



PATIENT	PRESENTING CLINICAL SIGNS
Skye Parpis	Distended sections of small bowel, segmental enteritis s possible or partially obstructing radiolucent FB. Indeterminate evaluation of colon.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Creat. 1.5, TP 4.0, glob. 1.4.
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mixed	The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
SEX	The right kidney is normal in size (3.16 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Spayed Female	The left kidney is normal in size (5.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
AGE	Adrenal Glands
2 Years	The right adrenal gland is normal in size (2.1 cm long x 0.83 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The area of the left adrenal gland is examined without evident pathology.
40.6 Pounds	Spleen
INTERPRETED BY	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Kelly Vazquez	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
HOSPITAL NAME	Gastrointestinal
Animal Paradise Hospital	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.
REFERRING VET	The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid and gas distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.
Dr. ElShafie	
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DATE	
9/29/22	



PATIENT

Skye Parpis

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

SPECIES

Canine

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Mixed

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Spayed Female

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

2 Years

ULTRASONOGRAPHIC FINDINGS

- **Gastroenteritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Partial bowel obstruction/foreign material cannot be definitively ruled out but is considered less likely at this time based on these images.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

40.6 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported borderline low albumin, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

IMAGING PERFORMED BY

Kelly Vazquez

A fecal exam is recommended followed by empirical deworming with a 5-day course of Panacur, even if results are negative.

HOSPITAL NAME

Animal Paradise
Hospital

In the meantime, symptomatic/supportive medical management of acute gastroenteritis with antiemetics, gastroprotectants, a probiotic such as Provable or Visbiome, the deworming as described above, and transition to a low-fat diet based on a trial-and-error response, or a bland, easy-to-digest diet if no response, or potentially hydrolyzed, again using them on a trial-and-error basis and monitoring for effect.

REFERRING VET

Dr. ElShafie

If clinical signs persist beyond medical management, recheck imaging would be recommended, including abdominal x-rays +/- barium swallow, and ultrasound.

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AGE

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40.6 Pounds

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Kelly Vazquez

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REFERRING VET

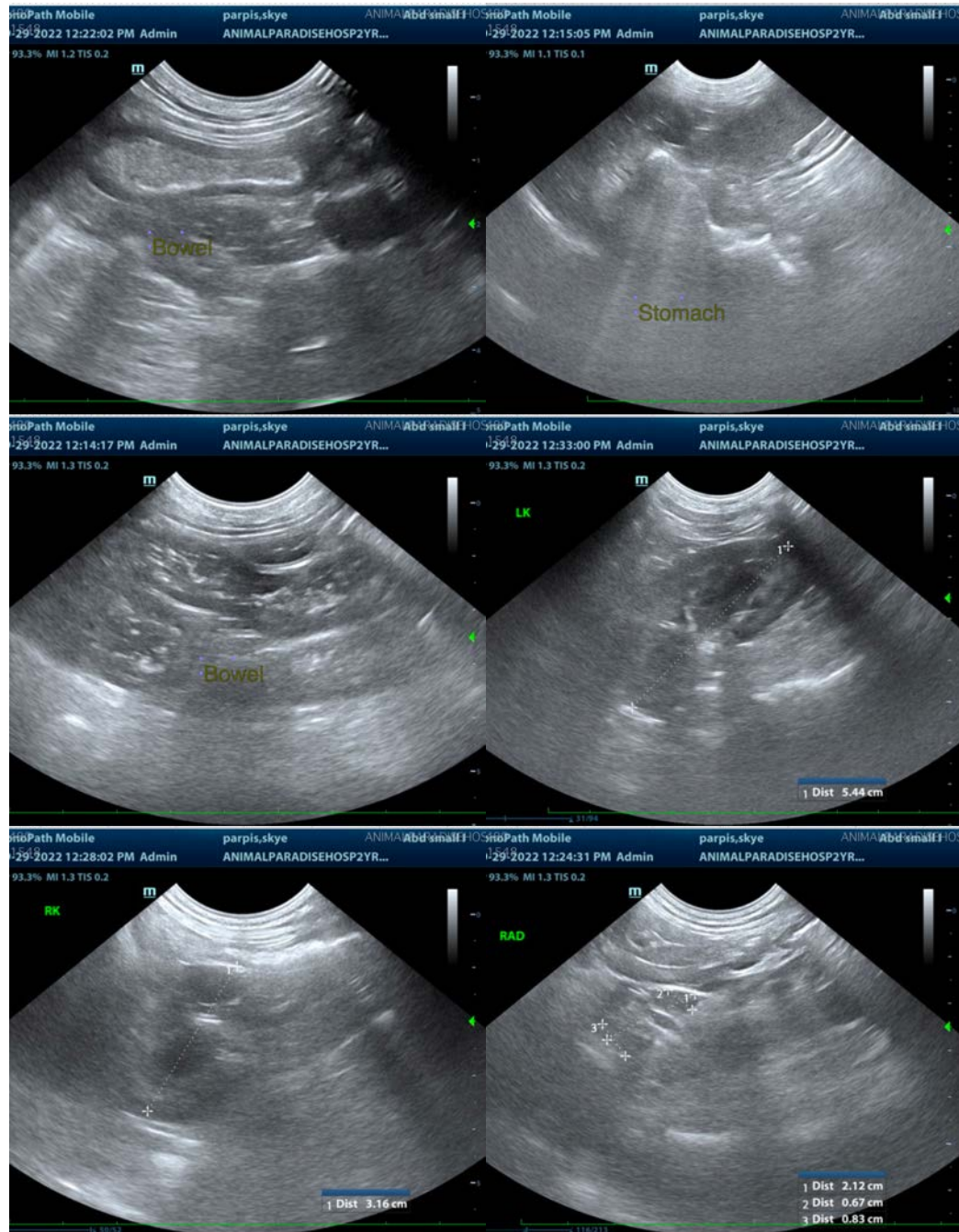
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Canine

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Spayed Female

AGE

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WEIGHT

40.6 Pounds



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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