



**PATIENT**

Charlie Marzi

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

8

**WEIGHT**

76

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

12328

**DATE**

9/28/21

**PRESENTING CLINICAL SIGNS**

-defecated stick about a month ago continues to occasionally vomit

**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 was noted.

No overt pathology was noted in the area of the residual prostate or aortic trifurcation.

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 in length. The right kidney measured 5.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.64 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

**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.

**Liver/ Gallbladder**

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.48 cm.



<b>PATIENT</b>	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. The jejunum wall width measured 0.44 cm. The duodenum wall width measured 0.45 cm.
Charlie Marzi	
<b>SPECIES</b>	Normal visible colon wall layers were present with formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	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 were evident.
Lab Mix	
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
8	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Moderate gastric ingesta</li> <li>• Sonographically unremarkable small bowel</li> <li>• Sonographically unremarkable colon with formed feces</li> </ul>
76	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of significant visceral pathology with the primary finding in this study being moderate echogenic to nonshadowing gastric ingesta. This may indicate recent meal ingestion or post prandial presentation. However, if documented NPO, the presence of gastric ingesta may suggest some degree of gastric stasis. No overt evidence of mechanical pyloric outflow obstruction was noted. Technically, the potential for gastric foreign body cannot be definitively excluded, given the presence of gastric ingesta, yet no overt evidence of retained gastric foreign material was evident.
<b>IMAGING PERFORMED BY</b>	
Jenn	
<b>HOSPITAL NAME</b>	Ideally, recheck sonogram following documented 24 hour fast with reassessment of the stomach is recommended. Alternatively, some or all of the following protocol may be considered. Screening resting cortisol level may be considered.
Rockaway AH	
<b>REFERRING VET</b>	A clinical trial of <b>Zithromax</b> ( <i>Dogs</i> : 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), <b>Metronidazole</b> (10-20 mg/kg p.o. b.i.d.), <b>Pepcid</b> (0.5-1 mg/kg s.i.d.) and <b>Sucralfate</b> (0.5-2 g/dog PO) or <b>Omeprazole</b> (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a <b>novel-protein or hydrolyzed diet</b> with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.
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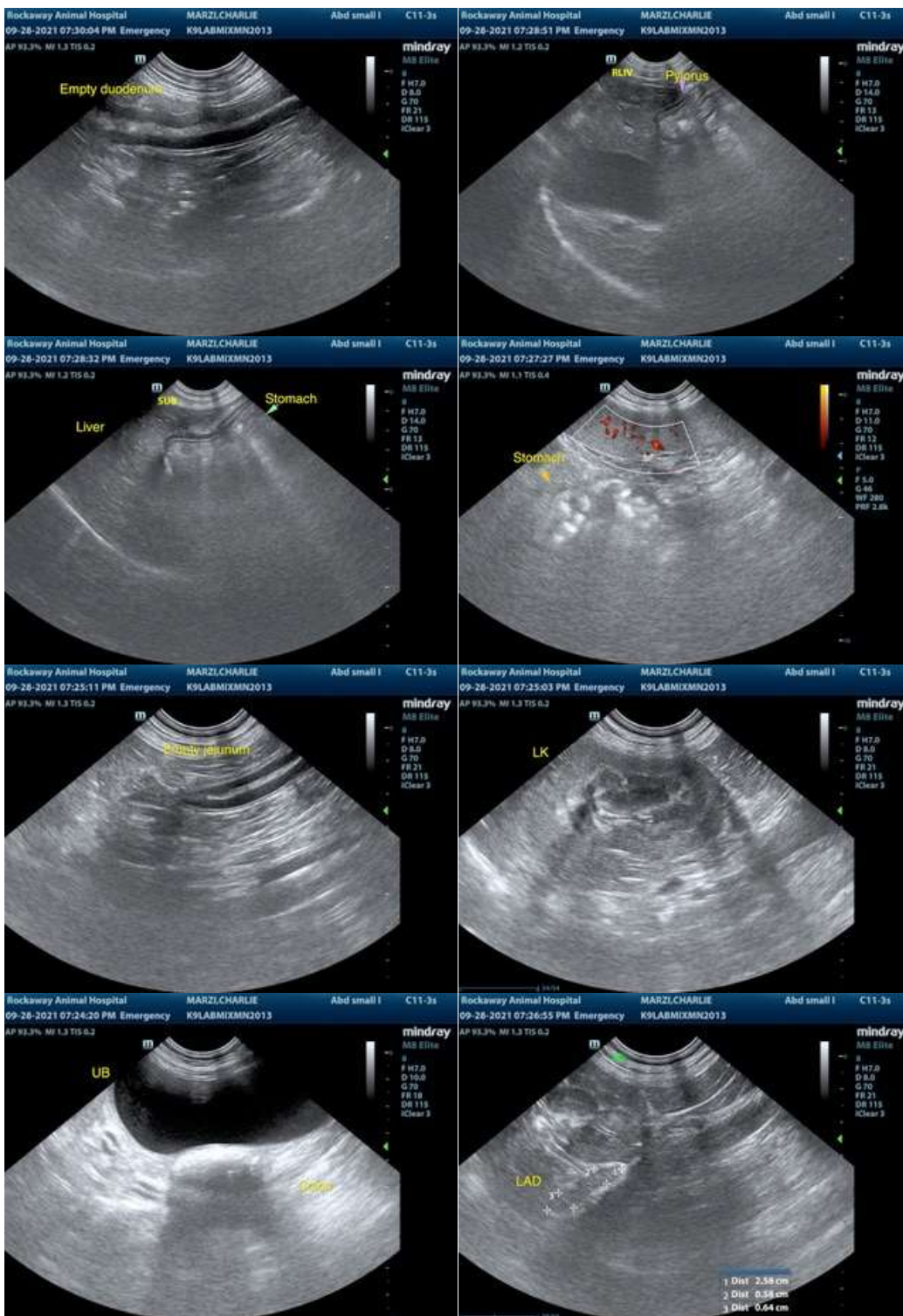
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Charlie Marzi

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.

**SPECIES**

Canine

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

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