



PATIENT PRESENTING CLINICAL SIGNS

Goose Paul Recurrent intermittent night terrors of panting and vomiting. Eats well, drinks well. R/O FBO vs other. Abnormal PE/Chem/CBC/UA Results: CRP 9(!), mild stress leukogram. The rest nsf.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Shih Tzu X

SEX The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.8 cm diameter.

Neutered Male Normal size and margination were present in the left kidney. 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 4.0 cm each. The right kidney was indistinctly visualized, yet without overt pathology.

AGE **Adrenal Glands**

2.5 Years The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm at the cranial pole and 0.36 cm at the caudal pole. The right adrenal gland was not definitively visualized.

WEIGHT **Spleen**

11.8 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 **Liver**

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

IMAGING PERFORMED BY **Gastrointestinal**

Dr. Sorbo The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained primarily anechoic fluid present in the gastric fundus and body as well as the pylorus with multiple areas of echogenic, non-shadowing, non-specific ingesta. No evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.35 cm. Gastric body wall measured 0.34 cm.

HOSPITAL NAME 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 0.46 cm. Jejunum wall measured 0.28 cm.

Back Bay Vet Clinic Normal visible colon wall layers were present with subjective semiformal to soft feces.

REFERRING VET

Dr. Sorbo

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PATIENT

Pancreas

Goose Paul

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

ULTRASONOGRAPHIC FINDINGS

- Moderate retained gastric fluid and non-specific, echogenic ingesta
- Otherwise, sonographically unremarkable abdomen

BREED

Shih Tzu X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

The retained gastric fluid and non-specific ingesta may indicate recent meal ingestion or post-prandial presentation. Correlation with latest meal ingestion is recommended. If documented NPO, and given the patient's history of vomiting, some degree of gastric inflammation and stasis may be present. Concurrently, the possibility of possible gastric foreign material (although non-specific) cannot be definitively excluded. Ideally, sonographic or radiographic monitoring following documented fast over the next 12-24 hours is recommended. The ingesta may indicate food treats or medication if clinically applicable given the reported normal appetite of the patient. However, further monitoring of the stomach is indicated.

AGE

2.5 Years

WEIGHT

11.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Back Bay Vet Clinic

REFERRING VET

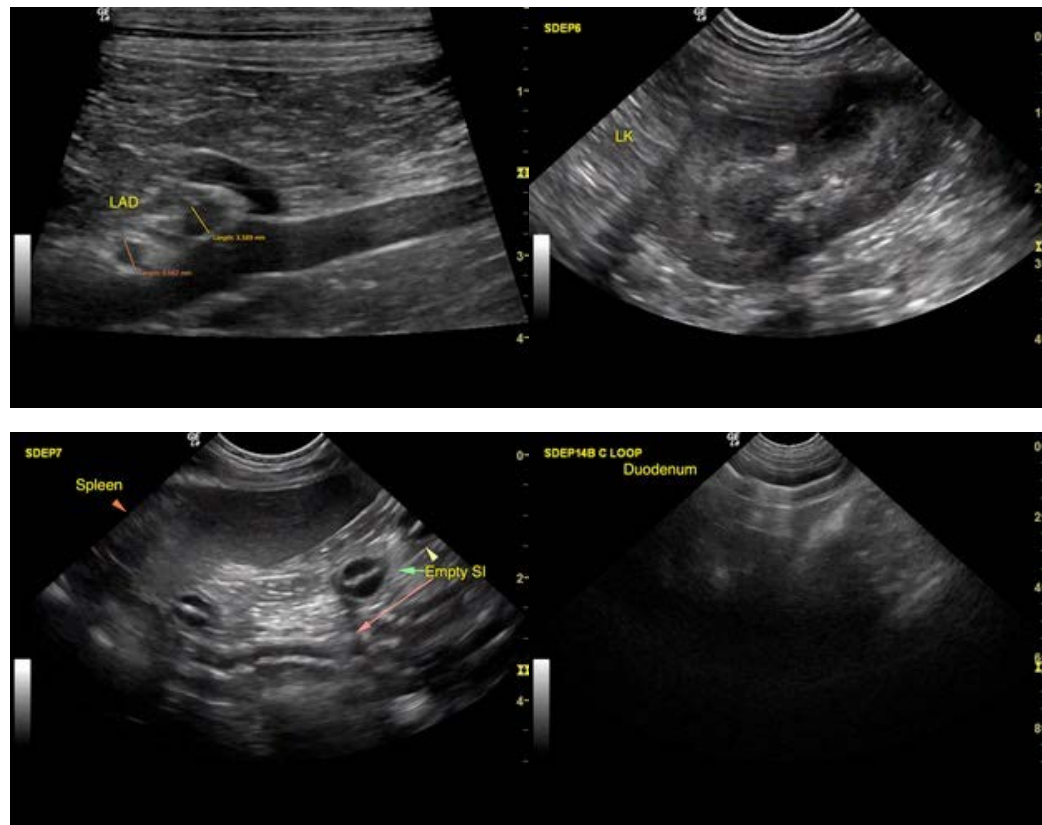
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PATIENT

Goose Paul

SPECIES

Canine

BREED

Shih Tzu X

SEX

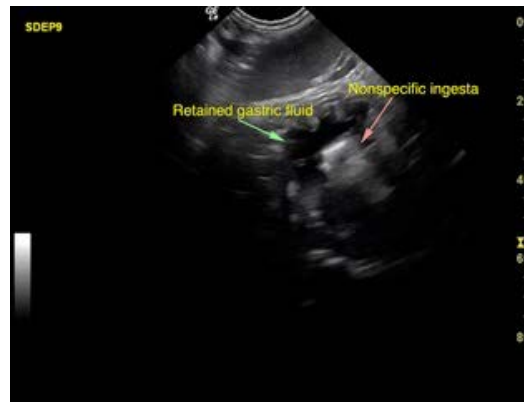
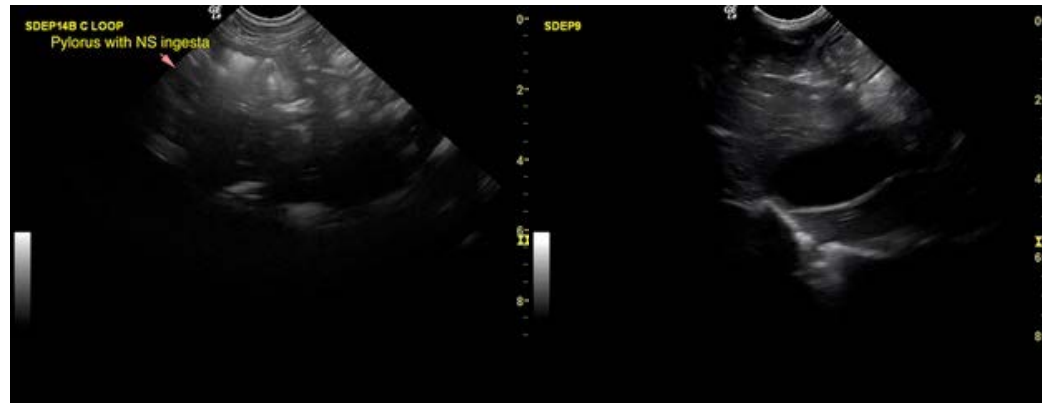
Neutered Male

AGE

2.5 Years

WEIGHT

11.8



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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.

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