



**PATIENT**

Charlie Munoz

**PRESENTING CLINICAL SIGNS**

consumed corn cob vomiting

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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**

Bulldog

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 5.8 cm. The right kidney measured 5.5 cm.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.99 cm in width.

**AGE**

10 Years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

63.5

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 1.0 cm at the caudal pole. The left adrenal gland measured 2.0 cm length x 0.46 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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**

Jenn

**Liver**

**HOSPITAL NAME**

Rockaway AH

The liver was normal in size and contour. Normal hepatic echogenicity noted with mild/moderate coarse echotexture and increased prominence of the portal vasculature borders. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

The stomach exhibited persistent approximately 2.5-3.0 cm shadowing echo along with retained ingesta and chyme.

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.

**INVOICE**

25698

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

**Pancreas**

**DATE**

9/21/21

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.



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## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

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## DATE

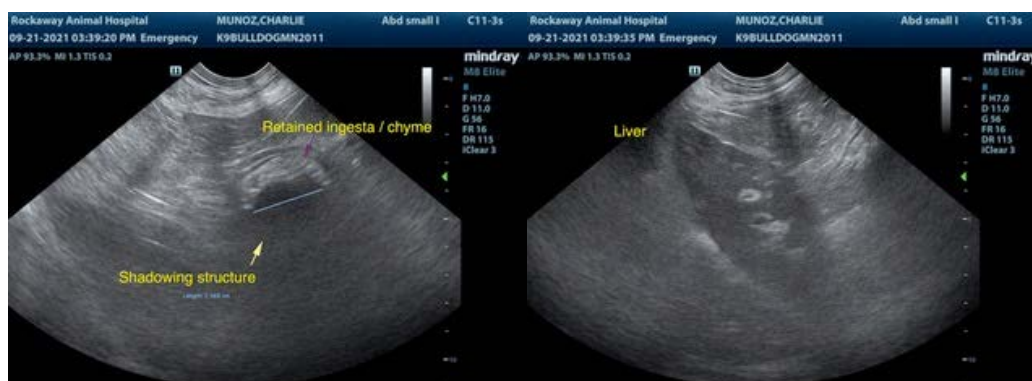
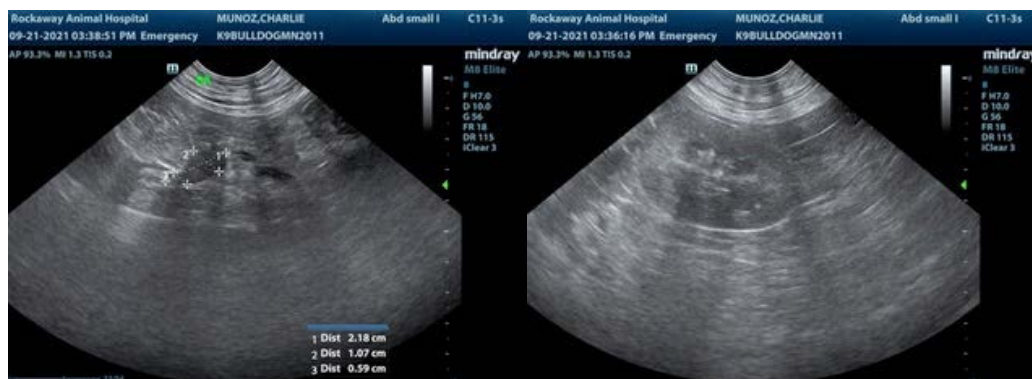
9/21/21

## ULTRASONOGRAPHIC FINDINGS

- Persistent shadowing gastric structure with moderate retained ingesta/chyme
- Non-specific increased hepatic portal markings and coarse echotexture

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the amount of ingesta present in the stomach appears to be increased, indicating non-NPO. The shadowing structure appeared to be similar in size and persistent with within the gastric lumen, and subjectively non-obstructive. Considerations in this case may include further sonographic monitoring, potentially with hospitalization (if not done) and documented NPO, while exploratory laparotomy with gastrostomy for further clarification would be a more aggressive approach. If the patient is not currently vomiting or inappetent, recheck sonogram following documented NPO would be reasonable.





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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.

**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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