



**PATIENT**

Obi Ayhan

**PRESENTING CLINICAL SIGNS**

hyporexia, vomit with speck of blood, concern for gastric FB on xray

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: all WNL, normal cPL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Poodle Mix

**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.

**SEX**

MN

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 dilatation. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

**AGE**

1

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**WEIGHT**

13.8

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.3 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 0.52 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jenn

**Liver/Gallbladder**

**HOSPITAL NAME**

Rockaway Animal  
Hospital

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.

**REFERRING VET**

Dr. Ascot

**Gastrointestinal**

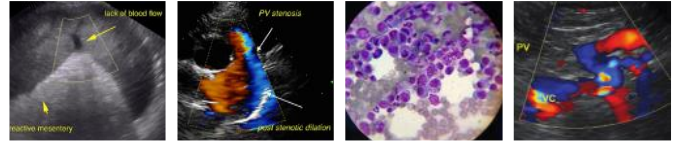
**INVOICE**

14498ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and lumen gas. Within the area of the antrum/pylorus a small amount of non-specific shadowing ingesta to echo was present measuring 1.2 cm in diameter.

**DATE**

08/08/2023



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental intestinal gas and mild segmental intestinal ileus was present. No overt or definitive obstructive pattern or visualized foreign material.

**SPECIES**

Canine

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

**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**

Poodle Mix

**Free Abdomen**

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

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Gastroenteritis pattern with mild gastric and segmental intestinal ileus.
- Focal small non-specific shadowing gastric ingesta/ echo

**WEIGHT**

13.8

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The potential for a small amount of subjectively non-obstructive gastric foreign material such as fabric, stuffing or similar is possible although not definitive. No definitive evidence of GI obstructive pattern with subjective generalized mild GI inflammatory criteria present.

**INTERPRETED BY**

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

Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease as a contributing factor is suggested. Endoscopy if available would be ideal for further assessment and potential for biopsies if clinically indicated.

**IMAGING PERFORMED BY**

Jenn

Empirically, 24 hour hospitalization with IVF and GI support with sonographic reassessment of the GI tract pending response to supportive care would be reasonable.

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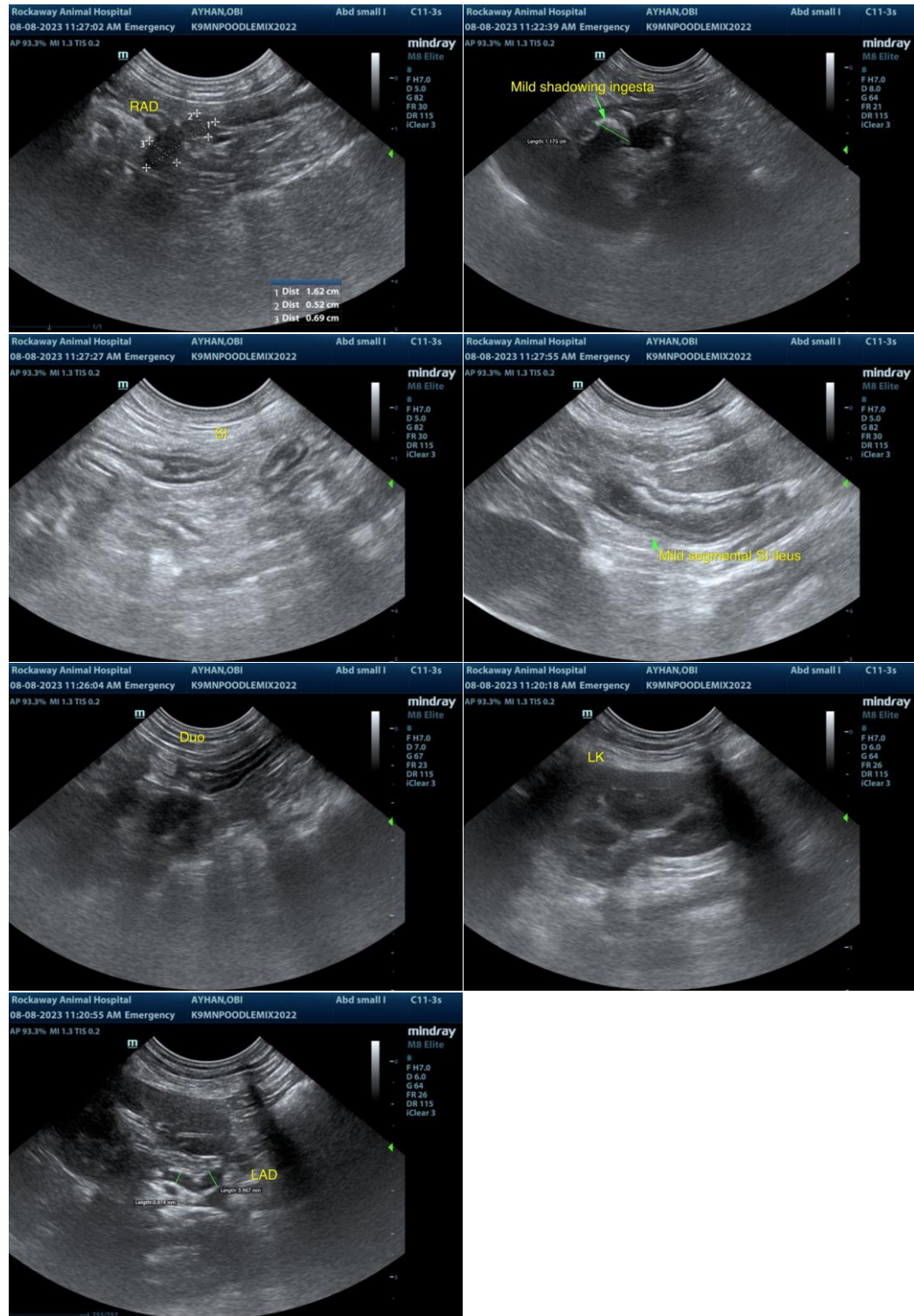
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Poodle Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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

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