

PATIENT PRESENTING CLINICAL SIGNS

Gus Grotti vomiting drooling diarrhea

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 Lab The area of the residual prostate was unremarkable.

SEX No evidence of pathology in the area of the aortic trifurcation.

NM Normal size and margination was 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 6.6 cm in length. The right kidney measured 6.7 cm in length.

AGE 2 ***Adrenal Glands***

WEIGHT 86.5 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.58 cm width at the caudal pole.

INTERPRETED BY *Spleen*

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.

IMAGING PERFORMED BY *Liver/ Gallbladder*

Jenn 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.

HOSPITAL NAME *Gastrointestinal*

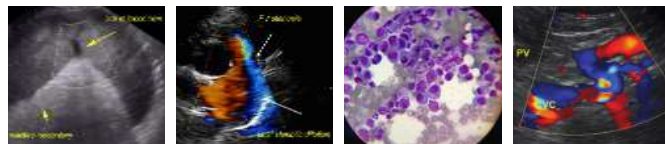
Rockaway Animal Hospital The stomach exhibited intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material. The gastric body wall measured 0.50 cm width.

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 without evidence of mechanical or metabolic ileus. The jejunum wall measured 0.30 cm width.

INVOICE 47241 The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical or metabolic ileus. The jejunum wall measured 0.30 cm width.

DATE 9-1-21 Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



PATIENT

Gus Grotti

The area of the pancreas base caudal to the stomach exhibited subjective mild hypoechoic parenchyma with minor evidence of peripancreatic reactive mesentery. 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

Free Abdomen

Canine

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Lab

- Mild gastritis.
- Subjective mildly hypoechoic pancreas base with subtle peripancreatic reactive mesentery.

SEX

NM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subtly hypoechoic region of the pancreas base along with minor subjective reactive peripancreatic mesentery is nonspecific yet may suggest focal regional mild pancreatitis. This possibility would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with the spec cpl may be considered.

AGE

2

No evidence of gastrointestinal mechanical or metabolic ileus or foreign material.

WEIGHT

86.5

Supportive care for gastritis +/- low grade pancreatitis is recommended. Fresh fecal analysis +/- GI panel and/or resting cortisol may be considered if persistent gastrointestinal signs are noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

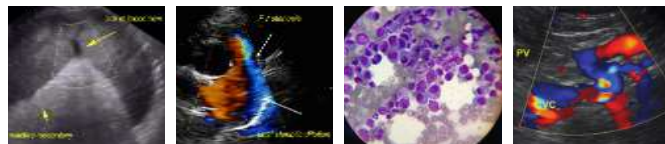
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SPECIES

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BREED

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com