



**PATIENT PRESENTING CLINICAL SIGNS**

Zuzu Oswald Decreased appetite, increased GI sounds, occasional vomiting, less frequent bowel movements.  
 Mild elevated GGT, normal ALP/ALT, Na/K ratio 27

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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.

Lab Mix

**SEX** The area of the aortic trifurcation was free of pathology.

FS 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 6.0 cm in length.

**AGE**

2015

**WEIGHT Adrenal Glands**

74 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Alburtis AH

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 with minor hyperechoic debris in the area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Smith

**INVOICE Gastrointestinal**

15036

The stomach was moderately distended with retained, variably echogenic ingesta, chyme, and mild fluid. The ventral gastric body wall width measured 0.38 cm. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

**DATE**

9-29-22



**PATIENT** Zuzu Oswald  
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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

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

**BREED** *Pancreas*

Canine

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.

**BREED**

Lab Mix

*Free Abdomen*

**SEX** No overt lymphadenopathy or peritoneal effusion was present.

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2015

- Moderately distended stomach containing retained, variably echogenic ingesta / fluid
- Sonographically unremarkable small bowel - no evidence of small bowel mechanical / metabolic ileus

**WEIGHT**

74

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Given the reported documented NPO in this patient, the presence of moderate gastric distention with retained ingesta / fluid may potentially suggest mechanical / metabolic gastric ileus potentially secondary to underlying gastric inflammation or idiopathic functional gastric motility disorder. Overt evidence of mechanical pyloric or upper intestinal obstruction was not visualized yet technically cannot be definitively excluded.

**IMAGING**

**PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

Resting cortisol level +/- full ACTH stimulation test if resting cortisol is <2.0 is recommended to rule out occult Addison's Disease, given the borderline to mild subnormal sodium: potassium ratio.

**HOSPITAL NAME**

Alburtis AH

Monitoring for evidence of normal to delayed gastric emptying vs. persistent retained ingesta with gastroprotectant protocol, as well as canned hydrolyzed diet trial with potential smaller more frequent feedings and assessment of clinical response, may be considered. Upper GI endoscopy may be considered if persistent evidence of gastric hypomotility or stasis and pending additional response to conservative therapy and resting cortisol level.

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Dr. Smith

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**PATIENT**

Zuzu Oswald

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

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**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

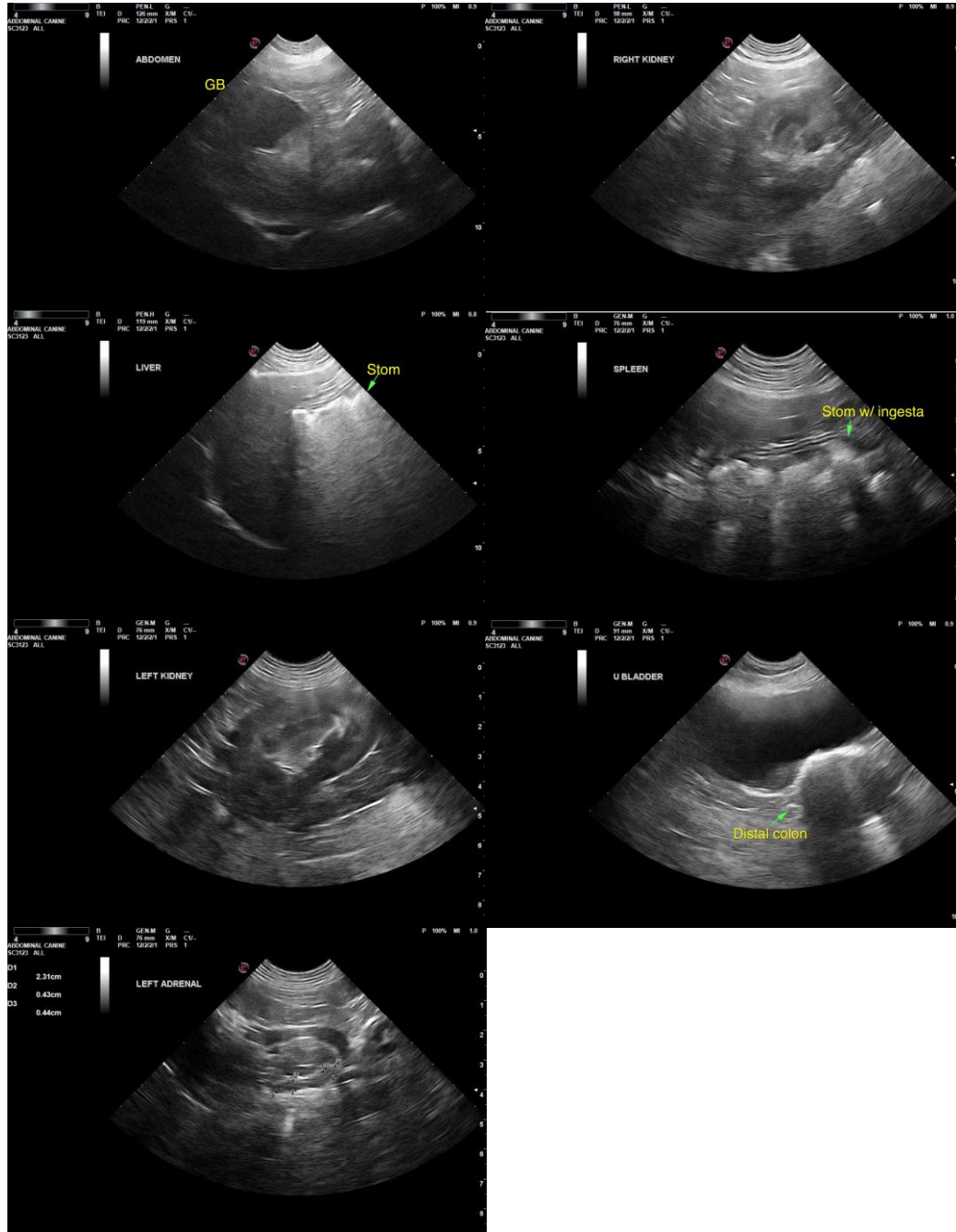
Dr. Smith

**INVOICE**

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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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