

**PATIENT**

Milo Pallares

**PRESENTING CLINICAL SIGNS**

Was hospitalized and since returning home has been vomiting bile non stop

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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**

Frenchie

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 4.7 cm in length. The right kidney measured 5.4 cm in length.

**SEX**

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**AGE**

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The area of the aortic trifurcation was free of pathology.

The prostate was of expected size for a young intact male canine measuring 1.6 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 2.2 cm length.

**WEIGHT**

21.6

**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**

Jenn

**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.

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Dr. Maniar

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained echogenic chyme/fluid and luminal gas with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.45 cm in width.

**INVOICE**

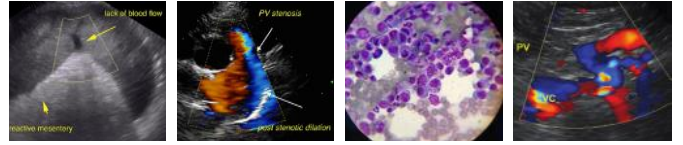
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for a mildly prominent mucosa with mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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



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***Pancreas***

Milo Pallares

The right limb of the pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal.

**SPECIES**

***Free Abdomen***

Canine

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Frenchie

**Primary**

**SEX**

- Gastroenteritis pattern with mild gastric stasis
- Potential low-grade pancreatitis

MI

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of GI mechanical obstructive pattern or overt foreign material was present. Given no evidence of obstructive pattern, no indication for immediate surgical intervention. Potential for low grade pancreatitis is possible although normal pancreatic patient variant or minor reactive pancreatic change is likely. Further assessment may include assessment for cranial abdominal or subxiphoid discomfort on palpation, spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically as needed GI support, conservative therapy for potential low grade pancreatitis and assessment of clinical response would be reasonable. A recheck sonogram is recommended if persistent vomiting or development of additional GI signs despite conservative therapy.

