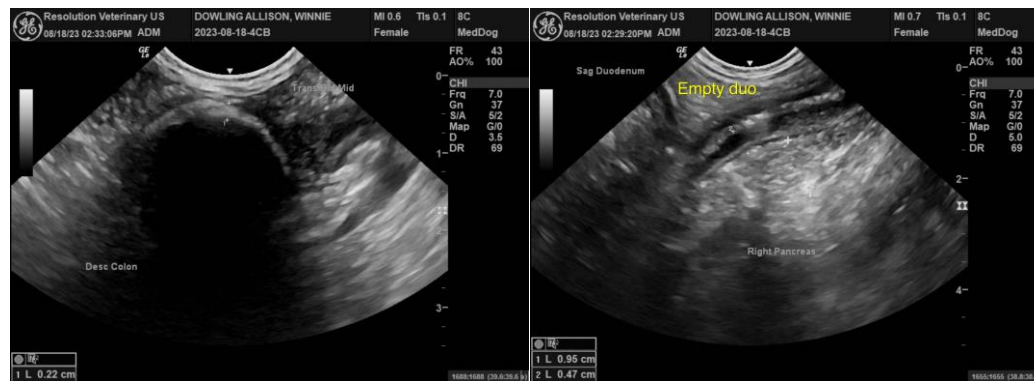
Dr Marok

**INVOICE**

14653ag

**DATE**

08/18/2023





**PATIENT**

Winnie Dowling

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

FS

**AGE**

6

**WEIGHT**

11kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Belan

**HOSPITAL NAME**

Barlow Trail Animal  
Clinic

**REFERRING VET**

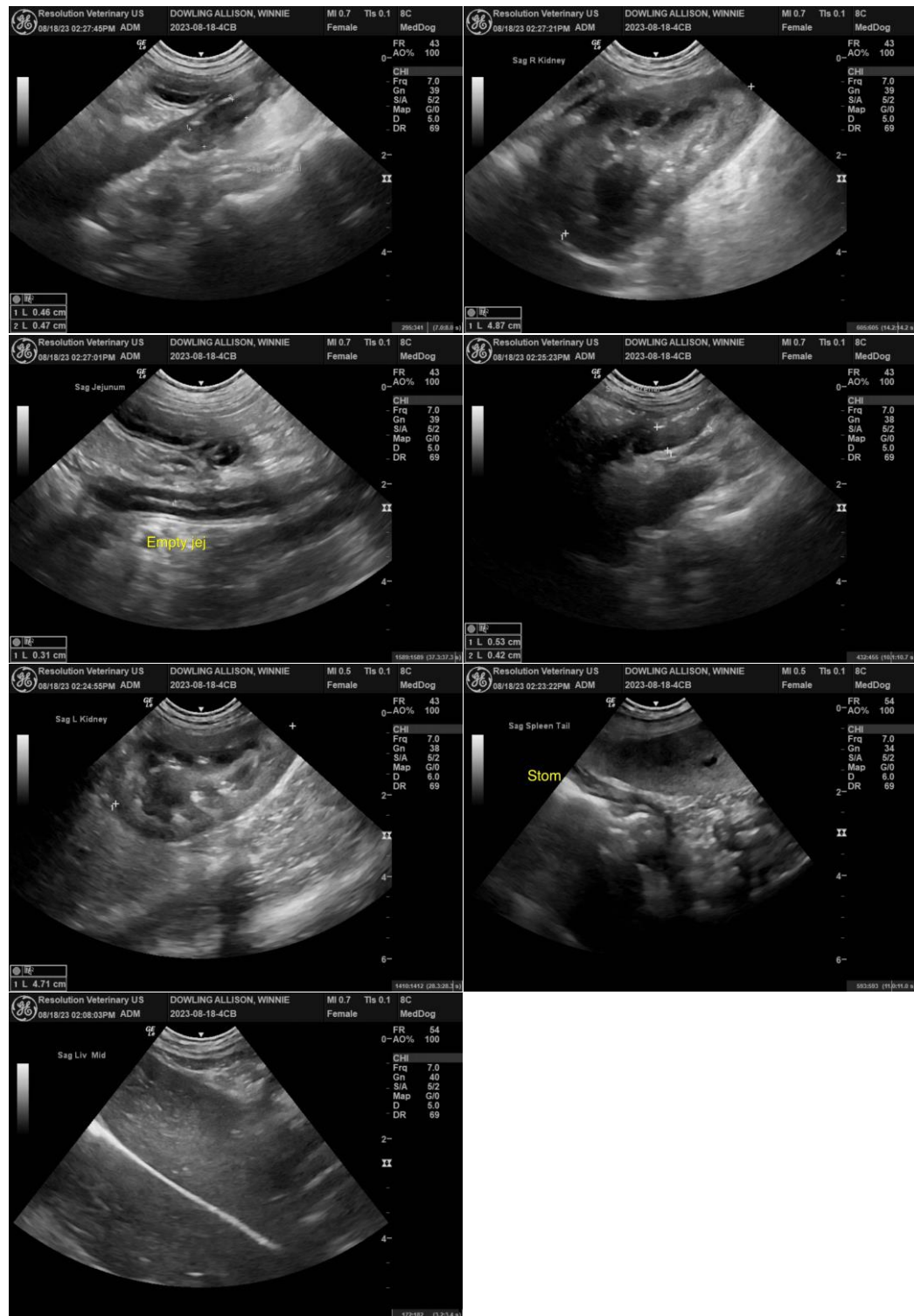
Dr Marok

**INVOICE**

14653ag

**DATE**

08/18/2023



The information and recommendations provided are based on the images presented by the referring



**PATIENT**

Winnie Dowling

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.

**SPECIES**

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

**BREED**

Corgi

**SEX**

FS

**AGE**

6

**WEIGHT**

11kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Belan

**HOSPITAL NAME**

Barlow Trail Animal  
Clinic

**REFERRING VET**

Dr Marok

**INVOICE**

14653ag

**DATE**

08/18/2023