



PATIENT

Kingsley Pham

PRESENTING CLINICAL SIGNS

5 day hx of continuous vomiting

SPECIES

Canine

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 were noted.

BREED

Shepherd X

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

SEX

Neutered Male

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 4.6 cm. The right kidney measured 4.4 cm.

AGE

5 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.81 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.51 cm at the caudal pole.

WEIGHT

49

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

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.35 cm.

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. Duodenum wall measured 0.43 cm.

INVOICE

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Subjective mild semiformal to soft feces noted in the distal descending colon. Descending colon wall measured 0.46 cm.

DATE

9/8/21



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Shepherd X

ULTRASONOGRAPHIC FINDINGS

- Mild gastroenteritis pattern with potential concurrent colitis

SEX

Neutered Male

No evidence of mechanical obstruction or foreign material noted within the gastrointestinal tract. Dietary indiscretion/food intolerance, occult parasitism, dysbiosis (if diarrhea develops), or underlying inflammatory bowel process without evidence of mural changes possible if gastrointestinal signs continue. Conservative therapy for gastroenteritis and potential colitis recommended.

AGE

5 Years

WEIGHT

49

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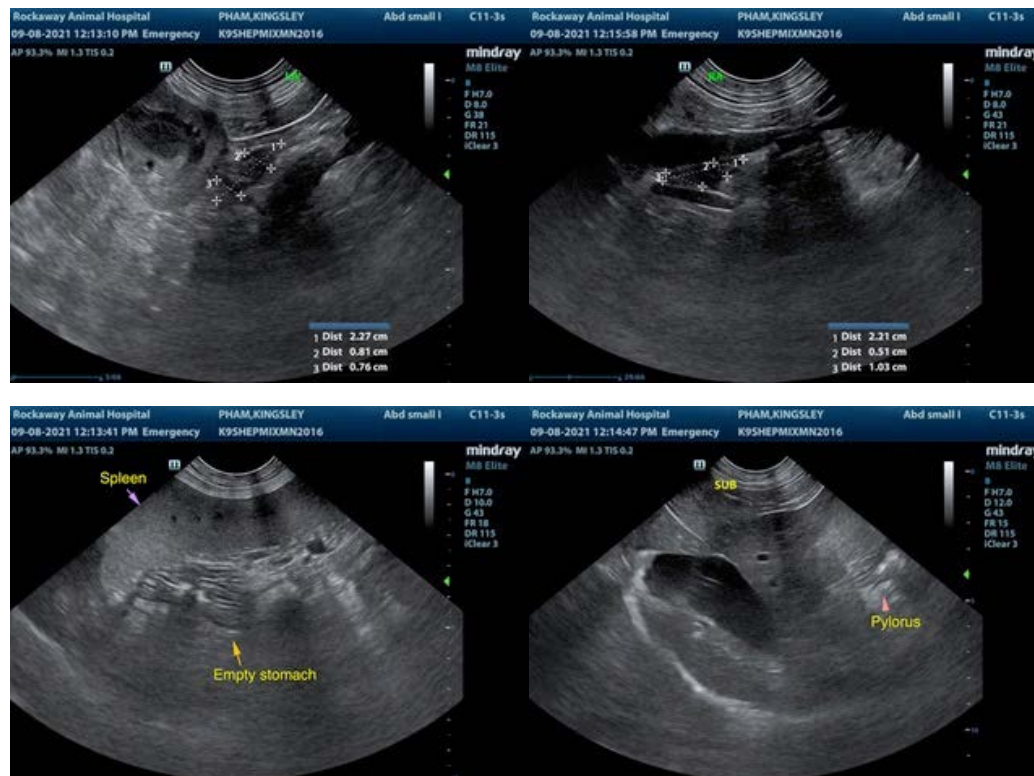
Dr. Maniar

INVOICE

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DATE

9/8/21





PATIENT

Kingsley Pham

SPECIES

Canine

BREED

Shepherd X

SEX

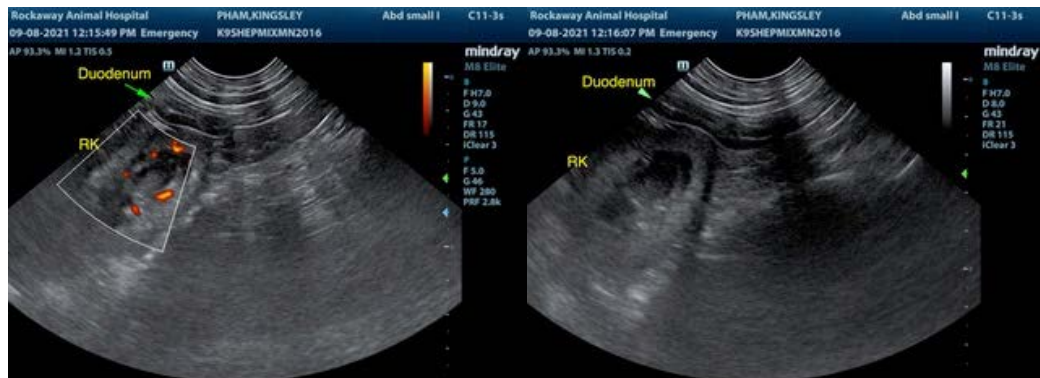
Neutered Male

AGE

5 Years

WEIGHT

49



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.

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