



**PATIENT**

Happy Jaramillo

**PRESENTING CLINICAL SIGNS**

hx of IBD well controlled V/D

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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**

Cockapoo

The area of the uterine remnant and aortic trifurcation were free of pathology.

**SEX**

Spayed Female

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 right kidney measured 4.5 cm. The left kidney measured 4.6 cm.

**AGE**

2 Years

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 0.55 cm at the caudal pole.

**WEIGHT**

26

**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.

**INTERPRETED BY**

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

**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. 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

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic ingesta present. Gastric body wall measured 0.37 cm.

**REFERRING VET**

Dr. Maniar

The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.36 cm.

**INVOICE**

25141

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Descending colon wall measured 0.25 cm. Subjective semiformal to soft feces noted.

**Pancreas**

**DATE**

9/2/21

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.



**PATIENT**

**Free Abdomen**

Happy Jaramillo

No overt lymphadenopathy or peritoneal effusion was present.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Minor retained gastric ingesta
- Subjective mild inflammatory enteropathy pattern with likely mild concurrent colitis

**BREED**

Cockapoo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant visceral, specifically gastrointestinal pathology. Continued gastrointestinal support and therapy for IBD is recommended.

**SEX**

Spayed Female



**AGE**

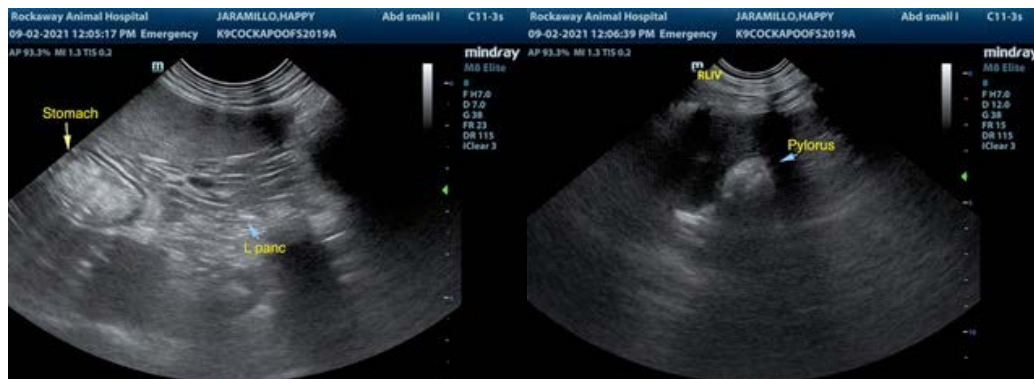
2 Years

**WEIGHT**

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**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

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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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