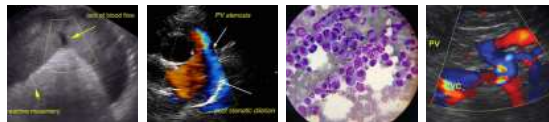


PATIENT	PRESENTING CLINICAL SIGNS
Ceaser Steigler	QAR-painful in abdomen, bloated gallprant, tramadol
SPECIES	Submitted radiographs dated 8-31-21 revealed moderate gastric distension with retained granular to radiopaque ingesta.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shepherd	<i>Urinary System</i>
SEX	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 were noted.
MN	No overt pathology in the area of the residual prostate.
AGE	No evidence of pathology in the area of the aortic trifurcation.
8 Years	Normal size and margination was 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 8.6 cm in length. The right kidney measured 7.6 cm in length.
WEIGHT	
118 lbs	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.0 cm length x 0.73 cm width at the caudal pole.
IMAGING PERFORMED BY	<i>Spleen</i>
Jenna Walsh	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.
HOSPITAL NAME	<i>Liver</i>
Pawsitive Wellness Veterinary Care	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.
REFERRING VET	<i>Gastrointestinal</i>
Dr Hardy	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of persistent retained echogenic or shadowing ingesta, fluid, or overt foreign material.
INVOICE	
47280	
DATE	
9-4-21	



PATIENT

Ceaser Steigler

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 subjective formed to shadowing feces in lumen.

SPECIES

Canine

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.

BREED

German Shepherd

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

118 lbs

No evidence of visceral pathology as a possible cause of abdominal pain. There was no evidence of retained gastric ingesta as well as no evidence of generalized gastrointestinal hypomotility/ileus. The possibility of passage of previously noted radiopaque gastric ingesta into the colon cannot be definitively excluded. Likewise, the possibility of low grade pancreatitis, which may present as sonographically normal, although considered unlikely, may be possible.

INTERPRETED BY

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

Full musculoskeletal and neurological examination recommended to assess for evidence of non-abdominal or referred abdominal pain.

