



**PATIENT**

Georgia Randa

**PRESENTING CLINICAL SIGNS**

hx or seizures uncontrolled intermittent vomiting bile

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 X

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 kidneys measured 6.0 cm each.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

4 Years

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 0.70 cm at the cranial pole and 0.70 cm at the caudal pole.

**WEIGHT**

47

**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.

**INTERPRETED BY**

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

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Jenn

**Liver**

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. No evidence of a portosystemic vascular anomaly. 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**

Rockaway AH

**Gastrointestinal**

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No evidence of ingesta or foreign material. Gastric body wall measured 0.5-0.55 cm in 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 with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.38 cm.

**INVOICE**

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

**DATE**

9/13/21



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**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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Mild gastritis and gastric stasis
- Otherwise sonographically unremarkable abdomen

**BREED**

Lab X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

No overt evidence of significant visceral pathology as an obvious cause of the patient's seizures. Gastroprotectant protocol +/- novel protein or hydrolyzed diet trial and broad-spectrum deworming with sonographic reassessment of the stomach in 4 weeks would be appropriate. Although considered unlikely, resting cortisol to rule out occult Addison's disease may be considered.

**AGE**

4 Years

**WEIGHT**

47

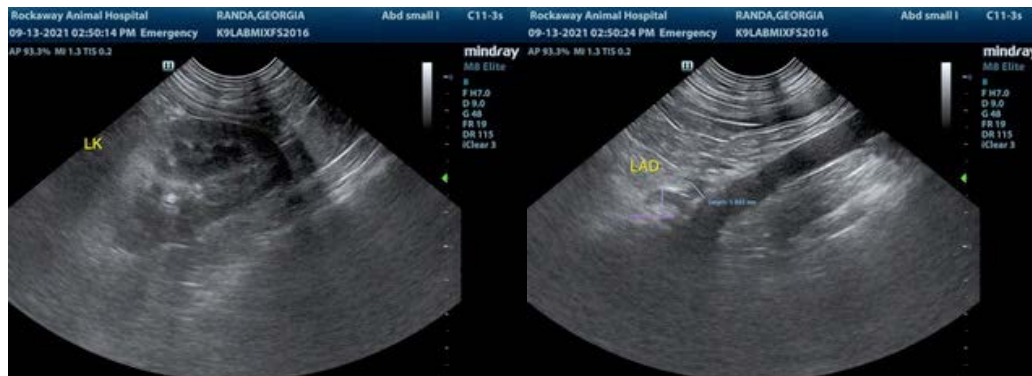
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**HOSPITAL NAME**

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**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

47

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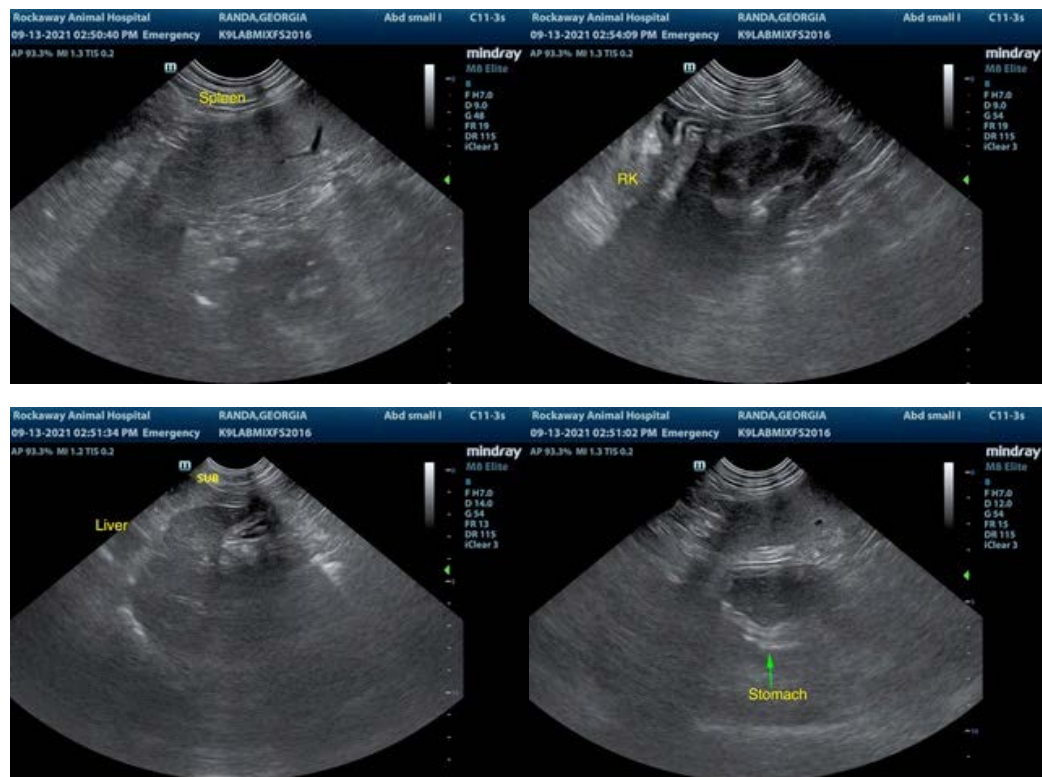
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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