

**PATIENT PRESENTING CLINICAL SIGNS**

Sam Tufts vomiting HGE ate remote control

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

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.

**BREED**

German Shepherd

**SEX**

Male

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 6.5 cm. The right kidney measured 6.3 cm.

**Adrenal Glands**

**AGE**

6 Months

The adrenal glands were not definitively visualized.

**Spleen**

**WEIGHT**

60 Pounds

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.

**Liver**

**INTERPRETED BY**

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**

Jenn

**Gastrointestinal**

**HOSPITAL NAME**

Rockaway AH

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty lumen without evidence of mechanical or metabolic small intestinal ileus, obstruction, or evidence of overt foreign material. Jejunum wall measured 0.40 cm.

**REFERRING VET**

Dr. Maniar

The visualized colon was sonographically unremarkable with subjective semiformal to soft feces.

**Pancreas**

**INVOICE**

25373

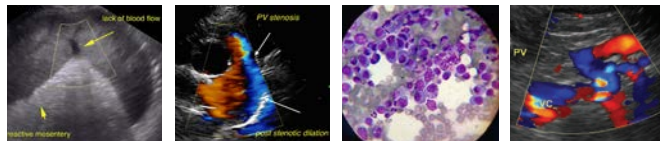
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

**DATE**

9/13/21

No overt lymphadenopathy or peritoneal effusion was present.



**PATIENT**

Sam Tufts

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen
- Mild gastroenterocolitis pattern - no evidence of gastroenterocolic foreign material or mechanical ileus.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care for hemorrhagic gastroenteritis should prove beneficial in this case. Potential for alterations in GI flora possible given the breed. Therefore, high colony count probiotic may be considered. If persistent gastrointestinal signs, a GI panel to include PLI, TLI, cobalamin and folate +/- resting cortisol may be considered. Broad-spectrum deworming recommended given the potential for dietary indiscretion and age of the patient. Although considered unlikely, a parvo test may be considered if clinically indicated.

**BREED**

German Shepherd

**SEX**

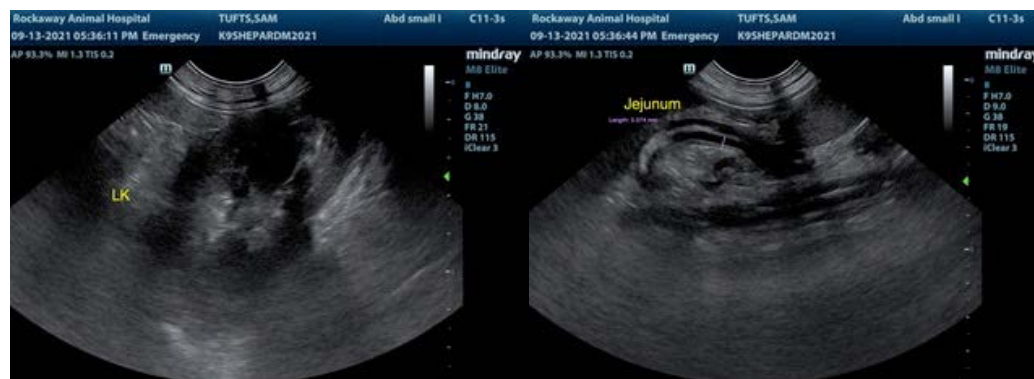
Male

**AGE**

6 Months

**WEIGHT**

60 Pounds



**INTERPRETED BY**

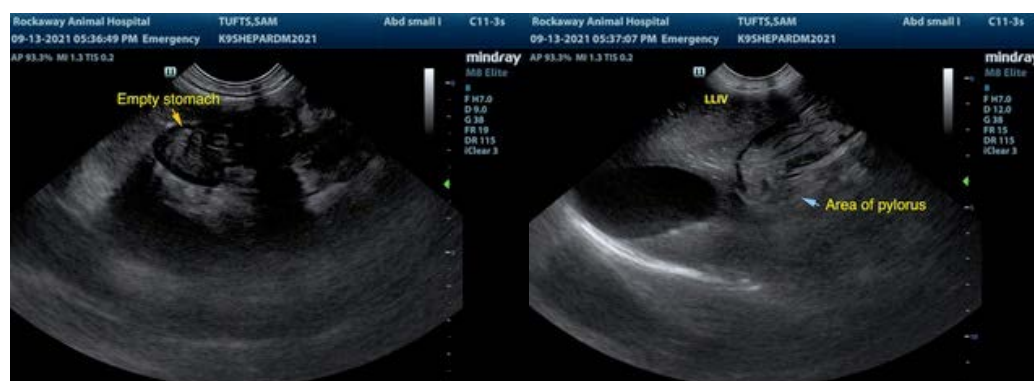
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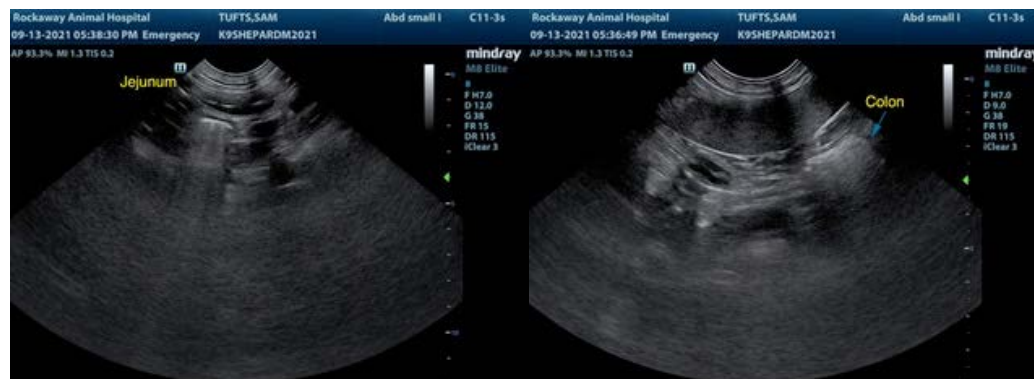
Dr. Maniar

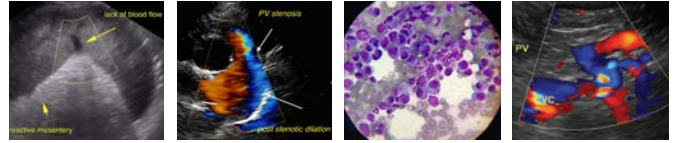
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**PATIENT**

Sam Tufts

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.

**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.

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

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German Shepherd

**SEX**

Male

**AGE**

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