



**PATIENT**

Charlie Marzi

**PRESENTING CLINICAL SIGNS**

Recheck, gastric ingesta.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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**

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 right kidney measured 6.2 cm. The left kidney measured 6.7 cm.

**SEX**

Neutered Male

**Adrenal Glands**

**AGE**

8 Years

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.55 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.63 cm at the caudal pole.

**WEIGHT**

76 Pounds

**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**

Shari Reffi, CVT

**Gastrointestinal**

**HOSPITAL NAME**

Rockaway AH

The stomach exhibited intact, sonographically unremarkable wall layering. Pylorus wall measured 0.54 cm. The previously noted gastric ingesta was significantly improved with only a mild amount of non-shadowing ingesta or chyme present in the gastric lumen. Likewise, the stomach was reduced to normal size. No evidence of foreign material.

**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.

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

**INVOICE**

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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.

**DATE**

9/29/21



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**ULTRASONOGRAPHIC FINDINGS**

- Reduced gastric ingesta with minor retained chyme and echogenic fluid, sonographically unremarkable gastric wall layering.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastric or gastrointestinal foreign material. Potential for low-grade gastritis or mild metabolic delayed gastric emptying may be a consideration in this patient if continued occasional vomiting is noted. Gastroprotectant protocol or previously noted helicobacter protocol may be considered empirically.

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

76 Pounds

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(Canine and Feline)

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

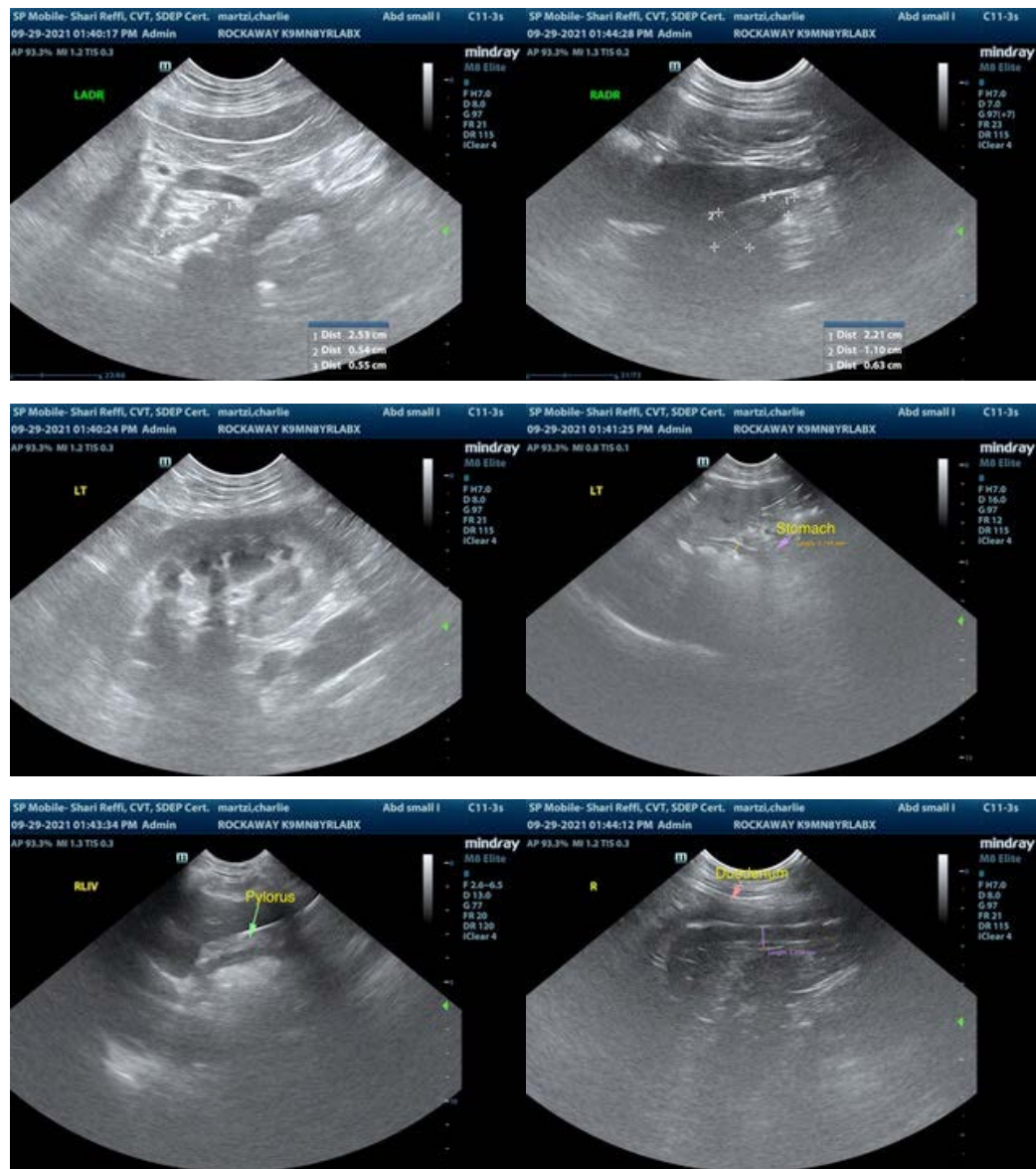
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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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Lab X

**SEX**

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**WEIGHT**

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