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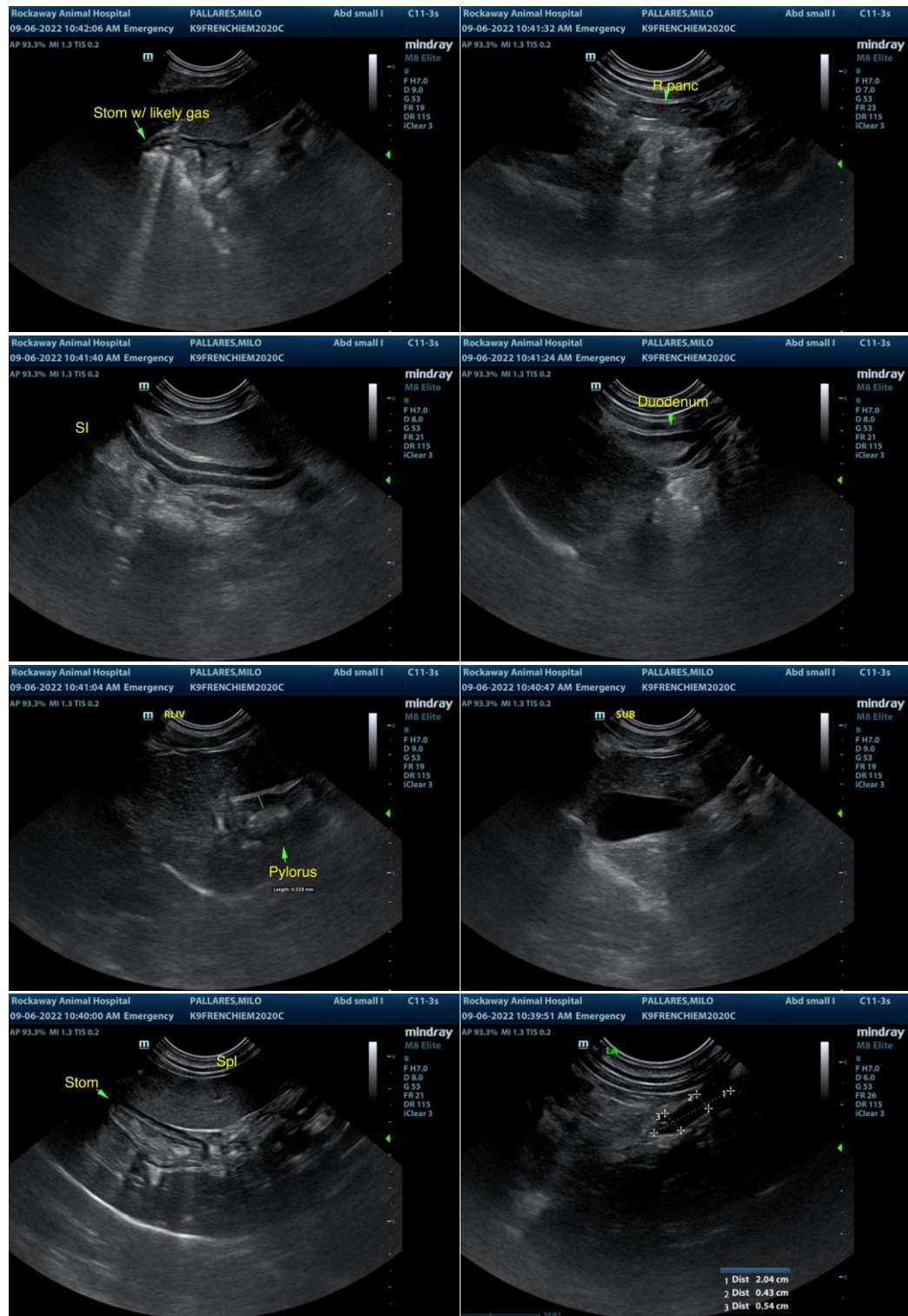
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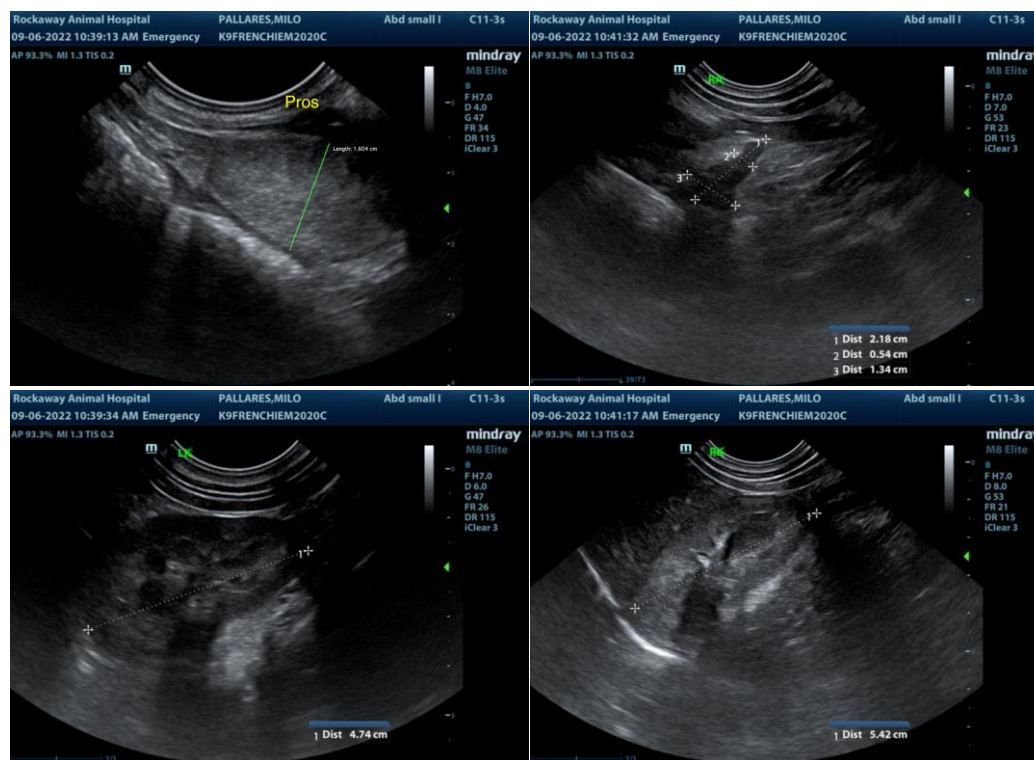
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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