

**PATIENT**

Rocco Leonard

**PRESENTING CLINICAL SIGNS**

Anorexia, following gastric dil. sx 9/1/22 at NVH. Tender abdomen. Current meds: Cerenia, Reglan, Misoprostil, Tramadol .

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 314 otherwise unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

German Shepherd

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

**SEX**

MN

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 8.2 cm in length. The right kidney measured 8.8 cm in length.

**AGE**

12yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

85.2lb

The residual prostate was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 0.73 cm width at the cranial pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited borderline to mild enlargement, areas of medial capsule asymmetry and medial folding. Generalized parenchyma heterogeneity including regional hypoechoic parenchyma with potential minor expansion in the caudal spleen measuring 3.7 cm in diameter. 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**

Shari Reffi CVT

**Liver**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent echogenic debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Animal General  
Augusta

**REFERRING VET**

Dr. Castimore

**INVOICE**

11583ag

**Gastrointestinal**

The stomach presented intact variably prominent to thickened wall layering with mild decreased mural echogenicity. The lumen of the stomach contained mild retained hyperechoic to regionally shadowing

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ingesta with no signs of persistent gastric distention, ileus, obstruction or foreign material. The gastric body wall measured 0.7 – 0.8 cm in width.

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Canine

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 to shadowing feces in lumen.

**Pancreas**

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The pancreas was not definitively visualized owing to regional increased omental artifact.

**Free Abdomen**

**SEX**

MN

Generalized hyperechoic cranial abdominal omentum with probable areas of omental edema were present. No overt lymphadenopathy or significant peritoneal effusion was present.

**AGE**

12yr

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**WEIGHT**

85.2lb

- Moderate gastritis pattern with mild retained hyperechoic shadowing ingesta
- Sonographically unremarkable small bowel
- Heterogeneous irregular borderline splenomegaly, regional hypoechoic parenchyma-non-specific, reactive splenic changes, hyperplasia, hematopoiesis, splenitis suspected. Potential area of caudal infarct or necrosis cannot be excluded
- Cranial abdominal hyperechoic omentum with regional omental edema
- Low grade hepatopathy-suspect reactive hepatopathy or possible secondary inflammation
- Minor gallbladder debris-incidentally likely owing to fasting

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Sonographic findings may correlate with residual gastric, splenic and omental inflammation secondary to previous gastric dilatation and surgery. Possible emerging peritonitis, splenic compromise, persistent gastric hypomotility or less likely mild non-obstructive gastric foreign material possible. No evidence of CBC inflammatory changes was reported. Further assessment may include serial monitoring of CBC for evidence of emerging inflammatory changes +/- lactate barium study to assess gastric emptying/motility and monitoring for evidence of emerging peritonitis. Continued as needed GI support is indicated. Potential recheck sonogram suggested in 5-7 days pending clinical response to therapy, sooner if progressive clinical signs and/or lab work abnormalities are noted.