IMAGING PERFORMED BY

Jenna Walsh



HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

REFERRING VET

Dr Hardy

INVOICE

47280

DATE

9-4-21



PATIENT

Ceaser Steigler

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

8 Years

WEIGHT

118 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

REFERRING VET

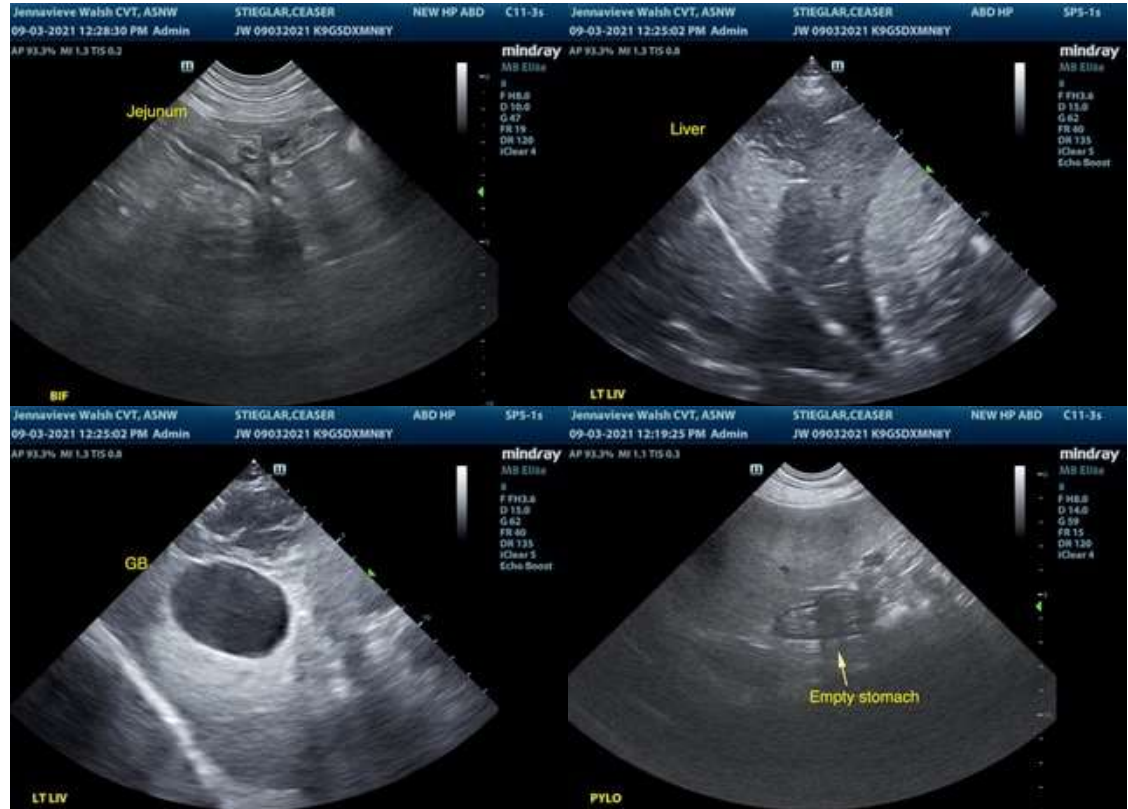
Dr Hardy

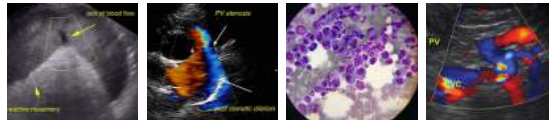
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DATE

9-4-21





PATIENT

Ceaser Steigler

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

8 Years

WEIGHT

118 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

REFERRING VET

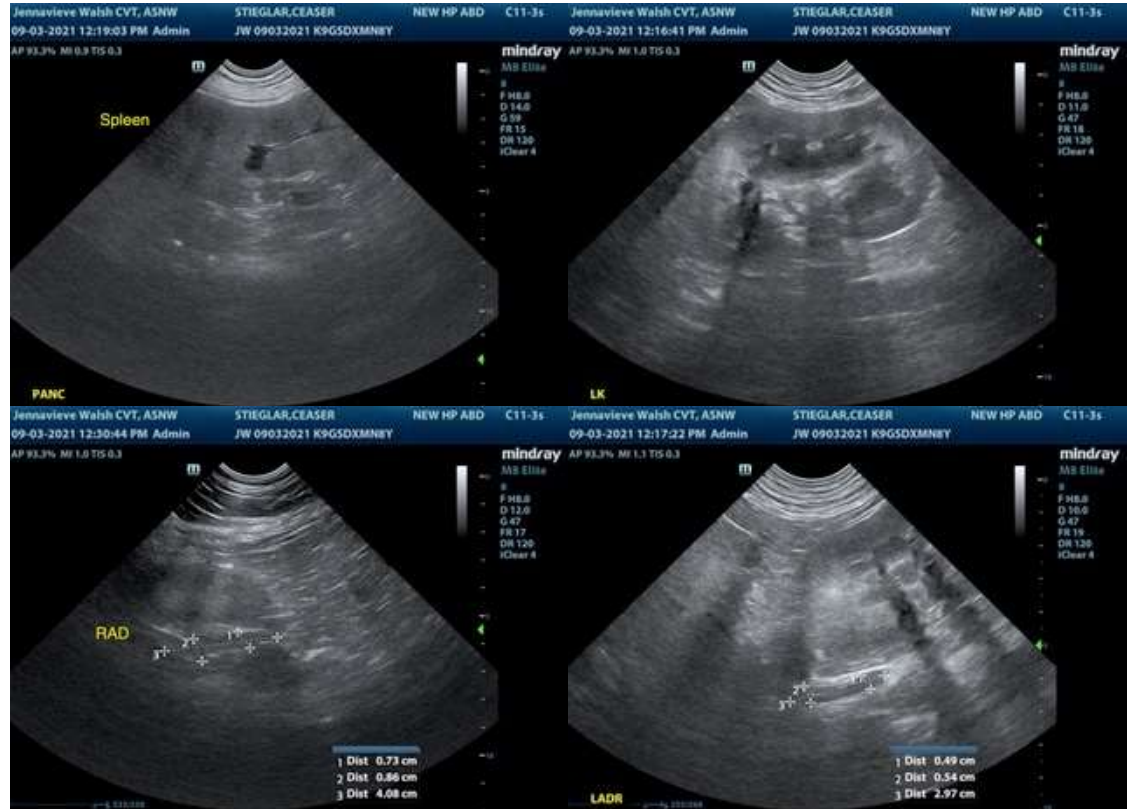
Dr Hardy

INVOICE

47280

DATE

9-4-21



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.

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