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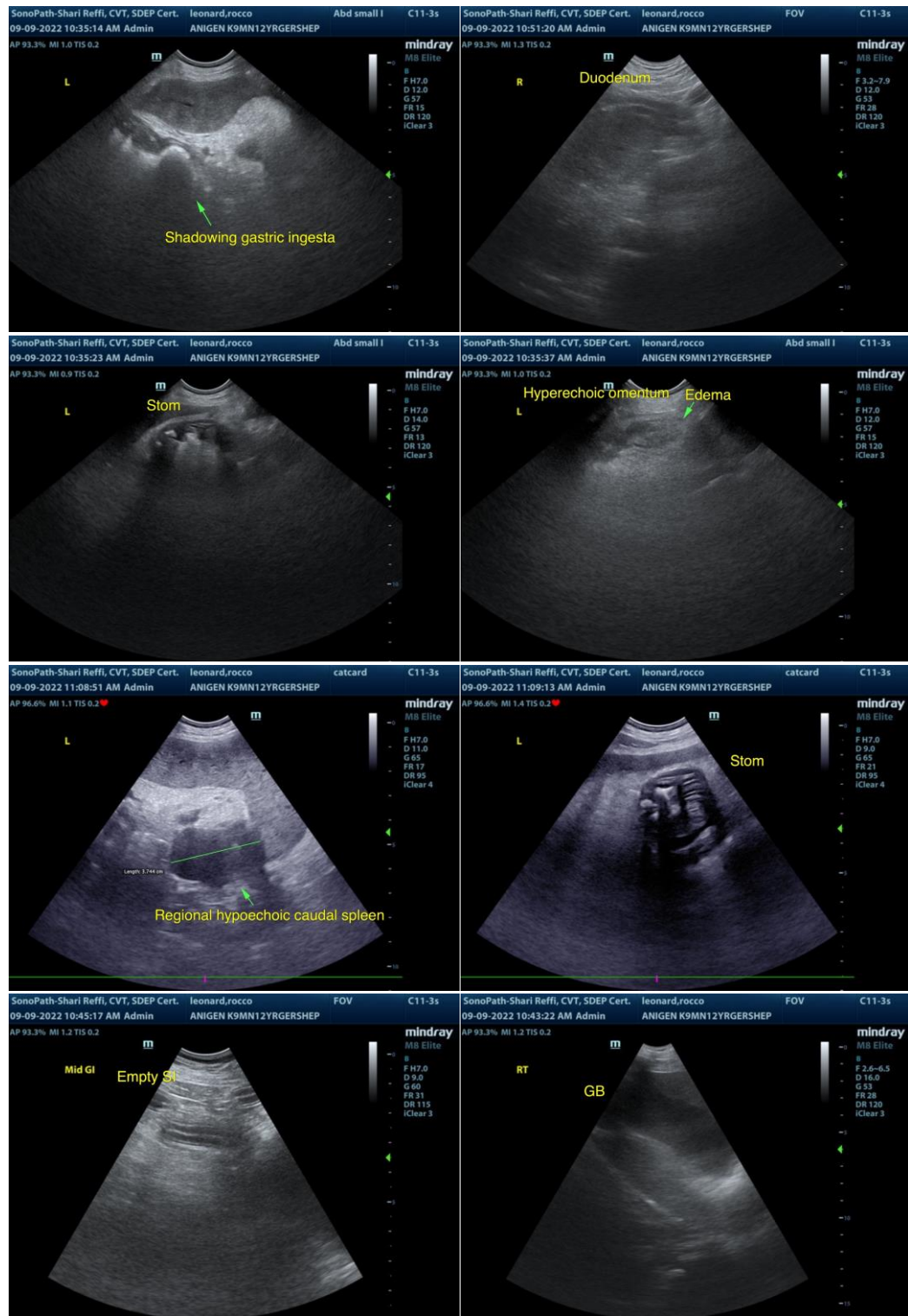
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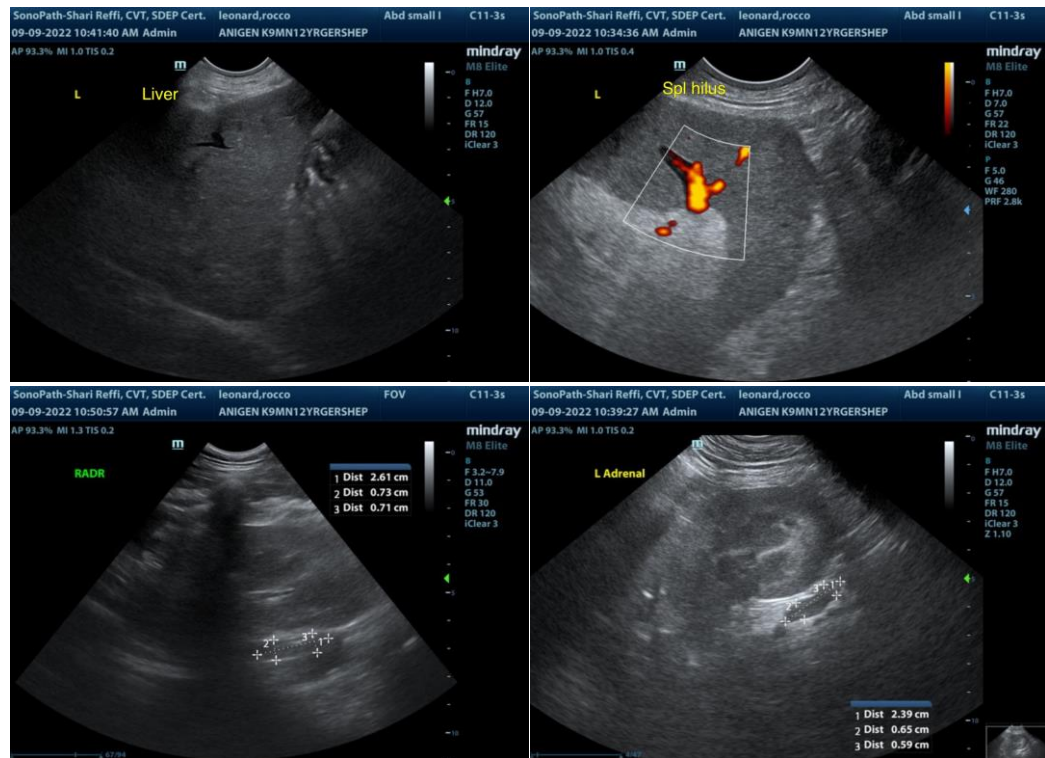
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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